Shining the Light on Dental Assistants

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Abstract

This study explores the plight of Quebec's dental assistants (DAs) who have remained in professional limbo for half a century; DAs have formally requested professional recognition and State representatives voice support for the initiative but the dental profession maintains DAs do not perform prejudicial acts and have insufficient education to merit recognition and the situation remains at an impasse. How has this situation come to pass and how is it being sustained? An archival review of dental association journals and DA curricula combined with a textual analysis of curriculum revision documents and supplementary texts show DA education, created and provided by the State since 1974 at the request of the dental profession, has failed to accomplish a clear role and definition of tasks for DAs in the province and has not contributed to professional progress for DAs. Ambiguity over the appropriate professional role and tasks of DAs on the part of various stakeholders has resulted in thousands of DAs in Québec being placed daily in situations of ethical and professional compromise, stuck between conflicting directives from the Dental Act (2014), the Ministry of Education (MELS) and their employers. A need for further research is indicated to guide Québec DAs out of their current situation of ethical quandary and obscurity; involved stakeholders must define, finally, the appropriate tasks and training of DAs and provide them with clear guidelines.

Abstrait

Cette étude explore la situation ardue des assistantes dentaires au Québec dont la profession est dans les limbes depuis plus de cinquante ans. Les assistantes ont demandé la reconnaissance professionnelle et cet initiative est supportée par l'État, mais les représentants des dentistes maintiennent que les assistantes n'accomplissent pas d'actes qui comportent des risque de préjudice au patients, et qu'elles n'ont pas suffisamment d'éducation. Comment est-ce que cette situation a été créé, et quels sont les facteurs qui font en sorte qu'elle demeure inchangée et sans issue? Une recherche des archives des journaux professionnels et des curricula des assistantes dentaires, jumelé à une analyse des textes du processus de révision du programme de formation, montre que le programme de formation des assistantes tel que défini par les dentistes et mis en œuvre par le Ministère depuis 1974 n'a pas éclairci le rôle et les tâches des assistantes dans la province; cette formation n'a également pas contribué à leur progrès professionnel. L'ambigüité du rôle et des tâches professionnelles appropriées aux assistantes font en sorte que chaque jour elles vivent des situations ou elles compromettent leur éthique professionnelle, coincées par les directives en conflit de l'Acte Dentaire (2014), du programme de formation ministériel, et de leur employeur. Des recherches additionnelles seraient nécessaires pour améliorer la conjoncture actuelle des assistantes dentaires marquée par l'obscurité et le dilemme éthique.

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Shining the Light on Dental Assistants

Dental assistants (DAs) in Québec exist in an ambiguous work situation: they work alongside dental "professionals" whose work tasks and inter-professional relations are defined by legislation and, although assistants perform many of the same tasks, they do not benefit from legislated or professional status themselves. Their situation is further complicated by a lack of standardization in which individual dentists delegate differently and there is an abundance of contradictory information on exactly what dental assistants do, don't do and shouldn't do. The lack of regulatory structure can be a source of discomfort for DAs who may be reluctant to perform contested tasks delegated to them (such as x-rays) while at the same time also being reluctant to refuse to perform them because it could negatively impact their work security.

How can a DA or a potential DA find out what the work of dental assisting is, *really*? Were they to seek information at the website of the provincial employment ministry (*Emploi Québec*[1]), *Information sur le Marché du Travail (IMT),* they would be informed that dental assistants "assist dentists during examination and treatment of patients and perform clerical duties" (*Gouvernement du Québec*, *IMT en ligne*, 2003). They would also learn that assistants may perform some or all of the following: take and develop x-rays, take preliminary impressions, polish teeth, apply sealants, polish teeth and make temporary crowns and bridges, amongst other duties (*IMT en ligne*, 2003). They would be informed that 6000 DAs were working in Québec in 2011, almost all of them women, the majority between 25 and 44 years of age with a median hourly wage of$16.50. They would hear that job prospects are fair to good, depending on region.

[1] French terms and titles are italicized throughout the paper

If a DA in Québec were to refer to the Service Canada government website for information, she would find identical information about tasks performed by dental assistants, and similar information on the number of dental assistants employed (6950), prominence of women (99%), age range 25-44 (62.4%) and annual salary ($24 561). She would also be informed that 94.1% of DAs work in private dental offices and there is a relatively high turnover rate "largely attributable to difficult working conditions: the requirement to work standing up or bending over, the relatively low salary, time constraints, large number of part-time jobs, few career development opportunities..." (Service Canada, updated 2013- 09- 03). Seekers of information would further read that dentists have a "preference for hygienists" and,

> To improve the efficiency and profitability of their practices, increasing numbers of dentists are delegating certain acts to dental hygienists. This trend, which should continue in the coming years, promotes the hiring of dental hygienists and works against that of dental assistants because they are not authorized to perform as many acts as dental hygienists. (Service Canada, updated 2013- 09- 03)

The Service Canada site provides links to the national and provincial dental assisting association websites (Canadian Dental Assistants Association [CDAA] and *Association des assistant(e)s dentaires du Québec* [AADQ], respectively) in a section headed "Useful References". Information found at the CDAA site is consistent with regards to demographics of DAs but includes a reference document titled "Canadian Dental Assisting Legal Scope of Practice by Province- 2014" (Appendix 1) which contradicts specific work details provided by both the *Emploi Québec* and Service Canada sources;

it reveals Québec's dental assistants are not legally permitted to perform *any* of the acts listed above, with the exception of "chairside duties". The link to the provincial dental assisting association is not particularly fruitful; it is unilingual French and no specific information is readily accessible about the work dental assistants actually do, legally or otherwise. A lack of information, misinformation, contradictory information; how is a DA expected to know what they can do?

It remains ambiguous *exactly* what work DAs actually do in Québec and the question of how and by whom their work can be defined is a point of contention between various organizations such as the provincial dental assisting association (*AADQ)* and the provincial dental association, *Association des Chiurgiens Dentistes du Québec (ACDQ)*. A working definition of DAs in Québec is they/we are almost exclusively female; they represent approximately 5000 workers and the vast majority, alongside the dentists, work in private practice. DAs are assigned a wide variety of tasks related to patient treatment, everything from administrative work to laboratory work can be considered as common tasks and many tasks routinely delegated to DAs, for example exposure of radiographs, are officially within the domain of other dental paraprofessionals (especially hygienists). Many DAs have completed government certified training programs (*Diplôme d'Ėtudes Professionnelles,* or *DEP*) while others have been trained on-the-job; no formal distinction is made between DA workers and there is a lack of enforced standardization imposed on employers in their delegation of DA work tasks.

DA work in Québec remains unregulated despite repeated attempts to define their scope of practice; each attempt at regulation has met with resistance by representatives of organized dentistry in Québec. A state recommendation for regulation of DA work

was made in the Hall Report of 1964, also in the Wells Report of 1970 and more recently in the Bernier Report (*Rapport*, 2012) which specifically recommends professionalization of dental assistants in Québec to prevent illegal practice (p. 33) The Bernier Commission forms part of an initiative by Québec's Minister of Justice to create a more *"flexible regulatory framework of professions in order to maximize professional resources in the delivery of health care"[2] through the *Office des Professions* or *OPQ* (*Rapport* , 2012, p. 8).

The initiative began in 1999 and the *OPQ* has since convened committees of representatives from the orders of the allied dental professions in 2005, 2007 and 2009, and still a plan of action has not been agreed upon; the *OPQ* formed yet another committee in 2011: the *Comité d'Experts sur la Modernisation des Pratiques Professionnelles dans le Domaine Buccodentaire,* or "Bernier Committee". The goal of the committee was to update the scope of tasks of the various dental professionals and to make recommendations to resolve the stalled professional situation of Québec's DAs (*Rapport* , 2012, p. 8, 9). The Committee recommendation to recognize DA work as professional was adamantly opposed by organized dentistry in a public statement released by the *ACDQ* and the *ACDQ* spokesperson further accused committee members of ignorance of the private practice culture prevalent in Québec dentistry *(*ACDQ*, *Commentaires*, 2013, p. 1). Dental assistants in Québec continue to work in obscurity and uncertainty as they have for decades; true professionals, they continue to provide services to patients and employers alike despite difficult conditions. This research is undertaken in an effort to identify elements sustaining the persistently

[2] Quotations marked with an asterisk (*) have been translated from the original French by the author

problematic situation and to advance the position of Québec's DAs from one of ambiguity and obscurity to one of clarity and respect.

The Invisible Dental Assistant: A Literature Review

A dearth of scholarly literature on dental assistants and dental assisting has been identified by Hook and Wagner (1999) within the American context and a similar lack of literature has been identified by the Health Professions Regulatory Advisory Council (HPRAC) in Ontario and within the Canadian context in general (Quach & Day, 2010, p. 3). Available literature offers few opportunities to hear of dental assistants by dental assistants and when dental assistants are referred to, they may be referred to as peripheral to, rather than integral to, discourse on current important issues in dental care such as economics and access. Concern over access to oral health services for populations such as underprivileged children and the working poor, the elderly in long term care facilities, First Nations peoples and rural populations are common foci in current North American literature written by dental professionals such as public health dentists and dental hygienists; dental assistants, as contributing members of the dental health team, are notably absent from discussion (Allison, Allington & Stern, 2004; Kitchener & Mertz, 2012; Quinonez, 2009; Rosmus, 2005).

The absence of DAs within this discourse may indicate a lack of recognition of the value of their unique role in the provision of oral health care and as oral health professionals. Profession is an important concept to examine in the context of Québec's DA problematic wherein the meaning of the term can be ambiguous just within the duality of languages; for instance provincial training programs termed "professional" (*professionnelle*) usually lead to occupations or trades considered as

semi-skilled while programs referred to as “technical” often provide entry into occupations with reserved title and tasks legislated as professions as per the *OPQ*.

A further aspect of profession pertinent to the context of the DA problematic is the stated position of the *OPQ* as counter to liberal professionalism and supportive of inter professional collaboration; this has been documented in initiatives such as *La mise á jour du système professionnel québecois* (November, 1999), *Une vision renouveleé du système professionnel en santé et en relations humains* (June, 2002) and the most recent Bernier report. Inter- professional roles and relationships of the dental professions may be viewed as a reflection of those within the larger health system including a hierarchical structure of work roles between dominant professionals such as doctors and dentists and their allied professions such as registered and licensed nurses and dental hygienists and assistants. The professional evolution of DAs shares many of the problematic aspects experienced by the nursing profession and yet the private context of oral health care provision particularizes the path of the dental paraprofessions. According to Campbell and Gregor (2008), nurses have seen themselves and their work as invisible- the same can be argued of dental assistants, who are further hidden and sequestered from public scrutiny in private practice settings (p. 16).

An examination of profession is necessary in a context where DAs alone of the dental professions are denied recognition and where issues such as autonomy, education and supervision form the foundation of the debate on DA professionalism. Adams (2010b) notes profession and professionals in the Canadian context have been defined by different types of legislation with the result that the work of some is controlled

by others; she suggests it is important to identify professions in order to focus on the power aspects of profession (p. 52, 67). Discourse on gender and profession are relevant to the DA problematic where DAs, almost exclusively female as a consequence of historical legislation barring men from the profession, are constructed as unskilled cleaners and hand – holders instead of professional support workers subsumed within in a work structure that may cause them to work in ways "that are not officially noticed and may even be (considered) illegitimate" (Campbell & Gregor, 2008, p. 20).

Literature on professions and professionalization projects provide another perspective on the problematic situation of Québec DAs, many of whom are routinely asked to perform regulated acts such as radiographic exposure while simultaneously being denied status as a professional. Studies on profession and professionalization of subordinate female health professions including nurses and dental hygienists may provide insight into features such as gender and class relations identified in the DA problematic. The present study may also provide an entry point for further research on dental assistants and their work as there is no existing study on professionalization in relation to Québec's dental assistants.

Despite extensive literature on professions there is no consensus on what constitutes a profession or professional but many perceive it to be a coveted and contested status due to associated prestige and privilege (Adams, 2010b., p. 53). Professionalization projects of nurses, dental hygienists and Québec DAs support the notion that profession remains both a relevant concept and a desirable commodity; the stalled situation of DAs in Québec indicate conflicting conceptualizations of 'profession' by dentists, dental assistants and others are embedded in social and political

discourses. An examination of the literature on profession juxtaposed with other text being activated within the DA problematic may reveal different versions of reality and discrepancies between "a ruling versus an experiential perspective" (Campbell & Gregor, 2008, p. 48).

Profession and Ideology

Adams (2000) and Quinonez (2009) have described the profession of dentistry in Canada as founded on a discourse of public service and consolidated in large part through involvement in the war effort and school clinics for children. Abbot (1988) relates that professions have historically been perceived as possessing common traits; long and specialized education, autonomy, codes of ethics and influential associations are characteristics traditionally attributed to professions. Abbot (1988) credits Larson (1977) and others with revealing earlier conceptions of profession as ideological; Larson's *The Rise of Professions* described professions as explicitly market driven and attempting to dominate areas of social concern such as law and health. Abbot (1988) provides a loose definition of professions as, "exclusive occupational groups applying somewhat abstract knowledge to particular cases" (p. 8).

Plentiful examples of professional ideology are chronicled in dental association journals; "the better educated the dentist is, the more he will be respected" (*Dominion Dental Journal* [DDJ], 1903a, p. 30); "in spite of possible commercial loss, we will labour for the good of the human family" (DDJ, 1912a, p. 289); "Definition of dentistry as a profession includes the necessity to apply specialized knowledge for others" (DDJ, 1919, p. 248) and "a profession is defined as a calling requiring specialized knowledge

and often long and intensive preparation ... a kind of work which has for its prime purpose the rendering of a public service (Bensinger, 1969, p. 2).

Abbott (1988) suggests a method to study professions which focuses on actual work as the jurisdictional link between professional groups forming a competitive and interdependent system while Adams' (2010b) study of professions suggests a focus on regulatory status and social status. Adams' (2009) study of regulation of occupational groups in five Canadian provinces (including Québec) between 1867 and 1961 reveals the majority of regulated professions in Québec and in Canada are health professions; she demonstrates regulated professions have historically been regulated differently with some work groups (such as dentists) granted self-regulatory status and other occupational groups (for example dental hygienists) granted only reserved title and state regulation (p. 57-60).

Adams (2000) contends the dental profession invoked class and gender ideology in their own professionalization project; dentists identified themselves as professionals based in part on their possession of traits such as maleness and whiteness. Adams (2010b) suggests studies of profession refocus on status and power because these issues are at the core of the establishment and maintenance of professions which continue to retain special privileges such as work monopoly and the right to control the labour of those who work for them. Quinonez (2009) points out "dentistry used its ideas of public health to promote itself socially and economically" and identifies a potential conflict between goals of professional advancement and goals of public protection (p. 50).

Autonomy and Subordination

Abbot (1988) contends medicine and dentistry in North America have developed in parallel, both founded on a platform of public health and both creating subordinate female professions as a strategy to claim and maintain more jurisdiction than they could handle (p. 23-25). The dental profession retained the original female auxiliary, the dental assistant, to manage all 'non-professional' tasks and created a second type of female auxiliary, the dental hygienist, to provide preventive services on their behalf. Abbot (1988) describes workplace practices of assimilation within which paraprofessionals and non-professionals perform tasks which may be considered professional or prejudicial in service to professionals and he further identifies "a profound contradiction between legal jurisdiction and workplace reality" in such work situations (p. 66).

Quinonez (2009) describes the same phenomenon in dentistry: "discussion began concerning the expansion of dentistry's work organization, meaning the opportunity was observed to meet public demand by making better use of dental assistants and by promoting the dental hygienist" (p. 61). Adams (2004) describes the hygienist as created by dentistry during a period when the profession was concerned their monopoly would be challenged if demand for services could not be met (p. 2246). Dentistry's strategy of recruiting supporting female professions to further their own professionalization project is explicit in this quote from the 1952 association journal, "We must marshal our auxiliaries or lose our autonomy" (Garvin,1952, p. 145).

Abbot (1988) describes situations of subordination as an "inherently uneasy settlement" constantly undercut by workplace assimilation and the reliance of the

dominant group on the subordinate group (p. 72). Abbot (1988) also contends the creation of subordinate professions enhances the status of the dominant profession by emphasizing their superior professional standing; Adams (2004) agrees the control of subordinates has contributed to the professional standing of dentists. Dentists acknowledge their reliance on assistants; “My two dental assistants are my second set of hands and eyes. I could scarcely work without them” (Duncan, 1967, p. 672). Abbot (1988) suggests, “If the public knew the extent of workplace assimilation, it would profoundly suspect professionals’ claims to comprehensive jurisdiction” (p. 66). Coburn (1974) claims subordination of female health professionals culminated in the ‘team concept’ of oral and health care delivery in the post war era (p. 157). The team concept has been recruited by dominant professions to mask reliance on subordinates and to maintain control of their jurisdiction; the team approach to delivery of health care obscures “alienating hierarchical situations” (Coburn, 1974; Evans, 1974).

Adams (2010a) observes, “Women’s health care labour was often concentrated in jobs, like nursing and dental assisting, that were seen to support men’s professions”. These types of jobs were termed “semi-professions” in the mid 20th century because, “as women’s professions, they did not possess the autonomy, authority, status or length of training of traditional men’s professions” (Etzioni, as cited in Adams, 2010a, p. 454). Adams (2004) sees professionalism and male traits as predicated on subordination of female to handle non-expert and caring aspects of work.

Abbot (1988) explains labour in professional work is divided into routine and nonroutine elements with the routine work being delegated to non-professionals or paraprofessionals; this also is explicit in the dental association journal, “(dentistry) will

trend in the same direction as medicine; with an increased use of ancillary persons trained to carry out routine technical procedures" (Stibbs, 1952, p. 627). Menial or repetitive technical work in dentistry has been performed by female auxiliaries since the early days of Canadian dentistry; dental assistants have been expected to, "relieve the dentist of all official duties outside of direct work on the patients" (Webster, 1912, p. 325). Adams (2004) explains prevention tasks have been delegated to auxiliaries so dentists could focus on performing more complex and remunerative work; "This service (prophylaxis) is tedious, arduous work" and a dentist performing such tasks does "not receive fair return for professional time" (Marshall, 1952, p. 693; Hannon & Burke, 1952, p. 700).

Professionalization Projects

Dominant professions in medicine and dentistry have been increasingly challenged by their subordinate professions (Adams, 2004; Kitchener & Mertz, 2012). Abbot (1988) sees conflict over jurisdiction, or scope of practice, as at the heart of most interprofessional conflicts while Adams (2004,) doesn't perceive jurisdiction as a central area of conflict in dentistry. Adams (2004) suggests interprofessional conflict between occupational groups in dentistry is more the result of subordinate groups seeking professional recognition and social status than from subordinate groups seeking to increase their jurisdiction (p. 2249). Quinonez (2009) views it as "important to detail the different professional groups who have become involved in such challenges. Initially, it was the dental mechanic, or denturist" and later "it was dental nursing and dental therapy that were the predominant focus"; "Most recently dental hygienists have assumed the central role in inter-professional dynamics" (p. 101-102).

The initial challenge to dentistry's dominance came from the male subordinate group; technicians wished to be "permitted to practice without control or supervision of dentists...since none believe they can effectively function in a role bordering on complete subservience to the profession" (JCDA, 1973, p. 604). The second challenge came from the government in the form of a proposal for state provided dental services performed by dental nurses; ultimately the government did not impose state workers in Québec but left it up to the dental profession to devise a plan to provide accessible services. Interestingly, Quinonez (2009) acknowledges the state's early challenge involving dental nurses, a challenge unrelated to dental assistants, but not the most recent challenge made by Ontario DAs to the two-tier regulatory structure of DAs in Ontario.

Kitchener and Mertz (2012) and Adams (2004) trace the origins of dentistry's more recent challenge by dental hygiene to the women's liberation movement and to an increasingly professional self image among female workers. Adams' (2004) case study of dental hygienists' professionalization project in Ontario identifies autonomy and supervision as central areas of conflict in hygiene's struggle; Québec's hygienists also seek reduced supervision and increased autonomy. Galbraith (1992) argues autonomous hygiene practice is "an access issue, a free enterprise issue, an economic issue and a gender issue" and hygienists argue supervision is both illusory and unnecessary (as cited in Kitchener & Mertz, 2012, Process section, para. 4).

Abbot (1988) describes two strategies by which new professions enter the system of professions: clientele settlement and enclosure. Clientele settlement happens when a powerful profession ignores a clientele and another group of workers arises to provide

services to the neglected group then later attack the dominant group for jurisdiction; enclosure is when a group takes control of work that was previously shared with other workers. Abbot's (1988) model of clientele settlement is similar to the professionalization model of hygiene in North America with respect to children as the neglected group and preventive treatments as the required services; this is supported by journal data, "need to balance child, adult ratio in dental offices and preventive to reparative treatments or else state will get involved" (MacGregor, 1951, p. 247).

The professionalization of dental hygiene in Québec deviates from Abbot's (1988) model in that hygiene workers did not 'arise' to fill a vacancy; the profession of hygiene was explicitly created by dentistry to maintain their dominance in the post war situation of excess jurisdiction. Dental hygiene is in this respect an anomaly and a textual construct; there was no group of workers challenging for control over jurisdiction; the subordinate profession of dental hygiene was created by the dental profession specifically to relieve dentists of routine prevention tasks considered demeaning while at the same time appeasing public calls for increased preventive services.

The profession retained existing subordinate groups of technicians and assistants to release them from other non-professional tasks such as laboratory work, clerical work and maintenance work. Kitchener and Mertz (2012) note the present structure, or archetype, of private practice in which North American dental care is provided makes it impossible for the other dental professions to progress (Professional Projects section, para. 5). Dentists control the entire jurisdiction of dental care in legislation and also control the work of subordinates through employment; Adams (2004) agrees the current

private practice model of dental care delivery makes it impossible for other professions to progress; except at the expense of the dental profession (p. 2244).

Literature on the professionalization of nursing has demonstrated professional ideology and gender and class relations have been influential in professionalization projects of subordinate female professions (Campbell, 1992; Coburn, 1974; Kinnear, 1994). The evolution of nurses and dental auxiliaries demonstrates similar historical patterns as well as similar types of work and work environments. Indications that dentistry has attempted to model female dental auxiliaries on the nurse model are evident in the attempted usurpation of the nurse title (dental nurse) and also in primary data from the JCDA discussing dental auxiliary training, “The objective of this program is to produce auxiliary personnel of the same degree of training and education for the dental profession as the graduate nurse is for the medical profession (Shepro, 1950, p. 427). A significant difference between the working environments of the medical and dental auxiliaries has been identified both by Abbot (1988) and by Kitchener and Mertz (2012): dentists remain the major solo practitioners among North American professionals. Kitchener and Mertz (2012) suggest a significant outcome of the “dentist’s office archetype” is that relationships in dentistry remain unmediated by bureaucratic organizations such as hospitals (Field of American Dentistry section, para.1).

Professionalization of Canadian nurses occurred earlier than that of Canadian dental assistants and hygienists due to an increased number of nurses, amongst other factors, and nurses achieved regulation in most parts of Canada by the 1920’s but, according to Kinnear (1994) the legislation was full of loopholes that lingered for years to come (p.

156). Abbot (1988) explains workplace jurisdiction may be shared with outsiders despite secure legal jurisdiction in situations of plentiful work and manpower shortages and this appears to have been the situation in Canadian nursing where legal loopholes permitted untrained or lesser trained workers to perform tasks legislated as reserved for other professional groups. A similar situation can be seen in dental practice among team members; between dentists and their subordinates and in the continued overlap between the subordinate professions of hygiene and assisting.

Adams (2010a) has noted Canadian work legislation since the 1920's (coincident with professionalization of nursing) has more carefully delineated scopes of practices to allow for specific situations where different professionals did similar kinds of work; she opines this aimed to protect professional groups from encroachment claims of others, especially in health care settings (p. 65). Kitchener and Mertz (2012) claim the agency of emerging professions is hampered by dominant professions through legislation and describe regulatory change as a "lengthy, contested and iterative process" (Discussion and Conclusion section, para.5) while Abbot (1988) estimates renegotiation of jurisdiction in law may take twenty to fifty years (p. 135).

Adams (2000) claims dentists have historically preferred subordinate DAs over independent hygienists and, although Adams does not specify how this preference has been expressed, Kitchener and Mertz (2012) show the dental profession has accused hygienists of being militant and "breaking up the team" (Process section, para. 3)while dentistry tends to refer to assistants in positive terms, "perhaps the most profitable asset under the control of the modern dentist" (Webster, 1912, p. 325), "a real God send" (DDJ, 1929, p. 185) and "invaluable" (Morreale, Dimitry, Morreale & Fattore, 2005, p.

91d). Québec dental assistants have not overtly challenged the dental profession to the same extent as have hygienists and have historically attempted to fulfill the expectations placed on them including an expectation to silently anticipate the needs of the dentist - a DA counsels other assistants in 1920, “it is very embarrassing for him to ask for your assistance when it is your duty to be ready to give it to him” (Hoover, 1920, p. 310). The current professionalization project of Quebec’s assistants may support Adams’ (2004) claim that interprofessional conflict within the dental professions is prompted more by desire for recognition and status than for control over work jurisdiction because they are not seeking autonomy nor to expand their scope of practice but legal recognition for tasks routinely delegated to them.

Although many tasks are performed by dental auxiliaries, dentists claim the entire jurisdiction of dentistry and deny other dental professions perform work they don’t, or can’t, already do themselves. This view is exemplified in a statement by Allison et al., (2004), “the role of the dental assistant can be fulfilled by dentists and dental hygienists and appropriately trained dental students” (p. 29). The dental profession emphasizes their dominance by emphasizing the boundaries of their own jurisdiction as encompassing those of their challengers (Abbot, 1988). Despite considerable overlap in work between the dental professions, dentists, similarly to physicians, maintain exclusive rights to what Abbot (1988) details as the three acts of professional practice: diagnosis, inference and treatment (p. 40).

State initiatives to increase access to services have advocated increased delegation to auxiliaries in general. The association of dentists of Québec (*ACDQ*) minimizes concerns over access for under-serviced populations and describes dental treatment in

Québec as of exemplary quality and with delivery which compares favourably with delivery of other health services* (*ACDQ*, *Commentaires*, 2013, p. 6). Kitchener and Mertz (2012) note dentistry continues to resist outside measures of performance in their delivery of service and recognize "professional judgement about technical competence [as] the only acceptable evaluation of dental performance" (Field of American Dentistry section, para. 4); dentistry appears to claim what Abbot (1988) describes as "intellectual jurisdiction" - they claim to control how a particular area is served without in fact having the manpower or inclination to serve it (p. 270).

Professions and Gender Ideology

Adams (2010a), Campbell (1992) and Coburn (1974) have seen professionalization as a gendered process with characteristics of professionals such as authority and autonomy being historically construed as male character traits. Male and female roles in health care have been mutually defining, with men being able to assume the distant, authoritative, rational professional guise by hiring women in support roles to provide hands-on care and handle details (Davies, as cited in Adams, 2010a, p. 455). The propensity to define professional traits as masculine has excluded and marginalized women; women have been characterized as frail, emotional, dependent and less committed to employment (Adams, 2010a, p. 455). Examples of the characterization of DAs as dependent and less committed to employment are seen in the association journal, "(they) may make excellent employees but husband's hours, children, pregnancy may intrude" (Simpson, 1965, p. 19).

Coburn (1974) observes work skills such as caring and cleaning have been assumed to be inherent in women and so these contributions refuse to be recognized as skilled

labour (p. 155). An abundance of support for this claim is found in the dental association journals; similarly to nurses, the caring and cleaning work of dental assistants is assumed to be effortless and inherently female; “All offices are neater and cleaner if a female employee is on the job” (Kulstad, 1951, p. 679). Caring and cleaning working in dentistry is performed almost exclusively by female auxiliaries although there are differences between types; for instance hygienists may maintain their own work space and equipment while DAs tend to be responsible for the office in general and DAs more often provide caring as they accompany patients during invasive procedures.

A significant distinction between dental auxiliaries is their work relationship to the dentist; hygienists do not routinely work directly with dentists and DAs alone among dental auxiliaries are explicitly required to anticipate the needs of the dentists. This aspect of DA work requires subservience not incorporated into the work expectations of other dental personnel and Adams (2010a, p. 456) emphasizes particularly anticipation as it relates to concepts of autonomy and profession. DAs may be considered the least ‘professional’ member of the team due to this unique work expectation of anticipation; assistants are expected to anticipate the needs of the operator and to work as a physical extension or adjunct of the dentist.

Assisting the dentist during patient treatment using a “four-handed” technique is perhaps the primary work task of DAs and according to Rosmus (2005) it is the task which most differentiates assistants from hygienists (Introduction section, para. 3). The performance of tasks in the context of 4-handed dentistry highlights the artificial boundaries of professional roles and Abbot (1988) argues delineation of professional boundaries leads to “formal definitions which are in fact uninterpretable in actual

situations" (p. 64). Campbell (1992) agrees the "dynamic nature" and context of health care settings makes it difficult to pin down definitively which tasks can be delegated (p. 754). Abbot (1988) explains boundaries tend to disappear in worksites and the "absolute necessity to abolish uncertainty leads to virtually arbitrary definition of the margins of professional jurisdiction" (p. 63). Canadian dentists have voiced resistance to "serial listing" of auxiliary tasks and preference for professional latitude in delegation; "only he (the dentist) should be responsible for detailing the duties of those working under his supervision" (McIntosh, 1971, Executive Director's Page).

The problematic surrounding anticipation of dentists' needs has been noted by Adams (2000; 2010a) and Rosmus (2005). Anticipation has been articulated as expected of DAs since at least 1903 and has been incorporated into state-provided curriculum objectives in Québec since 1976. This skill has been considered an innate characteristic of females and desirable in an assistant; "she should have a certain innate capacity for knowing or divining the wishes of others" (Webster, 1912, p. 324) and "mental alertness, quick perception and prompt anticipation of dentist's needs"; a DA should "know what the dentist is going to say and do under any and all circumstances" (Webster, 1929, p. 385). Dental assistants are expected to anticipate the needs of dentists and are constructed as dependent non-professionals for the performance of this function. Assistants are consistently described in the journal as extensions of the dentist: another pair of hands, eyes, and as 'assets'. Smith (1987) describes the consciousness required in this type of relation as quite different from the agentic model; it requires "a subordination of attentiveness to self and a focus on

others" and "an openness and attentiveness to cues and indications of others' needs" (p. 66).

Female work contributions have been expected to be self-sacrificing and in service to the common good so women seeking improved working conditions have been perceived as self-serving and anti-female for betraying feminine virtues and values (Coburn,1974; Kinnear, 1994; Kitchener & Mertz, 2012). Female professionals such as nurses, hygienists and assistants who seek improved working conditions have been blamed by the dominant professions for increasing costs and limiting access (Coburn, 1974; Kitchener & Mertz, 2012). Some doctors blamed nurse's professionalization project for the high cost of health care (Coburn, 1974); similarly, dentists have blamed the high cost of dental care on the high cost of dental assistants and hygienists (Allison (2014) in Gauthier, Thériault & Migneault (2014); Kitchener & Mertz, 2012).

Professionalization and Class Relations

Coburn (1974) suggests the "feminine mystique [has] obscured the exploitation of working class women seeking professionalism and respect (p. 140). Abbot (1988) observes that subordination may lead to degraded recruitment and although "feminization is perhaps the most familiar form of degraded recruitment; it is not the only one, as the class change in nursing shows" (p. 128). Kinnear (1994) and Coburn (1974) identified elitism and classicism within the nursing profession, both between professional leaders and rank and file members of the profession, and within the rank and file membership between licensed practical nurse (LPNs), and the more prestigious registered nurse (RN).

Class issues may be inferred from the hierarchy of the dental team, both in relation to the education and wage gap between the dentist and the subordinate members of the team and also between the female paraprofessionals. According to Adams (2004), the hygiene profession strives for higher educational standards in order to further align their education with the dentists' and to further differentiate hygienists from assistants. Rosmus' (2005) study of the "dental assistant/dental hygienist dichotomy" describes similarities and differences between the two auxiliaries expressly to differentiate them, "because the public in general does not know the difference between dental auxiliaries and does not know the difference between the dental hygienist and the dental assistant, in particular" (Introduction section, para. 1). Rosmus (2005) suggests shared gender type, overlap in work tasks and work setting (private practice), combined with a lack of self promotion, tend to blur the distinction between the two types of auxiliary and the main difference highlighted by Rosmus is that DAs directly assist the dentist during dental procedures, a function not routinely performed by hygienists. Rosmus (2005) invokes professional ideology in drawing attention to the increased autonomy of the hygiene professionals; assertions by M. Langlois on behalf of the *ACDQ* that tensions do not exist between the professions* (*ACDQ*, *Commentaires*, 2013, p. 6) are contradicted by the many cases of legal pursuit of DAs for illegal practice by Québec's Order of Hygienists (*OHDQ, Protection du public, Décisions disciplinaires*).

Class divisions between hygienists and assistants can be interpreted in actions such as the closing of the pioneer training program for DAs and the continuance of the pioneer dental hygiene program, a decision made by University of Toronto "in deference to the University's attitude towards vocational training" (Ellis, 1965, p. 336). Class

divisions within the hygiene profession can also be inferred by other events chronicled in the JCDA: graduates of Alberta's dental hygiene program in the 1970's were awarded different titles depending on whether or not they had received a bursary; graduates receiving bursaries were required to make a public health service commitment and were awarded the title 'dental auxiliary' pending completion of the commitment (MacLean, 1970, p. 117). Class hierarchy may be exacerbated in Québec where DAs are not regulated and where dental education of hygienists and assistants is segregated; inversely the system of free education may also achieve a mediating effect on class distinctions by facilitating access to education.

Divide and Rule

Kinnear's (1994) study on the professionalization of Canadian nurses revealed some doctors were supportive of professionalization and other factors such as class divisions within the nursing profession delayed nurses' professionalization project (p. 155). The nursing elite preferred a professional focus exalting female virtues such as caring and self sacrifice; they identified themselves with physicians and with professional ideology while rank and file members were more concerned with employment prospects and working conditions (Coburn, 1974; Kinnear, 1994). Coburn (1974) suggests professionalism is a lure dangled by dominant professionals to elicit desired behaviour and conformity from their subordinates; she cautions it is an ideological trap and warns subordinated female workers against the "divide and rule of professionalism" (p. 128).

Kinnear's (1994) study indicates not only ideological differences and resistance from organized medicine impeded nurses' achievement of professional status, but that

apathy of rank and file members towards professionalization also slowed progress (p. 155). Low participation in association activities by younger members of the profession was criticized in journal articles; this trend also is reflected in the stalled professional project of Québec DAs and low association membership. Coburn's (1974) and Kinnear's (1994) observations that perspectives of elite members of professions such as teachers and association leaders may not be shared by rank and file members of the profession may provide insight into the current situation of dental assistants in Québec who are perhaps further isolated from each other by language and geography and participate less in association activities.

Kinnear's (1994) study on views of nurse's professionalization in association journals illustrates journals may be reflective of elite positions within professions and may not be indicative of positions held by rank and file members. Coburn's (1974) study of nursing history and professionalization juxtaposed with Kinnear's (1994) data provides opportunities for alternative perspectives on journal discourse. Coburn's (1974) study includes description of nurses' training in the Montreal General Hospital which stands in contrast to a professional account in the dental association journal. The journal proudly declares student nurses at the MGH will be trained to perform preventive oral health services on patients while Coburn (1974) describes the arduous and exploitive work and training conditions of the student nurses; nurses' experience of increased workload added onto an already unreasonable workload and working conditions shows a different perspective than that of a successful professional initiative as described in the journal. Kinnear's (1994) study provides an alternate approach to dominant discourse as does

Coburn's (1974). Coburn's (1974) description of the hospital training system as exploitive may also be a cautionary tale of vocational training practices.

Studies by Campbell (1992) and Jackson (1995) offer an antidote to dominant discourse through alternative methods of interpreting text and exploring textually mediated processes and their impact on profession and professional education. Campbell (1992) details nurses' incorporation of management discourse into their work through textually-mediated work processes; nurses' attempts to objectify and codify their professional knowledge are a diversion from their professional standpoint of caring and may serve to distance nurse supervisors from their staff (p. 762). Coburn (1974) claims professionalism can be used as a lure to sustain subordination by requiring workers seeking professional approval to adapt their behaviour; feminine professions such as nursing, dental assisting and dental hygiene may be at increased risk of division along class, rather than gender lines exacerbated by textually mediated processes.

Jackson's (1995) study explicates a similar process through which professional teachers become subordinate to industry through textually mediated processes of curriculum revision; teachers' professional knowledge is objectified and usurped into competency-based curriculum objectives. Teachers are then confronted with prescribed curriculum objectives which may be "narrow, inapplicable or outdated" yet treated as a more credible representation of reality due to the legitimating authority of institutional text; teachers' professional knowledge of their métier may become subordinate to an inaccurate textual representation (Campbell, 1992). According to Campbell (1992) the interpretation of text as more accurate and objective than teachers'

work knowledge may have “the effect of bringing the real into alignment with the documentary reality” (p. 761). Dominant professions can maintain control over work and training by subordinating female teachers of feminine professions to the ideology of the dominant profession through textually mediated processes; professional teachers also may be motivated by the lure of a professional ideology which differentiates them from their original vocation and distances them from their students and trade.

Profession and Obligation

Dominant professions such as dentistry enjoy social status and privileged work rights; Abbot (1988) maintains “authority confers obligation” and observes social obligations conferred on the continental professions are not enforced in the North American context but, “merely paraded in the preambles to codes of professional ethics” (p. 60). Quinonez (2009) agrees and suggests making ideology in dentistry explicit so as to move beyond it (p. 249). Concerns over social obligation, power and authority are manifest in the *AADQ* accusation of hostage taking to the *OPQ*; the long unresolved professional status of Québec DAs may question the assumption, “that the state operates in the interest of all citizens” (Campbell & Gregor, 2008, p.114).

Academic literature specific to dental assistants is sparse although there is related research on themes pertinent to the situation of Québec DAs, particularly literature on profession and professionalization projects of female-dominated health professions. The absence of literature devoted to DA professionalization may be construed as a lack of social recognition for their work and potential to contribute to improved oral health provision in the current situation of unequal access; such potential remains greatly unexplored. Beazoglou et al., (2010) explore the potential for expanded functions

personnel to increase access to dental service in the United States and Neumann (2012) studies models of allied dental professional training designed to increase efficiency and access to services while Uswak & Keller-Kurysh (2012) scrutinize the decline of dental therapy in Canada as a cautionary example; a goal of this research is to explore the potential benefits of DA regulation including improving access to oral health care in Québec.

Methodology

Institutional Ethnography (IE) methodology is applied in an attempt to explicate how Quebec's DAs became mired in ambiguity and relegated to obscurity. The research strategy has three main purposes: (a) to find the creation story of dental assistants and detail their discursive evolution into the current model; (b) to identify and trace the origin of the foundational and ambiguous elements of the current training program, and (c) to provide a platform for DAs to share their views on their work. The goal in explicating the problematic professional situation is to help DAs gain insight into their situation and, ideally, to gain resolution on long-pending concerns for DAs such as regulation and labour mobility.

Standing with Dental Assistants

IE is appropriate to the problematic because it allows for a feminist standpoint, a focus on actual work practices and on ruling relations crystallized in textual forms. Dental assistants in Quebec (and elsewhere) are almost exclusively female and we/they perform varied and sometimes intangible work – a primary impetus for the study was the lack of recognition accorded to this work for reasons connected to class, gender and the social relations of the workplace. The lack of data on dental assistants and a

standpoint in the everyday world of Quebec DAs suggested an untraditional approach; “The achievement of IE is to offer methods whereby oppression can be explored and understood (Campbell& Gregor, 2008, p. 52).

According to Campbell (cited in Smith, 2006) IE relies on documents, observation and interviews as data to explicate social relations as coordinated actions generating local experiences (p. 92). Campbell and Gregor (2008) suggest two levels of data are required for IE: entry level data about the particular local setting and second-level data to explicate extra local influences influencing local activities and experiences (p. 59).

Entry Points

Historical perspective. Research focus on the historical aspect of Canadian dental assisting is an attempt both to see a point of entry for the current conceptualization of Québec DAs as non-professionals and also to create a record of dental assistant work and training in Québec which emphasizes the historical origins and professional aspects of assisting work. Abbot (1988) suggests claiming legitimizing links to an historical body of work plays an important role in creating a professional image and raising public support for professionalization (p. 60, 61). The resulting history of DAs provided in Chapter 3 is culled from historical data and represents one possible version from among many; it is a history of Québec DAs from my standpoint and a contribution to literature on dental assistants which will hopefully be taken up by others.

Fountain of training. Examination of the translation of historical work tasks and practices into formalized curriculum may explicate problematic aspects of Québec’s current training model for dental assists, including contradictions between provincial work legislation under the Dental Act (2013) and elements of regulated acts included in

the provincially certified training program. Smith's (2006) concept of intertextual hierarchy is used to help establish which texts may be creating and sustaining the evident disjuncture between policy and practice, or ruling and experiential perspectives (p. 79).

DA voices. Consultation with dental assistants can contribute to understanding the difficulties confronting DAs in their work due to a lack of coherence between policy and practice; claims of such difficulties voiced by dental assisting teachers and dental association leaders advocating for recognition of the professional character of dental assisting work, may be substantiated. Providing a forum for DAs to describe their work experience may accomplish facilitating a training and work environment that more accurately reflects dental assistants' self concept and their ability to contribute to defining their role within the dental team. Dental assistants know their situation from the inside and can share their experience of DA identity and agency. "The critical force of these (IE) methods is contained and 'institutionalized' if they are not articulated to relations creating linkages outside and beyond the ruling apparatus, giving voice to women's experience" (Smith, 1987, p. 225).

Creating the creation story. 'Official' histories of dentists and other dental professions appear relatively straight-forward in contrast to that of the DAs: they came to be considered professionals when they were 'created' by official regulation in text. Dentists in Québec became recognized as professionals in 1869 when the profession was legally defined within the provincial Dental Act and gained exclusive right to title and work tasks. The dental profession subsequently amended the Act to recognize various sub-professions; first technicians, then hygienists. In the first instance the

amendment recognized an existing work group as specialized and in the second instance, to allow for a workforce yet to be created.

Hygienists in Québec were textually created by the Dental Act in Québec in 1946 before workers existed; the Act is a regulating text, both in the traditional sense and as used by Smith (2006), in that it regulates other texts in the DA story. Perhaps DAs in Québec lack recognition due to a lack of definition in text- I could find no existing history of dental assistants in Québec; although they/we have been working continuously for over a century, performing relatively consistent tasks, we haven't been textually 'created' here yet and so can appear insubstantial or invisible[3]. The history of DAs offered in Chapter 3 is an attempt to increase the visibility of DAs both in text and actually.

A preliminary search for historical documents revealed scholarly literature on dental assistants is almost non-existent. Searches with various combinations of 'history' and 'dental assistant' or 'dental assisting' were attempted, both on the internet and in the McGill library catalogue, and eventually a book describing the history of the dental profession in Ontario which included a chapter on dental auxiliaries was settled on: *A Dentist and a Gentleman: Gender and the Rise of Dentistry in Ontario* (Adams, 2000). This book proved an entry point on an unexpected path of inquiry; while searching the references for some of Adams' quotes I discovered the journal archives of the Canadian Dental Association where I became immersed for almost a year.

The journals. The "Dominion Dental Journal" of 1889 is the earliest journal examined because it was the earliest reference to assistants found in Adams (2000). Between June, 2012 and February, 2013 the following journals were examined: 1889,

[3] The *AADQ* has recently posted a "*Mémoire*" on the development of dental assisting in Québec on their website

1891, 1893, 1894, 1903 - 1909, 1912 -1914, 1919 -1922, 1926, 1929, 1946, 1948 - 1952, 1954 - 1956, 1963, 1965, 1967- 1973. The journals of 1930, 1934 and 1943 were added in September, 2013 when a void was noted in the data and decision made to include a minimum representation of text from each decade. Each journal was examined in its entirety with the exception of articles on dental science which contained no mention of dental auxiliaries or work practices (I did read some of these for personal and profession interest but didn't include them as data). Editorials, letters to the editor, news pages and articles submitted for publication by dentists were examined as well as advertisements for text books and training programs for dental auxiliaries which were useful to create context and help identify and situate perceptions of assisting work in various eras.

Editorials could be illustrative of the perspectives of the association elite while letters to the editor sometimes portrayed an opposing view. Journals around the turn of the last century and into the early 1900s printed articles submitted by dentists in a section headed *Original Communications,* printed alongside the article was a second section heralded as *Proceedings of Societies* – a transcription of the dental society meeting when the article was read aloud, usually by the dentist/author. The dentist's reading of their article was followed by discussion with members present; entire discussions between participants were recorded (who performed the transcription is never detailed or credited). This provided some very rich and vivid data for the historical chapter.

The planned strategy for researching the journals to inform a history of dental assistants was to examine the tables of contents and then read articles of potential relevance. The intended method proved impractical because as I flipped through pages

looking for the previously identified articles of potential interest, I kept finding other items of interest which were *not* noted in the contents, for instance “News from the provinces” pages often contained many items of historical interest that were not listed in the table of contents. There was an unexpected richness and density to the journal data that required a more open-ended search and there was also the issue of time constraints and library borrowing policies: the time limit on journals is three to six days, depending on the library of origin and I have limited available hours both to access the library and to peruse the journals.

The scans. I adopted a strategy of borrowing 3-6 journals at a time, skimming entire journals and marking anything interesting by inserting a slip of paper (I had a library bag full of designated strips of paper kept specifically for this purpose because I consistently required so many). Once the journals had been previewed and earmarked in this fashion, I had marathon scanning sessions when I scanned and saved each marked page in files dated by year for later, more detailed reading and referral as needed. In my ignorance, I saved these as JPEG rather than PDF files which caused me all kinds of aggravation in later stages of the project; the files were so large they were often impossible to transport electronically and they took eons to open and close. I also lacked a cataloguing strategy and saved the files in folders of sometimes 100 pages that took forever to search; I improved my processes with practice. By the end of the archival search 1507 scanned pages of data were collected.

The data amassed was substantial and, at times, unwieldy and required a method to record and process it for analysis. The data collection had not been obviously discriminating and it was difficult to identify what the initial relevance was in any

selected text. Campbell and Gregor (2008) consoled, “What is interesting to you will be so precisely because it helps you understand the dynamics of your problematic” (p. 96). On October 20, 2012 I created a diagram (Appendix 2) in an attempt to identify my process in selecting and deselecting the various texts (Campbell & Gregor, 2008, p. 98). The diagram illustrated I had unconsciously been seeking key words while skimming the texts: dental assistant, dental hygienist, dental nurse/therapist, mechanic, dental technician, dentist/specialist and public.

The data table. A table was created using these words (concepts) as column headings and each row of the table represented a year of publication; as the journal scans were read and re-read, notations and quotations were sorted into the table and the scanned texts were gradually transformed into a data table of one hundred and sixty-four pages. Once all the data was inserted into the table, the completed table was read first on November 6th, 2013 and then continuously re-read once writing began on November 27th, 2013. While “coding” the data, it became evident the original selection of key words showed initial misconceptions on my part; for instance, I came to understand “dental nurse” has two meanings and information on these workers was placed in both the assistant and therapist columns. The “public” column should more properly have been two headings: education and committee/policy but this only became apparent as the data began to form a narrative. Once all of the data was in the table, the table became the primary reference in writing the historical chapter and the scans were returned to only when it was necessary to verify the accuracy of dates or quotes. This data table formed the basis for the chapter on the history of dental assistants and was referred to, although to a lesser extent, in other sections of the thesis.

The collected texts are an attempt to capture accounts of what people actually did, and said about what they did, and to create an account of the past that links it to the present situation of DAs. The archival research was an attempt to hear the experiences and perspectives of assistants, and of dentists and others about DAs, during the time of their/our construction as a profession. Many times I had the sense of reading people speaking to me from the past and felt I was "preserving the presence" of my subjects by using their own words as much as possible (Diamond, in Smith, 2006, p. 53). Creating and conserving the journals texts in scans, lent them a "materiality" and their assembly into a new story, a new text, was akin to assembling a collage (Diamond, in Smith, 2006, p. 53). Campbell and Gregor (2008) suggest IE typically requires very little but very specific data and a difficulty encountered was the mass of data collected; it was a struggle to wade through the accumulation and a challenge to condense.

Journals as Entry Points

Using historical journals as a data source is not a new method; it is a method implemented by some of my references although in different ways. Adams (2000) consulted the early Dominion Dental Journals (1889- 1926) in her research on the dental profession and Quinonez (2009) consulted the CDA association journals as well. My search included some of the same journals examined by Adams (I began with one found in her references) but my search spans a longer temporal distance, and includes both the early Dominion Dental Journal (DDJ) and the later Journal of the Canadian Dental Association (JCDA), and this research was focused specifically on assistants. Inherent in texts of the period are crystallized gender relations; these were not sought but confront a reader unused to hearing women referred to in the terms found in a

historical context. For instance one article discussed assistants in the context of office design, as though assistants were furniture. The journals provide an entry point into the social relations constructing DAs as non-professional.

Quinonez (2009) references the dental association journals in his dissertation, *The Political Economy of Dentistry*, but his focus within the journals was restricted to subjects deemed pertinent to his topic; he gives the following as examples: public dental programs, professional-government interactions and dental insurance (p. 26). He implemented the method I initially planned: search the tables of content and restrict research to identified items. Quinonez (2009) limited his research to the JCDA between 1935 and 2008 and didn't look at the early DDJ; he also drew on many quotations, but none by, or about, dental assistants. Within his 262 pages of text on the political economy of dentistry in Canada, he mentions assistants only three times, although they are included six additional times in tables as statistical data.

Kinnear's (1994) study used journal archives to compare perspectives on professionalization of Canadian nurses found in *The Canadian Nurse* and the *Canadian Medical Association Journal* between 1924 and 1932; this implementation of journal archives alerted me to be mindful journal data has a standpoint of its own. Kitchener and Mertz (2012) also refer to journals of both the American Dental Hygiene Association (1982- 2009) and the California Dental Association (1978-2009) in their work on the professionalization project of hygienists and institutional change in California; research within journals and journal archives is not a new method but no one has yet used it to research dental assistants. The method of collection with the key words, the scanning and the data table is not a method described by any other sources I am aware of.

Detours: Committee Reports and Grey Data

The selection of 1973 as an end date for research in the journal archives is related to the development of formalized curriculum provided by the state; it seemed dental assisting had moved out of the exclusive domain of the dental profession and entered into a more independent sphere with autonomous relations to the state (this proved an incorrect interpretation). There was also a sense of moving into more recent or modern history and there was a body of curriculum documents to be explored offering another perspective on the problematic of Québec DAs; 1973 thus provided a natural segue.

It also seemed the debate over assistants reflected in the discourse of the dental profession was aimless, it had continued for almost fifty years with no resolution in sight; the situation had seemed promising in 1970 but DAs in Québec were no further ahead in 1973, with the exception of plans for a formal curriculum. It became frustrating to stand on the sidelines and retrospectively observe such idle debate and I had reached an impasse where I felt I was drowning in data and had lost sight of my objective. The journal of 1973 had a signpost directing the search elsewhere: an announcement for a conference on Dental Auxiliaries sponsored by the Canadian Dental Association (CDA) in Banff, 1974 – it was intriguingly referred to as “The Winds of Change”.

Committee reports and a surprising shelf. DeVault and McCoy describe IE as a process of inquiry, “...rather like grabbing a ball of string, finding a thread, and then pulling it out; that is why it is difficult to specify in advance what the research will consist of” (as cited in Campbell & Gregor, 2008, p. 45). The length of string tantalizingly offered by the journals had been unravelled and followed as far as possible and I was still gnawing the other end trying to access historical curriculum documents from the

school boards, universities and Ministry of Education in Québec: *Ministère de l'Ėducation, du Loisir et du Sport* (*MELS*, formerly *MEQ*). A search for historical curriculum documents began in August, 2011 and the search was fraught with difficulty: the documents were very difficult to find and available only in French which made textual analysis more challenging. Campbell and Gregor (2008) note that "decisions about inquiry depend on what data is available" (p. 97). Delays in assembling sufficient curricular documents to begin a meaningful analysis elicited the pursuit of other unforeseen entry points found through commission reports, particularly the Hall report of the Royal Commission on Health (1964), the report of the *Comité Spéciale d'Ėtude sur les Auxiliaires Dentaires*, or "Wells Committee" (1970), the report from the CDA "Conference on Dental Auxiliaries" at Banff (1974) and Bernier Report (2013) as well as other web-based data.

Research in the journal archives had demonstrated the influence of extra local events on local activities - influences imported from outside dentistry and from outside Québec demonstrably impacted practices in dentistry here. The 1964 Hall Commission recommendation to import the New Zealand dental nurse model into Canadian practice had organized dentistry up in arms; two editorials in the journal of 1966, including one from Québec, voiced the concern of dentists that they would be displaced by auxiliaries (JCDA, 1966, p. 207). The Wells report of 1970 made recommendations similar to those of the Hall Report which increased pressure on organized dentistry to take concerted action to resolve the status and role of dental auxiliaries; the copy of the report I read is a French copy happened upon while perusing an entire shelf of dental assisting literature discovered at *Université de Montréal* library. The CDA - sponsored

conference on auxiliary services which transpired in Banff in early 1974 appears to be the culmination of state pressures on organized dentistry to develop a structure and protocol for use of auxiliary workers.

The Banff conference report, one of 3 in Canada, was the document I sought at *U de M* where I discovered the afore-mentioned shelf of DA literature; the report had never been checked out of the library before and appears never to have been read. The contents of the report were a revelation; statements and speeches by conference participants provided a vivid record of social relations at work. The conference- goers were representatives of all levels of dental workers and they participated in workshops together over a number of days specifically to discuss the role of dental auxiliaries; the report included details such as the composition of each focus group; who spoke on behalf of the group and so many other rich details for analysis that the report could form the basis of research in and of itself. Statements of speakers and participants echoed my standpoint; I was not alone in my thinking that DAs were trapped by events outside their view and control.

Literature review in a box. I first visited the website of the Ontario Dental Assistants Association (ODAA) in the context of course preparation as a teacher and discovered another unexpected thread to follow; three documents of immediate pertinence were discovered at this site. The first document of interest was a letter of request for professional recognition submitted to the Health Professions Regulatory Advisory Council (HPRAC) by the ODAA in November, 2011. According to Adams (2004), the HPRAC is an organization formed to reduce gender inequality between health professionals (p. 2247); the ODAA request may intimate DAs in Ontario share

similar concerns over workplace ambiguity and assimilation as DAs in Québec (Abbot, 1988).

The second document of interest was the retort by the Ontario Dental Association (ODA) in February, 2012; this letter demonstrates the dental associations in both provinces also voice similar positions based on similar professional ideology; the professionalization project of the ODAA continues in parallel to that of the *AADQ* and provides an opportunity for comparative analysis. The HPRAC denied the ODAA request, citing research performed by them based on a review of dental assisting literature; the literature review is the third document of interest on the site. The council credits Dr. Quinonez with providing research suggestions, including the CDA journal, for a literature review prepared by the HPRAC in order to review the request of the ODAA; the literature review identified 111 references from within which I selected Quinonez' own dissertation, as well as Allison et al, 2004; Carney, 2010; Folke, 2004; Morreale et al., 2005; Rosmus, 2005 and Vollman, 2010.

Quinonez (2009) consulted some similar primary sources discovered through a method of conducting a "review of electronically available governmental and non-governmental documentation (ie., legislation, regulations, policy directives...)" (p. 26). The Hall Report, surveys conducted by the dental profession and Adams' history are some primary and secondary data common to our research. Quinonez (2009) did not consult the Wells Report and, although he makes reference to the Banff Conference, he doesn't cite the conference report or the contribution of conference participant Dr. Robert Evans. Evans was the most vocal of the conference participants in his criticism of the dental professions' position on auxiliaries and he is also author (and co-author) of

three other works cited by Quinonez (2009) in his doctoral dissertation*;* I was left wondering if he was cognizant of Evans' highly provocative statements on dentistry and political economy at the conference or if this overlap in Evans as a source was merely coincidence.

Commission Reports and electronic data offered an unplanned but very fruitful avenue of data collection added to the initial research design. The Hall Report, specifically Chapters 2, sections I (4) and II (12) and Chapter 7 on Manpower; the Wells Report and the subsequent report of the Bernier Commission all proved valuable primary sources as did the report of the Banff Conference. Original reports provided opportunities to compare professional accounts of these in journal discourse with my own reading. Also helpful were contrasts in what was taken up from similar primary sources; the CDA journals reviewed pilot projects and research projects experimenting with the implementation of varying models and combinations of auxiliaries; the Wells Report cites all of the studies found in journal text and Quinonez (2009) cites only the study involving hygienists although all were available in his data set. Kitchener and Mertz (2012) identify an alliance between hygienists and public health dentists which may account for a lack of interest in DA research and may be contributing to the lack of visibility of DAs in Québec where about twice as many hygienists and public health dentists are engaged in state service as compared to other provinces (Quinonez, 2009, p. 11).

Literature Review and Reorientation

Performing the literature review was challenging due to the lack of representation of DA views and because the standard scholarly processes of "validating knowledge" by

referencing established experts is inconsistent with IE practices (Campbell & Gregor, 2008, p. 51). Literature selected from the HPRAC review and other sources yielded disparate views on DAs while review of other bodies of literature related to profession, professionalization and gender provides another lens through which to view DAs and the problematic. According to Campbell and Gregor (2008), IE researchers' work of conceptual framing identifies "both what is known and what needs to be discovered about the topic to explicate its social organization" (p. 51). A challenge I experienced was the inclination to integrate the accumulated mass of perspectives and to discount nothing.

This urge had some benefits; for instance a 2004 study by Folke, Walton and Feigal on occlusal sealant placement had no obvious role or contribution to make to the present study and yet discarding it was unaccountably difficult. I came to realize the importance of the article was to be found not in content but in its inclusive perspective on dental assistants: the article was remarkable for referring to all dental personnel placing sealants as "operators" and a description of all staff placing sealants as working in a 4-handed context. The study description constructed all participants as equals, thus differentiating this paper from other studies and providing an affirmation of the pertinence of Campbell and Gregor's (2008) warning to approach the literature with caution and to "self-consciously attend to [my] own research stance" (p. 52).

Literature with an IE perspective, such as on nursing by Campbell (1992; in Smith, 2005), on nursing assistants by Diamond (in Smith, 2005) and on vocational training by Jackson (1995) provided alternative approaches to the problematic; according to Campbell and Gregor (2008), IE researchers often find themselves reading to see how

to read the literature. Work by Smith (1987, 1999, 2005, 2006) on social relations and IE provided a conceptual map on how to read the literature and provided an antidote to dominant perspectives found in the literature and the data.

Campbell and Gregor (2008) warn of the dangers of importing dominant perspectives from literature into one's own thinking about the research setting (p. 52). Continued reading on IE concepts helped me realize the vast array of data I was accumulating was indication of seeking some "Archimedean point" outside of experience from which to view the complex situation of DAs in Québec (Smith, 1987, p. 71). Gender ideology prevalent in the journal discourse required a different lens from that found in the literature on professions; an attempt to decode the concept of silent anticipation led me to Coburn's (1974) "I See and am Silent" and other perspectives on the silent and invisible role of the assistant including Smith (1987) on silencing of women and Campbell (in Campbell & Gregor, 2008, p. 16) on nurses and invisibility. Readings on the role of gender in nurses' professional projects (Campbell, 1992; Coburn, 1974; Kinnear, 1994) and in the professionalization of dental hygienists (Adams, 2004, 2010a; Kitchener & Mertz, 2012) were instrumental in returning me to my original standpoint and becoming more vigilant in attending to my research stance. I followed the counsel of Campbell and Gregor (2008): when "confronted with mounds of data", the notion to "hold onto" is "the idea of social relations at the heart of [your] research interest" and to review early thoughts, informed by data (p. 85, 86).

The disjuncture between ruling and experiential perspectives, the sense of being stuck between contradictory imperatives from *MELS* guidelines and the Dental Act, is most evident from my standpoint and that of other DA teachers in Québec; "Research of

everyday life offers an opportunity to satisfy curiosity about aspects of [their]work worlds that, for the most part, remain both mysterious and frustrating" (Campbell & Gregor, 2008, p. 107). It was time to stop looking for answers in existing literature and return to other aspects of the planned research design and bring the research project back to Québec DAs. Smith (1987) warned, "...the methods must be anchored in relations connecting them with women who do not participate in the relations of ruling and the discourses that interpenetrate them" (p. 225).

Participant Observation

Mertz (Kitchener & Mertz, 2012) and Quinonez (2009) both cited participant observation as research methods in their studies; Mertz as a hygienist attending professional association meetings and Quinonez (2009) as a community dentist. My research design includes multiple forms of participant observation allowing for multiple perspectives; one form of participation is as an association member, another form of participant observation relates to my role as teacher and department head in a dental assisting program. I attended association meetings and received *info lettres* as a member of the *AADQ* and received consultation documents from the *AADQ* in the context of curriculum leader; I am exposed to information on dental assisting in Québec through DA friends, through student anecdotes and journals chronicling stage experiences and also through DA teachers' experiences both as assistants and as stage supervisors.

Multiple forms of participant observation have informed my standpoint but experiences within the context of my role as DA teacher and curriculum leader pose an ethical quandary, these observations are similar to Diamond's in that they are "covert"

although not intentionally(cited in Smith, 2006, p. 47). I have access to views on DAs and dentistry which are unusable as data due to the context in which it was collected –it cannot be used nor can it be discounted because it is actual.

The situation of DAs in Québec has not been static during the thesis construction; Campbell and Gregor's (2008) summary of Kinsman's (1997) account of a political campaign in the process of being waged explains the role texts play as part of such a struggle and the difficulties associated with analyzing events as they are unfolding (p. 123, 124). The construction of the DA history in this context may be interpreted as political action; the text is both a product of research and a political statement on behalf of Québec DAs; it is my attempt to give voice to aspects of DA history not usually accessible or visible to DAs.

Work and Training of DAs

I chose to study the curriculum documents secondly, after gathering archival data, to see how the existing work of dental assistants became translated into curricula. DAs have been working in Canada for at least eighty-nine years by the accounts of Pearl Bartindale and Dr. Johnson and that figure is based on the assumption that Miss Alice, Dr. Johnson's assistant, worked until the date of her death. The long delay between identification of assisting as an occupation and the development of training for assistants in Québec is perplexing to me and the lack of social recognition of this training is even more so. The CDA centennial history asserts that Québec licentiates had requested training for assistants as far back as 1917; dentists petitioned for trained assistants for many years because it took so long to train someone by themselves(Crawford, 2002, p. ix-3). Assistants trained on-the-job also wanted more

training; assistants at a meeting of the Montreal Dental Assistants Society in 1930 “expressed regret at the lack of a regular training course for assistants” (DDJ, p. 184). A ‘regular’ training course did eventually become available many decades later but it has not accomplished standardization or labour mobility for Québec’s DAs.

Analysis of DA Work and Tasks

Descriptive lists of work tasks collected from the archival journal texts were sorted into a separate table for comparison, specifically seeking continuity. Lists were collected representative of at least each decade between 1903, the first most detailed list found, until 1973 and a continuous body of work is apparent. Dental assistants perform chairside work, clerical work, lab work, preparation and processing of treatment room and components including instrumentation, intra-oral tasks including installation and removal of dental dams, preliminary impressions, placement of matrices, coronal polishing, and many other tasks including radiography and have been performing this work for decades.

The journal archive provides a description of the first formal DA training in Canada 1919 and attempts were made to locate details of DA training programs I had heard were provided by *Université de Montreal* and McGill University in the late sixties and early seventies but only brief descriptions were found. The *MEQ/MELS* dental assisting programs of 1976, 1987 and 1995 were eventually obtained and studied. Program content was sorted into task domains similarly to the historical tasks and then each program was examined individually before comparison with other programs. Similarities and differences in both content and approach were noted; for instance the 1978 program specifically announces a personalist conception of education which “bases

pedagogy on the personality of the student" *(*MEQ*, 1978, Presentation section, para.3). Comparison of historical work tasks and subsequent training programs showed continuity – the tasks DAs have been performing since about 1900 have remained quite consistent although altered by technology and other influences.

The data analysis yielded interesting results such as a complete absence of sciences in the original *MEQ* program and the revelation that tasks related to patient care provided by DAs are consistently under-represented; this work is always subsumed within other tasks such as chairside assisting. Hygiene programs were also examined and compared and still the source of disjuncture remained elusive; how is it that DAs came to be formally trained by the state to perform tasks which they are forbidden to perform under state legislation? Study of dental assisting curriculum development was very interesting to me as a teacher but it did not reveal the source of the contradictory elements of the DA *MEQ/MELS* curriculum and did not shed light on how such ambiguity was being sustained over such a long period of time.

Identifying the origin and evolution of DAs and their work had not demonstrated how Québec DAs came to be professionally stuck; identifying links between work and training also failed to show the source of disjuncture; each perspective attempted through comparative analysis of work and training programs failed to illuminate the problematic. The problematic as related to the training program remained impervious to my probing; the seeming immutability of the text revealed a potential solution - I recalled a work by Jackson (1995) which I returned to: *Talk, Text and Curriculum Reform* and discovered a way into the text. I am so familiar with "the curriculum" that I had come to see it as an entity that *just is* rather than as a product of crystallized social relations.

"Curriculum decisions that just happen are an everyday experience of textually mediated social organization" (Smith, as cited in Jackson, 1995, p. 179).

I was not able to observe the task analysis workshop and subsequent revision meetings as Jackson (1995) did in her study of a revision process at a community college in British Columbia in the mid-80's, but I did have an entire suite of texts chronicling Québec's curriculum revision process for the DA program by *MEQ/MELS* in the 90's, including observations and comments by contributing members of the dental community. Jackson's (1995) description of the task analysis process was almost identical to that described in *MEQ* documents; although I did not have the advantage of Jackson's observation, the four documents detailing the *MEQ* revision process, including a preliminary study performed prior to the task analysis workshop, provide a detailed account of what transpired. Smith's (2006) concepts of regulatory texts and intertextual circles were also applied in the analysis (p. 79) and Jackson's (1995) finding of the task analysis as the dominant text in the process is supported by the 1991-1995 Québec revision process; this is discussed in Chapter 4.

In the Footsteps of Miss Alice

"The critical force of these (IE) methods is contained and 'institutionalized' if they are not articulated to relations creating linkages outside and beyond the ruling apparatus" (Smith, 1987, p.225). The final element of the research design was to solicit the perspectives of DAs working in the field. The method originally planned was to individually interview graduates representative of each curricular revision and hear their views on their work and training experience and then arrange a focus group with representatives from each program version. Another ambition was a second focus

group comprised of graduates from both the DA *and* hygiene programs to hear their views on the overlap in tasks and how the work and training compared. Although I did locate and contact graduates of all of the programs, including those provided at McGill and *Université de Montréal* in the 1960s, many of them are no longer working as DAs. I also located and contacted graduate DAs and former DAs in various stages of hygiene training from accumulating pre-requisites and in the process of applying, students in the program and graduated from the program and working as licensed hygienists but I felt this may be a separate research project.

The motivation for hearing DAs speak is to reveal and to legitimize their work; similarly to nurses, DAs work "in ways that are not officially noticed and may even be illegitimate, as when [DAs'] knowledge and action strays across professional boundaries" (Campbell & Gregor, 2008, p. 20). Much of the work DAs in Québec "do is not part of the official textual organization [of assisting and] it tends to be overlooked and thus not attributable to them as their knowledge, judgement or action" (Campbell & Gregor, 2008, p. 21). The regulating texts of *MELS* curriculum guidelines and the Dental Act are the "official objectified version" of DAs and their work; these texts describe DA work as not including x-rays because this task requires certification which they/we cannot have. Official descriptions of DA work "trump" competing experiential accounts of DAs performing illegal tasks such as x-rays (Campbell & Gregor, 2008, p. 40). I know what DAs do and what they are trained to do and I wanted DAs to have a chance to officially share their version- I wanted DAs to have a trump card of their own.

Silent Anticipation - A History of Québec's Dental Assistants

Dentists have routinely engaged or received some form of assistance in their provision of dental services for at least the past one hundred twenty-five years. Dentists at the turn of the 20th century would of necessity engage and train their own assistants. Common forms of assistance at the time were provided by female assistants who performed an almost endless list of tasks from chairside tasks to office work to lab work; by mechanics, a group of men who performed laboratory work including the fabrication of prostheses and by male students of dentistry performing indentureships under the supervision of a licensed dentist acting as a prefector. "I suppose there hardly could be found two dentists who employ an assistant in just the same way" (Eaton, 1903, p. 724).

An historical examination of the work and training of dental assistants illustrates an occupation with assigned duties that are "among the most comprehensive and varied in the dental office" (Journal of the American Dental Association (JADA), 2005). Reference to specific tasks assigned to dental assistants can be found as early as 1903 when Dr. Eaton presented a paper to the Toronto Dental Society and he listed the various tasks performed by his dental assistant. These include: answer phone; make appointments; receive payments; deal[ing] with book agents; dust, clean and prepare office; pull and arrange record cards; make schedule; greet and seat patient and place record card; anticipation of the dentist's needs at chairside; assist with dam; prepare dental materials such as gold and amalgam; clear bracket table and clean contents; place disc holder for engine handpiece, moisten pumice and prepare vaseline for disc; clean instruments and room to prepare for next patient while dentist finishes; usher in next patient; dismiss previous patients including arranging subsequent appointment and payment; banking; stock and inventory; sends out end of month accounts and, "everything that it is not

necessary for me to do"; in short, "another pair of hands"(Eaton, 1903, p. 724). A description a few years later adds a further benefit of assistants: that they "believe in the ability of the dentist and impress(ing) that confidence on those with whom she comes in contact - all of which brings success to that office, a worth I fear too often not recognized to its full remunerative value" (Burns, 1907, p. 282).

A Most Profitable Asset

The 1903 journal includes a paper titled Dental Assistance by Dr. Woodbury, he writes, "In the minds of many of us there has come the wish that we could avail ourselves of someone trained and authorized to act as an assistant in many of the minor services, where the practitioner under the present circumstances is compelled to give his personal time and attention" (Woodbury, 1903, p. 616). Woodbury was addressing an important issue: preventive treatments were not commonly provided by dentists due to time constraints; prophylaxis is time-consuming and not remunerative so dentists felt curative treatments must be prioritized. Despite all the auxiliary services that a dentist could legally avail himself of, many dentists also wanted an assistant who could legally perform intra-oral tasks, specifically preventive services.

Discussion among members at a dental society meeting following the presentation of a paper on dental assistants by Dr. Burns in 1907 included suggestions on potential training models for assistants such as these: "a little training, a year or so in medical nursing - trained to move quickly and quietly, to see what you want without being asked for it... would be a great benefit" and "the assistant *par excellence* in your office, neat and tidy appearance, with a good idea of order, and know when not to talk (laughter); also teach herself how to type" (in Burns,1907, p. 286). Courses in dental prophylaxis

were added to nurse training programs in hospital in Ontario by 1907 and also added to normal school curricula, with exams on dental hygiene being required of all teachers to obtain a license (in Burns, 1907, p. 286). Dentists experimented with the various models of auxiliary help and failed to settle on one; some felt they should emulate the medical nurse model, some preferred the American dental nurse model assigned preventive tasks, some wanted more emphasis on secretarial work and some dentists hoped to have all of these skills performed by one multi-purpose aide. The United States had been the first to provide training for dentists in 1844 and they were also the first to provide training for dental assistants when they opened the first school dedicated to teaching dental assistance in Kansas in 1908.

Organized dentistry was divided not only over the most appropriate role for assistants but also over which direction their own profession should take. There was concerned discussion over which role and skills of the dentist were of most value; that of the scientific diagnostician or that of the skilled mechanic. Some dentists believed that mechanical assistance was acceptable so long as the dentist retained control of diagnosis, prescription and treatment planning while others felt that provision of patient treatment should remain the exclusive purview of dentists.

By 1913 some dentists felt, “It is a waste of money to educate a dental surgeon and to have him spend his time performing operations that might be done by a nurse, an assistant or a mechanic” [4] (DDJ, 1913, p. 254). While others, “In all this demand for dental assistants there is something of the captain of industry, with the added legalizing

[4] The dentist here is referring to a medical nurse performing DA duties; dental nurses were yet to be introduced in Canada)

of the captain's position. If only a dentist with a license can have all kinds of assistants he has a monopoly which was never intended" (DDJ, 1913, p. 254).

Desires to delegate and maintain control compete. The dental profession availed itself of multiple forms of assistance and titles for various assistant models continued to be applied inconsistently for several decades; vague terms such as auxiliary were sometimes applied to all persons working with and for dentists. The dental profession wanted more and better trained auxiliaries but they couldn't come to a consensus on exactly what they wanted these workers to be permitted to do nor how they were to be prepared to do it. One dentist laments, "the duties of an assistant cannot be specifically defined" and then proceeds to list over thirty tasks routinely performed by his assistant; he adds, "the assistant who desires to have her duties defined from day to day is a nuisance"(Webster,1912, p. 323).

The tasks delegated to dental technicians remain consistent over the years despite the continuous struggle to snuff out the illegal practice of mechanics providing dentures directly to the public. The tasks assigned to dental assistants and dental nurses remain amorphous and continue to increase. Dentists wanted someone to take charge of all tasks not directly related to patient treatment but they were unwilling or unable to identify these tasks and develop training and systems to formalize them. Webster's editorial, Dental Office Assistants, amply illustrates the confusion and ambiguity of the profession at the time as he struggles to define and describe 'dental assistant',

> I found some difficulty in getting a title for this paper that would mean exactly what I intended it to mean. I do not want it to mean the assistant to a dentist who is also a licentiate as well as a helper. I want it distinctly understood that I am not

> discussing that type of man who comes into an office and acts as a laboratory man and perhaps assists at chair and perhaps does a little operating once in a while or a nurse who does similar work...Insomuch as it is illegal in most Provinces in Canada for anyone to perform dental operations who has not a license, I do not propose to discuss the dentist's assistant. It is the dentist's *office* assistant I propose to discuss. (Webster, 1912, p. 323)

This assistant is described as, "a good housekeeper (with) the knowledge of a nurse, refined tastes, clean habits, good address. She should have a certain *innate capacity* for knowing or divining the wishes of others" (Webster, 1912, p. 324; italics mine).

The Value of Anticipation

Dentist's office assistants appear to have adapted themselves to this expectation to silently anticipate the wants of dentists and to incorporate any and all sundry tasks into their domain; dental assistants are said to have, " worked herself into every warp and woof of the practice"(Garvin, 1949, p. 645). Views on assistants are revealed during discussion of Dr. Webster's paper at a dental society meeting: Dr. McLaughlin describes "the right assistant" as "perhaps the most profitable asset under the control of the modern dentist" as she should "be able to relieve the dentist of all official duties outside of direct work on the patients" and Dr. Magee adds, "they should be so homely that no man would ever ask them to marry" (apparently his assistants had all left his employ as soon as he considered them useful) while Dr. Garvin observes that finding a person with all of the skills and knowledge desired would be difficult because there is "no room for advancement in the profession" and they would demand a wage much

higher than the current rate; “salaries paid to dental assistants will have to be doubled or trebled to secure the kind of assistant (wanted)” (in Webster, 1912, p. 325-331).

Assisting work is discussed in 1914,

> In some parts of United States, there is an effort among dentists to have organized a regular dental nursing profession which shall have legislative recognition under a state license. In reality it would be a partial dental license. *For some years dentists have been training their assistants to perform dental prophylaxis* and it is out of this has grown the idea of state legislation. The idea has gone far enough to have a school organized for training nurses. The Dental Assistant, as understood in Canada, and most other countries, assists the doctor at the chair, and in the laboratory besides doing many other things which are necessary to save a dentist’s time. *In no case does the dental assistant perform operations*. (DDJ, 1914, p. 254; italics mine)

The assertion that DAs do not perform operations contradicts Webster’s earlier description of the nurse or type of man who “does a little operating once in a while” and is indicative of the hap hazardous use of terms and terminology applied to female dental auxiliairies.

Finally, after years of deliberation and armed with the knowledge that 75% of dentists employ assistants, the Royal College of Dental Surgeons (RCDS) of Ontario, the first to provide dental education in Canada, takes the lead again and opens a two semester course for Dental Nursing at the University of Toronto in 1919 (DDJ, 1919, p. 449). The CDA history acknowledges the role of Pearl Bartindale, an assistant working in Ontario since the turn of the twentieth century in suggesting this initiative to Dr.

Webster, then Dean of the RCDS (Crawford, 2002, p. ix-3). Fifteen students were accepted and entry was restricted to females over 18 years of age with priority being given to applicants with a nursing or dental assisting background. It was felt that, "with a dental college of dental hospital training, the dental assistant will be made more efficient"; "her place will be established, her duties defined and her usefulness to the community will be greatly increased" and also "the calling will attract a better class of women and deter the brainless, slothful and lazy" (DDJ, 1919, p. 451).

Tasks and Titles

By 1920 the dental curriculum had been extended, with the effect that it took longer to produce dentists at the same time as demand for services was increasing; the result was an increased demand by dentists for various forms of assistance. One plan was to recruit and train preventive assistants from the ranks of the DAs, "... the mouth hygienist, a profession similar to the trained nurse in the medical profession. Mouth hygienists will be largely recruited from the ranks of dentists' assistants" (DDJ, 1921a, p. 71). Alongside the multi-tasking dental assistants were mechanics and technicians and the dental nurse model in Ontario. Also in 1921 the New Zealand Dental Nurse Program was about to be launched (DDJ, 1921, p. 71). The New Zealand dental nurse model was unlike the Ontario model; young women in New Zealand were provided with two years' training to perform simple operative treatments for children in a state-provided school dental service. The merits of this model of dental auxiliary were subsequently a matter of hot debate in Canada for over forty years. A paper read before a dental society illustrates the confusion wrought by the plethora of titles as it concludes with, "Do not confuse the term 'dental nurse' as I have used it with the use of

the terms as applied to the oral prophylaxist. Many dentists call the dental hygienist a dental nurse" (Webster, 1921, p. 365).

By 1926, the dental nurse was considered more a necessity than a luxury but only 100 had graduated and at least twenty of these had since married and stopped working so dentists continued to seek dental assistants. It is important to emphasize dental nurses and assistants in Canada actually performed the same work, the only difference between the two categories of workers was where they received their training; the term dental nurse was mostly restricted to graduates of the U of T course and nurses working as dental assistants.

Dr. Webster, editor of the journal, writes in his 1929 essay, Chairside Assisting in Operative Dentistry, "A dental Nurse's qualifications to assist at chairside (are to) know what the dentist is going to say and do under any and all circumstances"; "she will know what he is going to think about long before he starts to think" (Webster, 1929, p. 386). Dentists want the services of an assistant/ nurse to assist them during patient treatment and also relieve them of all work not directly related to patient treatment while also wanting the services of the hygienist model to provide preventive services to their clients and to maintain access to professional laboratory services. Some also expressed interest in the New Zealand style auxiliary to provide dental treatment to children; some dentists considered child patients a burden on their practice because they could be difficult and time-consuming to treat (Adams, 2000, p.112). More tasks, responsibilities and expectations continue to be delegated to dental nurses and assistants until they began to complain of low wages (discussion following Bartindale, 1930, p. 174). Dr. Smith shares with participants of a joint Dental Assistants and Dental

Nurse Association meeting that, “The young lady who can stand the abuse that a hard-worked dentist can place upon her is deserving of a lot of credit, and my heart is with her” (following Bartindale, 1930 p. 185)

We see functions and terms combined in, “efficient Dental assistant nurse has become a necessity in a well-conducted practice; her many duties are such that she might well be considered as the general manager” (Krueger, 1930, p. 150). The U of T dental nurse program was the only one available in Canada and there were not enough dental nurse graduates to fulfill the demand so most assistants were still trained on-the-job. The Montreal Dental Assistants Association expressed interest in a “regular course” for dental assisting in Montreal but they would still have to wait for at least forty years before any became available. There were no training programs available in Canada for technicians or hygienists either but they became regulated professions in Québec in 1944 and 1946 respectively. The CDA Auxiliary Services Committee reported in 1946, the, “trades or callings of technicians, assistants and hygienists have developed over a period of years...every calling is entitled to proper remuneration and working conditions and right to organize in self interest” (Garvin, 1944, p. 184).

Eeny, Meeny, Miny

A two-year college program for dental assistants opened in Ohio in 1948. “The objective of this program is to produce auxiliary personnel of the same degree of training and education for the dental profession as the graduate nurse is for the medical profession; and to make the dental assistant a true assistant, not merely an office housekeeper” (Bibby, 1948, p. 427). Overlap between the two main female auxiliary types is exemplified in the description of the 2-year training course for hygienists

featured in the same journal. A photograph is shown of the students wearing nurse uniforms; the course is described as “a training course for hygienists whose work includes assisting the dentist in operative, surgical and laboratory procedures, as well as patients’ oral prophylactic care”(Garvin, 1948, p. 339). It appears at this juncture that the two dominant female versions of auxiliary in North America, the dental assistant and the dental hygienist, have much in common with regards to training and work tasks, and each is considered equally valuable and eligible for training and consideration, in the United States, at least.

Dr. Garvin, a later editor of the CDA journal, shares his position on the training and title of assistants in his 1949 editorial, The Dental Assistant. He says the work of a DA is “all the same” regardless of whether their training includes a PhD or none at all and so they all should be called assistants. He draws the analogy that a dentist with a license but no formal training and a dentist with a specialty degree both share the title of ‘dentist’ so a DA with a registered nurse diploma, a one year course in dental school or no training should not be subject to differentiation, “if a young lady has been chosen by some dentist on account of her gracious manner, charm, personality and ability to become his assistant she should not be relegated to some inferior position by her associates” (Garvin, 1949, p. 646).

Mary Brett became the first hygienist in Canada when she registered in Saskatchewan in1950; she was formerly a dental assistant in the Armed Forces as well as being the daughter of a dentist and she received her hygienist training in the US. The Canadian Council on Dental Education recommended the development of a 2-year course for hygienists to be provided in Canada with the proviso that all hygienists are to

be females, aged 18 years or older (Garvin, 1951, p. 438; Marshall, 1951, p. 660). The legislated gender restriction of assistants and hygienists may be a reflection of dentists' preference for female auxiliaries; Adams (2002) has suggested dentists prefer female auxiliaries because experience had demonstrated male assistants were more likely to perform illegal tasks for their own profit (p. 70).

Too Much Help

By 1950 then we have the following dentist's helpers: Dental assistants, dental nurses (both Ontario and New Zealand models), dental hygienists, dental technicians and dental mechanics as well as some secretarial help. Dental Assistant, chairside assistant, dental nurse (Ontario type), dental office assistant, as well as the older term lady assistant, all refer to women performing the same body of work (chairside, clerical and lab work). Dental technician had become legally defined in many provinces as someone who fabricates prostheses on prescription of a licensed dentist while mechanic had become synonymous with illegal practice in the fabrication of dentures. Dental hygienist was used to describe a person trained to provide oral cleanings and oral hygiene education (although various plans were made to have hygienists perform other duties, the preventive role is the most common connotation). New Zealand, or New Zealand *style,* dental nurse was a term used to describe women in state service mandated to perform operative dentistry for children. There still existed public health nurses and dental public health nurses who variously examined and cleaned children's teeth but their numbers were in decline. The terms assistant, auxiliary, ancillary and allied personnel can be applied to any or all of the helper groups. The dental assistant group was the most heterogeneous in terms of assigned tasks and training and it is

likely they were the most numerous but, because they were often trained on the job and did not necessarily belong to any association or other professional group, their number remained uncounted (Garvin, 1950, p. 434).

Dr. Mowry, Dean of Dentistry at McGill, requested the editor, Dr. Garvin, print two letters in the journal: one he himself had written to the editor and another by a Dr. Kaufman titled “Kiss of Death”. Dr. Garvin obliged but prefaced these letters with his own editorial comments endorsing the beneficial role of the dental hygienist, perhaps to offset the resoundingly critical letters from Mowry and Kaufman(as the one title might suggest). Mowry states, “It is a serious menace to the integrity of the dental profession to permit any but dentists to operate directly on the patient” and he feels compelled to reserve the rights of dentists and, although he “heartily approves of trained Dental assistants trained in the principles of asepsis, sterilization, knowledge of dental instruments, supplies, and office routines”, he objects to any but dentist (or physician) operating in the mouth (Mowry, 1950, p. 433-4).

Dr. Mowry questions whether it will be possible to have adequate supervision, whether dentists will not feel tempted to extend hygienists’ activities to include other tasks or to leave hygienists unsupervised while the dentist is absent on vacation or playing golf. He says of the Forsyth Project (an American pilot project assessing the practice of hygiene work) that it is an “insidious shadow of things to come” and criticizes dentists who prioritize the business aspect of dental practice (Mowry, 1950, p. 433-4). The Mount Royal Dental Society, on the other hand, had two guest speakers on, “The Role of the Dental Hygienist in Dentistry” at their annual closing dinner, the information provided is said to have, “endorsed unequivocally the role of the hygienist as an

auxiliary" (JCDA, 1950, p. 325). The same journal issue includes an article titled "Dental Economics" that describes a dentist as needing the best possible auxiliary help, "ideally a chair assistant, secretary, dental hygienist, and technician" (Robinson, 1950, p. 481).

Clearly the dental profession was far from united in its position on the question of auxiliaries. The first program for dental hygiene training opened at University of Toronto in 1951 and, similarly to the requirements for entrance into the dental nurse program, training was exclusive to women over 18 years old. Dean Walsh of the NZ training program promoted the development of this dental auxiliary model saying, "we are already using them "and the "practice of dentistry would be impossible without them"; he envisioned, "a whole team of assistants of lower qualifications or experience" and "I imagine that the majority of these will be women" (Walsh, 1952, p. 134).

Amid this flurry of debate on the relative merits of the dental hygiene versus the NZ dental nurse model of worker, one dentist soberly points out,

> little or no attention has been given to the prospect of improving and amplifying the help which can be given to practitioners by efficient chairside assistants. Although chairside assistants have been employed for something like 70 years and it has for long been recognized that an efficient chairside assistant can save a dentist a great deal of time and unnecessary work it is still true that too many members of the profession fail, for one reason or another, to make anything approaching to the maximum use of their services. There are still, for instance, many dentists who, for reasons of false economy, expect one girl to combine the

> duties of secretary and receptionist with those of chairside assistant. (JCDA, 1951, p. 173)

Old Faithful

All this furor over the benefits and dangers of hygienists and NZ nurses was really all an academic debate- in reality only one auxiliary type was working in Québec (and most of Canada) at the time: dental assistants and the Ontario dental nurse. There were no NZ nurses in Canada nor was there legislation to allow for this work, and there weren't any appreciable number of hygienists working because the first cohort of seventeen students at U of T had just begun their training and hadn't graduated yet (any hygienists that may have been working in Canada would have received their training in the US). Dental assistants were the ones still actually doing all the 'female' auxiliary work inside the dental offices in Québec and the other provinces, just as they had been doing for approximately seventy-five years.

Dentists in Québec continued to engage and train DAs "off the street" to perform a multitude of tasks while the debate over formalized auxiliary models continued. The CDA appointed an Auxiliary Services Committee in 1954 and a series of surveys, experiments and studies on various auxiliary combinations was undertaken over the next few years. One study in 1955 demonstrated hygienists could relieve dentists of 45% of their workload (JCDA, 1955, p. 44) while a 1963 survey demonstrated dentists with two or more treatment rooms and two DAs, made more profit. This survey also showed that hygienists at the time were earning an average salary of $3750 in contrast to the average DA salary of $2551(JCDA, 1966, p. 298).

Journal articles discussed how dentistry was to be practiced as well as by whom; there were new concepts such as the “dental team” working in a seated position with patients in a supine position; another technological development, the high speed handpiece (dental drill), revolutionized restorative treatment. The 1963 survey had shown 90% of dentists were using this system and its use increased their income by 17% but using this “washed field technique” as described by McGill’s Dr. Kepron was dependent on the constant chairside presence of a DA, “the assistant [must] remain constantly at chairside during the entire operative procedure. This means that a second roving assistant is almost mandatory” (Kepron, 1965, p. 565).

An editorial by Québec’s Dr. Simard summarizes the concerns of the profession in relation to the Hall recommendations,

> commentators on the NZ auxiliary model are unanimous in saying children received as good a level of treatment as *chez nous;* if this evolution continues the dentist in 1975 will have nothing to do with prophylaxis, with operative treatment or with prostheses due to delegation and, on the other hand, everything complex is referred to specialist so there will be no place for general dentists* (JCDA, 1966a, p. 207-08).

Dental Assistants are for Dentists

An announcement for a dental assisting course due to open at the *Université de Montréal* in 1966 reveals the situation of Québec’s DAs at the time, “before now this career did not officially exist – she will become more than an aid, she will be the right hand of the dentist - the one that assures the good functioning of a dental office”* (JCDA, 1966b, p. 128-9). The announcement illustrates the traditional, complex and

multi-dimensional work of the DA was not considered a specialized body of work; assisting work was so taken for granted that it was not even recognized as work. This, even though DAs were already bearing the entire burden for all tasks except actual dental treatment because she was *still* the only in-office auxiliary present in any meaningful numbers (there were only 7 hygienists registered in Québec by 1970).

The CDA completely rejected the recommendations of the Hall commission and appointed an independent investigative committee with goals cited by the Board as: to review and accredit auxiliary training programs, and to adopt a national standard for dental assistants to ensure their labour mobility without loss of status and usefulness. The primary goal was described as, "to raise the standard of the present dental assistant from an untrained helper to a properly qualified and efficient member of the dental health team" (JCDA, 1967, p. 164). The Alberta Dental Association called for the Auxiliary Services Committee to produce a "co-ordinated, concise, well-delineated definition of the legal and ethical limits of auxiliaries...failure to do so can only result in a chaotic state of infringement of one category of auxiliary upon another, evidence of which is already being seen" (JCDA, 1967a, p. 168). The committee suggested the development of a single auxiliary type combining the assisting and hygiene roles but this idea proved unpopular and the motion was defeated by the Board of the CDA.

Concern over the role of auxiliaries is discussed by Dr. Simard at a conference he gave to the *Société Dentaire de Montréal* in late 1968. He refers to assistants as *femme de peine* (women in hardship) and says,

> Should their role remain the same, it is not necessary to create schools for training them as existing programs such as are offered at *U de M* are sufficient...I

> believe the majority of Québec dentists agree on the urgency of having better qualified and more numerous auxiliary staff to compensate for the manpower shortage (in dentistry)...We have to get it into our heads that efforts to prepare auxiliaries must be done so with the goal not of increasing profits but of increasing services to a greater segment of the population...The profession must consent to delegate and we must make our position known...How can we ask to build schools for auxiliary personnel if we don't first determine, finally, their future prerogatives?* (Simard,1969, p. 659)

The federal Minister of Health and Welfare with the participation of the Canadian Dental Association (CDA) created a committee to study auxiliary dental services; this became known as the Wells Committee. The Wells Committee study and report are comprehensive: the committee met nine times, received 25 memos and 5 letters from involved parties such as dental associations and they made 43 recommendations. The committee highlighted that other countries had benefited from auxiliaries performing intra-oral tasks traditionally reserved for dentists and that this practice had the additional benefit of minimizing illegal practice of dentistry. The report reiterates there is no doubt dentists benefited from auxiliary assistance both in terms of productivity and income *(*Wells*, 1970, p. 5).

The dental community remains ambivalent about the auxiliary situation and the situation continues, unresolved. Dr. Dunn, Dean of the Faculty of Dentistry at Western University was delegated by the president of the CDA to attend the First National Health Manpower Conference; he reported to the journal,

> With all the persuasiveness I can muster, I again urge the CDA to consider the vitally important substance of the resolution on auxiliaries which it has rejected on two occasions. This resolution submitted ...was resoundingly defeated both times...If any further evidence of the anachronistic character of most professional statutes and regulations were needed, it was certainly supplied at this conference. I am convinced that if the dental profession does not now grasp the opportunity to bring into the twentieth century its policies and regulations bearing on the utilization of its allied services, then we shall simply have to accept what public opinion increasingly demands. .. the monopolistic position we enjoy will only be maintained if we give much greater evidence we are cognizant of the health service aspirations of the Canadian people." (Dunn, 1970, in *Dialogue*, p. 43)

The dental profession in Canada again failed to act on government initiatives and so the CDA organized a three day conference in Banff in 1974 to bring together the parties involved and hopefully develop a strategy to resolve the situation of dental auxiliaries and increase access to services for the Canadian population. On Day Two of the conference in the afternoon, three participants selected from outside "the Canadian dental scene" were invited to summarize their reactions to the conference (Banff Conference Report, 1974, p. 40). The selected participants were: Dr. Evan Spohn (dentistry graduate, University of Michigan; assistant to the Dean for Dental Allied Health Education, University of Kentucky), Dr. Robert Evans (economics graduate from Harvard University; Consultant to the Minister of Health of British Columbia in Dental

Care, Vancouver, BC.) and Dr. Dale Redig (dentistry graduate, University of Utah; Dean of Dentistry, University of the Pacific, San Francisco, California). Dr. Spohn spoke first,

> two basic pressures that I could observe here...sincere, concerns to meet the public's needs...some have said we need to get on with meeting the needs of the public because the government will come up with alternative methods if we don't...we have got to remember who the government is- because it's really the people we serve...the expansion of the role of dental auxiliaries is ... a hedge (if you want to use that reasoning) against government perhaps less desirable alternatives. (Banff, 1974, p. 41)

Dr. Evans spoke next,

> I don't mean to in any sense to be particularly critical but there are some funny things that I observed and I thought I might like to share them with you...I find working beneath the surface continuously and unavoidably the private interest is revealed and it leads to some of the inconclusive discussion we have had. I will give you several examples of what I mean by speaking in code... dentists are speaking in code when using terms like "supervision" to conceal themes of independence and hierarchy. (Banff, 1974, p. 42, 43)

Of team care he says he can't understand how a team can work with the dentist as leader/coach/owner/star player at every position, "So what you have done is taken a word like 'team' which is a positive thing and which we are already in favour of and you have instituted in it what is economically a hierarchical setting. You said. 'Well we are going to call this a team but I am awfully suspicious" (Banff, 1974, p. 44).

Dental Assistant Training: By Dentists, For Dentists

Dr. Evans criticized organized dentistry in 1974 for their failure to regulate the auxiliary situation in Canada for a decade and he blamed concealed private interest on the part of some dental professionals for inconclusive discussions about the appropriate role of dental auxiliaries. Forty years later, the *AADQ* accuses the *OPQ* of hostage taking due to the unresolved professional situation of Québec DAs where assistants are simultaneously delegated regulated tasks and denied regulated status. State-sanctioned DA training programs continue to fulfill their mandate and prepare graduates to enter a work environment where discrepancies and grey areas between provided training and job expectations may send mixed messages and cause confusion. There appears to be a lack of cohesion and communication between the various organizations and stakeholders involved in the work and training of Québec's DAs and DAs are stuck in the middle of a debate where they have little voice.

Publicly subsidized programs for training dental auxiliaries became available in 1974 at the request of the dental profession; a program for DAs was offered in English at the secondary school level (*AADQ, Mémoire,* 2014) and programs for training hygienists, technicians and denturologists were soon offered at the *CEGEP* (community college) level in both French and English - this despite Wells' stated reservation that relegating DA training to a secondary setting would risk isolating assistants from the rest of the dental team (*Wells*, 1970, p. 36). The original DA curriculum by *MEQ* was conceived of as training DAs to perform 'secondary acts' (regulated acts), as had been suggested by the association of dentists and the revisions of 1987 and 1995 retain the training of such acts even though the Dental Act (2014) has never been amended to allow for this in the

intervening forty years. The DA program content and guidelines texts reflect as crystallized social relations the unresolved debate on the role and scope of Québec DAs evident in the preceding historical chapter. Dental assisting work varies more by province than does the work of the other dental professionals and Québec dental assisting varies the most from the rest of Canada specifically with regards to regulated tasks. The environment for DA training is also the most different, free training in a secondary setting is unique to Québec. Examination of Québec's DA program provides a possible entry point into the problematic. Smith (1987) discusses the concept of social relations as a procedure for "analyzing local work practices-the locus of the experience of the subject- as articulated to and determined by the generalized and generalizing relations of economy and ruling apparatus" (p. 167).

A comparison of DA tasks compiled from descriptions in journal archives between 1903 and 1973 reveal skills and tasks required of dental assistants remain relatively consistent; most changes are attributable to technological advances such as the high speed handpiece and to differently partitioned tasks after the introduction of the hygiene role. Regulatory changes made in 1946 to facilitate the introduction of the new auxiliary, the dental hygienist, appear to have relegated Québec DAs to a non-professional position and subsequent introduction of state-subsidized training in 1974 to prepare DAs to perform regulated tasks creates a 'disjuncture' (Campbell & Gregor, 2008). Analysis of DA tasks and curricula offers much of interest to a teacher in the field; the existence of a core body of technical skills and knowledge is substantiated and supports perception of DAs as professional yet offers little insight into how the two ruling texts of Québec DAs, the Dental Act and *MELS* curriculum, came to be in conflict

with each other. Where is the source of the disjuncture between official views of DAs and their work as non-professional and the perspectives of assistants and their work as experienced by DAs in the field?

Adams' (2000, 2004, 2005, 2009, 2010a, 2010b) studies on profession and dentistry, as well as studies on profession and nursing by Campbell (1992), Coburn (1974) and Kinnear (1994) show gender and class have influenced the professionalization of female workers in both the dental and medical fields; these factors may also be involved in the current problematic of Québec's DAs whose professional path remains in suspended animation, as it has for fifty years. The persistently unresolved professional and regulatory situation of DAs has not been resolved with the introduction of state training and the sheen of authority leant by formalized curricula glosses over the disjuncture and masks institutionalized incongruity. Texts produced in the revision process of the current DA program capture crystallized social relations which reveal contradictory views on DAs and their work; the texts reflect the ambivalence over the role of DAs found in professional (dental) discourse for over a century.

Ruling Relations and Text

The capacity to rule depends on the ability to carry messages across sites and coordinate local and extra-local activities; this function is often achieved through text (Campbell & Gregor, 2008, p. 32, 33). Québec's DAs are stuck between the ruling texts of the provincial dental Act and the *MELS* curriculum; the former does not recognize tasks performed by DAs without legal sanction and the latter trains DAs to anticipate the needs of the dentist and to perform tasks required of them. DA training includes instruction of professional ethics which may create feelings of guilt and anxiety in

assistants who perform regulated tasks on orders of their employer. DAs have been ruled by the conflicting directives of these ruling texts for decades; how is this ambiguity sustained?

Jackson's (1995), '*These Things Just Happen': Talk, Text and Curriculum Reform* suggests a method to examine the problematic. Jackson (1995) describes the curriculum reform process of a vocational program at a community college in British Columbia in the 1980's which reflects similar aspects to the process and context of the 1991-1995 revision of Québec's DA program. Jackson's study suggests a method to analyze the process of articulation between the organizations involved in developing and providing the DA training program in Québec and, hopefully, an opportunity to identify the source of disjuncture.

A collection of DA curriculum documents inherited along with the position of department head, resides under my desk; I had read them before but I had not studied them and when I did, I realized they constituted a record of the revision process. The texts documenting the process were examined in the sequence in which they were created to recreate the sequence of events in the curriculum revision process; they tell the story of a text created to sustain ambiguity. Having researched over one hundred years of dental assisting history seeking the source of disjuncture creating the ambiguous situation for Québec dental assistants, I discovered a large part of the source, right under my desk; a significant amount of research was required to discover my own role in perpetuating the problematic.

The disjuncture between policy and practice, and ruling and experiential perspectives, became institutionalized as state- appointed teachers took over the

training of DAs to perform regulated acts and the participation of organized dentistry became invisible. The body of documents detailing the curriculum revision process reveals social relations creating the curriculum text and provide a rare glimpse of the standpoint of DAs and DA teachers in relation to their work, both as assistants and teachers of assistants. A look inside this process may illuminate how DAs, and DA teachers, are constructed as non-professional workers. Abbot (1988) suggests the workplace is an important and less studied arena for jurisdictional claims over work and that an "important problem for any profession is the reconciliation of its public and workplace position" (p. 60).

Overview of Early DA Training Curricula: Canada, Québec, Montréal

The first training program for DAs in Canada was the eight-month long dental nurse program which began at U of T in 1919. The purpose of the course is stated as, "To train young women to fill a demand which has developed in the practice of dentistry, as nursing has developed in the practice of medicine" (DDJ, 1919a, p. 206). Fifteen requirements for "following the occupation" are listed, the first of which is, "An innate alertness to anticipate the desires of another" and the chief function of a DA is described as, "to economize the dentist's time and smooth out the annoyances and make a joy in a work which is nerve-taxing" (DDJ, 1919a, p. 206, 207). The course was comprised of approximately seventy hours of lectures and thirty weeks of practical instruction, the last three weeks of which were a stage component (apprenticeship). Students learned administrative tasks and laboratory tasks as well as how to prepare treatment rooms, to assist dentists during treatment, to take radiographs and to clean, sterilize and otherwise maintain instruments and equipment in the dental office.

The first dental assistant training program leading to a certificate in Québec began at *Université de Montréal* in 1965; it was an evening course based on a two-year pilot project begun in 1963. The first semester included thirty-five hours of theoretical instruction and the second semester was composed of forty hours chairside instruction at the university dental clinic (JCDA, 1965, p. 537). Course content included professional ethics, maintenance and handling of files, accounting, business administration, psychology and personality, dental anatomy, dental materials, radiology, dental hygiene and public health, first aid and bacteriology (JCDA, 1966b, p. 128,129).

A one- day professional development workshop for DAs, “Current Concepts in Dental Assisting”, is given at McGill University in December 1968 and an introductory evening course composed of 25 two-hour classes was subsequently provided in the fall of 1969-1970. There were over one hundred applicants for the course but only forty were accepted due to space limitations. The course included concepts of chairside assistance, patient education and organization of the office and patient routine. Students were provided with demonstrations for handling of dental materials and instrument care through closed circuit television and teaching techniques included “actual experience with materials and radiographic procedures” (McGill Dental Review, 1969, p. 24). Lectures on dental anatomy, oro-facial anatomy and physiology were provided by McGill faculty staff and some practical experience was provided in the university dental clinic.

These programs were deemed insufficient by some dentists and the Québec association of dentists requested the government develop and provide a more comprehensive program. Texts found in the CDA archival data reveal a possible

germination of this process; in 1967, “educators alone should not determine the scope of dental auxiliary training...individual dentists must make their needs known so educators can tailor their training programs to produce the type of auxiliary the dentist wants” (Hendershot, 1967, p. 57). In 1969 the College of Dental Surgeons of the Province of Québec (CDSPQ) suggested the ministry of education, “start a dental assisting training course at the junior college level; and recommend[ed] the Dental Act be amended to permit DA’s to perform secondary acts” (JCDA, 1969, p. 463). By 1971, “should not the profession plan the programs and act as advisor, leaving their implementation to government rather than allowing government to plan the entire program?”(JCDA, 1971, p. 209).

State Provided DA Training

The *AADQ* history identifies the first *MEQ*- recognized dental assisting program in Québec as one provided by an English secondary school in Montréal in 1974; the program was translated to French and the first French school to provide the program was in Québec City(*Mémoire de l’AADQ*, p. 6). It was not possible to procure a copy of the original English program; *MELS* archive has no copy of it and the original provider of the first dental assisting program, the Protestant School Board of Greater Montreal (PSBGM) no longer exists due to changes in school board structures. A 1978 French text, a self-described working document prepared by the *Groupe Interministériel de Programmes et Examens* (*GIPEX*), describes the ensemble of professional knowledge and skills required of DAs. The description of the task domain of dental assistants is presented by the coordinator of *GIPEX*, M. Hérault, who describes the training model as “reflecting a personalist conception of educational work” requiring the collaboration of

"several people belonging to diverse organizations"* (*Présentation*, *MEQ*, 1978). The curriculum is described in terms of "precise and measurable"* behavioural objectives according to Bloom's taxonomy (*Présentation* and *Guide de Lecture*, *MEQ*, 1978).

The 1978 training program describes the teaching of skills and concepts divided into five task areas: administrative tasks, chairside tasks, preparation and maintenance of treatment rooms and instrumentation, laboratory tasks and radiography. Each task area is further described in terms of operations (competencies) and elements (objectives). Task area 1, Administrative Tasks, has the most operations (10) and elements (113); fifty-two of the elements are related to typing objectives and one of the competencies in this area requires the French language students to write business letters in English. Task areas 2 (Radiography) and 4 (Chairside) have an equivalent number of operations (four) but chairside operations have more elements, twenty-four as compared to sixteen. The chairside task area dedicates sixteen elements to four-handed dentistry and competency at chairside includes restricted tasks such as: installation and removal of the dental dam; placement of matrices; removal of excess cement; taking preliminary impressions; suture removal; removal of retraction cords; fluoride application, coronal polishing and scaling with a Cavitron.

Task area 5, Laboratory Work, included only one competency, "perform certain laboratory work"* and listed twelve elements including pouring up and trimming models, fabrication of custom impression trays and base plates; mounting models on articulators and soldering band attachments (*MEQ*, 1978, p. 62-66). The original program also demanded the most stage hours of any of the *MELS*- sanctioned DA programs to date: three periods of six weeks each for a total of eighteen weeks (4 ½ months). This

program version is notable for a complete absence of scientific concepts in the prescribed curriculum; no instruction in anatomy or bacteriology. This absence may be attributable to an already crowded curriculum, to the emphasis on administrative tasks, or it may be attributed to other reasons; the early New Zealand Nurse training program was criticized by Dr. Gruebble for deliberately excluding sciences from the curriculum to avoid the development of a professional attitude amongst the nurses (Robinson, 1950, p. 481)

The original *MEQ* program was revised in 1987 due to provincial policy changes in vocational education and the revised program became1350 hours in duration and diverged substantially from the original version of the program. Stage hours were reduced from eighteen to twelve weeks and an introductory course on the profession was added which included content on the history of dental medicine in Québec, on ethics and on members and roles of the dental team. Also added to the program are a number of sciences: dental anatomy, histology, bacteriology, physiology, pharmacology, psychology and pathology. This version of the program explicitly included restricted tasks such as fabrication of temporary crowns and bridges and installation of dental dams; the program was in use for only a few years before the revision process began again in 1991.

The Revision Process

Jackson (1995) describes the curriculum revision process she studied as stripping away the professional autonomy of teachers and subordinating their authority to a process of administrative accountability at the local or micro level while simultaneously shifting course content from responding to individual learning needs to serving the

needs of industry at the extra local or macro level (p.165). Jackson's (1995) analysis of the process begins with a task analysis workshop involving employers in defining the skills required for an occupation and includes analysis of subsequent revision meetings in which teachers are presented with a prescribed curriculum text they must integrate and adapt their courses to. The presence of individual employers, instructors and students becomes obscured by a textual mode of action in which "documents replace individuals as constituents of social action" (p. 166). Jackson's (1995) research included observation of the task analysis workshop and revision meetings as well as interviews with teachers involved in the process (p. 168).

The dental assisting curriculum reform process examined in this paper was completed in 1995 and the curriculum produced remains in effect today; my examination is limited to written texts which include summarized questions and comments from participants recorded during the process; unlike Jackson (1995), I did not observe the participation of individuals nor interview them. The *MEQ r*evision process of the DA program in 1991-1995 was accomplished and recorded in several steps or phases and three main texts were generated which document the process: a preliminary study, a task analysis profile, and a preliminary statement of objectives and competencies.

Data for the preliminary study, or *Ėtude Préliminaire*, was collected in 1991 and the report was published in September 1992. A three-day task analysis workshop took place from March 31st - April 2nd, 1992 with a follow- up meeting on April 25th 1992; the results of the workshop meetings, including a skills profile of dental assistants in Québec, were published in the *Rapport d'analyse de situation de travail* in June, 1992.

A consultation committee was convened on May 28th, 1992 to review the proposed *Orientations, buts et objets de formation* (Directions, goals and objectives of training) developed in light of the data gathered in previous stages; their comments are included in the *Orientations* document published in June, 1992 pursuant to the consultation meeting.

Preliminary Study Says...X-rays Are In

The preliminary study (*Ėtude*) performed and documented by *MELS* is a phase of revision not present in Jackson's (1995) study; the document describes the situation of DA's work and training in the context of Québec in 1991 before the revision began. The *Ėtude* text contains information compiled through a documentary search and a series of interviews which transpired in 1991(*Introduction* section, *Ėtude, MEQ,* 1992). Forty-one employers(including twenty-nine dentists), twenty-five dental assistants, twenty education specialists (including eleven DA teachers), and associated stakeholders such as representatives from health services and administrators of university dentistry clinics at McGill, *Laval* and *Université de Montréal* were consulted on their views of dental assistant training; included among those consulted was the Director General of the *ODQ*, two representatives from the Order of Denturologists and the Director of a Dental Hygiene program (*Annexe A, Ėtude, MEQ,* 1992). The data gathered from interviews and from a documentary search is summarized in the report.

The General Presentation page of the *Ėtude* states the goal of the study is to establish the pertinence of program revision, to define the needs of training, to identify stakeholders and to detail the work situation, "These studies do not have prescriptive or official status. They make the starting point on the problematic relative to a program of

study at a given moment. The direction presented by the study will be refined in later stages and may be revised in total or in part”* (*Ėtude*, *MEQ*, 1992).

The roles of dentist, assistant and hygienist are described and it is explained that the work roles of the DA and hygienist are often confounded. The report stipulates, in relation to this, it must be emphasized that the delegation of prevention tasks to hygienists has been legally called into question and, as a consequence, assistants should be trained to perform prevention tasks in anticipation of regulation *(*Ėtude*, *MEQ* 1992, p. 4, 5). The report also states data indicated too many dental assistants were being trained and the surplus of graduates was lowering the wages which fluctuated from $7 - $14 per hour; school boards cited a 30% rate of graduates who did not practice for lack of work or other reasons *(*Ėtude*, *MEQ*, 1992, p. 16).

The summary of findings reveals some dentist employers required their assistants to have a *DEP* although some others “by their own words, preferred to hire untrained assistants so they could offer them a lower salary”* (*Ėtude*, *MEQ*, 1992, p. 15). Representatives of the dental profession who did receive stagiaires complained they were ill-prepared for chairside tasks and some employers were so disillusioned they did not want to host stagiaires until improvements were made; a representative reiterated school boards needed to rigorously screen candidates for suitability as assisting requires particular aptitude and an ability to conform to the office image. Data revealed the majority of dentists wish radiographic exposure be officially delegated to DAs as a way to “legalize a practice already widespread and ‘normal’, taking into account treatment processes”* (*Ėtude*, *MEQ*, 1992, p. 5). Dentists also expressed a wish for

DAs to be trained in tasks related to prevention, specifically coronal polishing, pit and fissure sealants and fluoride treatments.

Teachers consulted voiced concerns over difficulties securing stage placements for stagiaires and over dentists using students as replacement workers rather than providing structured training following a 'twinning' (shadow) system with an experienced dental assistant. Teachers also wanted more chairside practice facilitated by a higher teacher-student ratio and wanted dentists to make themselves available to supervise in school clinics to relieve stage placement difficulties. Teachers specifically emphasized their concerns over the issue of radiographic exposure, a task DAs are not permitted to perform and which dentists routinely demand of them; they request this ambiguous situation be regularized to facilitate and standardize teaching strategies* (*Ėtude*, *MEQ* 1992, p. 26).

The majority of the dental assistants consulted (20 of 25) were graduates of the *DEP* program and they were mostly satisfied with their training although they also felt they would benefit from more chairside practice time. They also expressed they felt they received too little training during stage and were just used like replacement labour. They specifically expressed their concerns over being asked to perform radiographic exposures on stage and "deplored the diversity of tasks they permit you to do from one office to another"* (*Ėtude*, *MEQ,* 1992, p. 25). The DA graduates wanted to be trained to take x-rays and wanted it legalized because dentists demanded this work of them *(*Ėtude*, *MEQ,* 1992, p. 25). The five DAs working without *DEP* routinely performed radiographic exposures and other intra-oral acts at the request of their employers and were unaware they were performing illegally* (*Ėtude*, *MEQ*, 1992, p. 26).

The Director General of the *ODQ* suggests it is deplorable that assistant and hygienist training is “cloisonné” despite considerable overlap of tasks in the workplace and suggests analysis of training models in other provinces which structure DA and hygienist training on a continuum, with an eye to improving the training path of DAs in Québec which is structured in parallel rather than converging with dental hygiene programs. The DG notes this is particularly pertinent in the case of DAs who are the only members of the dental team unprotected by a union or influential association and, as a consequence, they often “bear the cost of corporate quarrels”* (*Ėtude*, *MEQ*, 1992, p. 32). The *ODQ* suggest preventive and cosmetic tasks may be added to the scope of dental assistants and because students required such preparation, “revision needs to be in close collaboration with the organisms concerned and with the milieu to make it conform to workplace demands”* (*Ėtude*, *MEQ*, 1992, p. 33).

Major challenges identified by the preliminary study were a lack of teacher resources, lack of chairside practice and difficulties with stage placement and process *(*Ėtude*, *MEQ*, 1992, p. 35). Teachers with permanent status were thought to be out of touch with current dental practice and over 60% of DA teachers at the time were hourly-paid so a need for professional development was noted; concern also was expressed over the number of DA teachers who were formerly hygienists and perceived as lacking sufficient relevant experience in dental assisting. Increased chairside practice time required increased teacher and clinical resources. Problems related to stage placement and processes were perceived as more difficult to resolve due to the “financial interests at play”and the ODQ suggested dentists receiving stagiaires be offered financial compensation *(*Ėtude*, *MEQ*, 1992, p. 36). The report suggested it was imperative for

the *MEQ* to work in collaboration with the *ODQ* to address stage difficulties *(*Ėtude*, *MEQ*, 1992, p. 36). It was recommended the *MEQ* make an effort to establish direct relations with organizations concerned with dental assisting work and training to identify the legality of disputed acts performed by DAs* (*Ėtude*, *MEQ*, 1992, p. 38).

Task Analysis Says... X-Rays Are Out

The next official step in the *MELS* program revision process was the first in Jackson's study, the *analyze de situation de travail* (task analysis) which took place in the spring of 1992. The task analysis workshop unfolded much as described by Jackson (1995): local employers are asked to participate in a one to three day session to define the skills required to perform an occupation; the sessions are structured by a curriculum consultant and instructors are not invited to participate but may send one or two observers. The participants in the *MELS* task analysis workshop were ten dentists and ten dental assistants also participated, in some instances participating dentists and DAs worked together in the same practice; three of the dentists and three of the DAs participating in the task analysis workshop also participated in the preliminary study (*Rapport, MEQ*, 1992, p. 27). The task analysis workshop is distinguished from the other steps in the revision process by a lack of representation from professional associations or orders; unlike the preliminary study and the consulting meeting which transpires after the workshop, only dentists and DAs participated in the task analysis workshops. Three observers were present at the workshops: a representative of *MEQ* vocational education, a representative from human resources and health services and one DA teacher from a Catholic school board who also participated in the preliminary

study (*Rapport, MEQ*, 1992, p. 28). A workshop animator and workshop secretary are credited along with three other team members who collaborated on the text.

There is no indication data from the preliminary study was shared with the workshop participants and the preliminary report was published in September, after the workshop had transpired. Jackson (1995) describes task analysis as the first step of a process of practical articulation of vocational instruction to public policy objectives of 'relevance' and 'responsiveness' of educational institutions to the needs of industry (p. 167). The *Rapport d'analyze de situation de travail* is described as a "faithful reproduction of a consensus by a group of specialists united around the same table to come to a common definition of a dental assistant and identify the main and sub-tasks as well as their criteria and conditions for realisation"* (*Présentation Générale, Rapport*, *MEQ*, 1992). The report introduction states,

> As the success of the ensuing work of program elaboration depends directly on the validity of the information gathered at the conception stage, a particular effort was made to ensure the data gathered at the workshop faithfully reflect the reality of the occupation analyzed" *(*Introduction*, *Rapport*, *MEQ*, 1992)

Page three of the task analysis defines dental assistants' functions as: preparing rooms and processing instruments; greeting clients; assisting the dentist during treatment; laboratory work; administrative work and explicitly, *no radiographs*. Radiographic exposure and intra-oral acts are described as, "not recognized as part of the function of DAs in Québec because they were delegated to hygienists by decree 667-91 on May 15, 1991"* (*Rapport, MEQ,* 1992, p. 3). The skills profile produced by the task analysis workshop, described by Jackson (1995) as the "centrepiece of the

curriculum reform process", stands in contradiction to the data gathered in the preliminary study, specifically with regards to regulated tasks (p. 167).

Jackson (1995) contends the capacity of texts to authorize action does not depend on their accuracy but on their officially designated status as the basis for institutional action; her contention appears supported by the present study (p. 169). Data gathered in the preliminary study, involving at least ninety-eight individuals, clearly indicated DAs are asked to perform regulated tasks including radiographs and this yet data is eliminated from consideration during the task analysis and from the resulting skills profile because a ruling text has decreed it "not recognized". The data from the task analysis workshop cannot faithfully reflect the reality of the occupation when the analysis can only proceed by first negating the data set gathered in the larger preliminary study- the data sets do not validate each other but invalidate each other.

The task analysis report divides tasks routinely performed by DAs amongst five domains and a sixth, prevention and treatment planning tasks, is added as per the request of the *ODQ*. The tasks are sorted into a table based on frequency performed, importance and difficulty; the tasks are rated for difficulty and importance on a scale of one to five, unfortunately there is no legend informing the reader of whether "1" and "5" are most or least but the values can be inferred from one or two items. The main tasks are: assist dentist at chair (35% of time); accompany client (20%+); maintain instruments and work areas (20%); perform laboratory tasks (15%); perform administrative tasks (5%) and perform preventive and treatment planning tasks (5%) *(*Rapport, MEQ*, 1992, p. 9). This last is very interesting, because it is predictive rather than strictly representational of DA work; the task analysis *Rapport* denies DAs in

Québec perform x-rays and intra-oral tasks on page three and then assigns intra-oral prevention tasks to the DA work description on page seven. The *Rapport* explains the specialists united to perform the task analysis determined the difficulty of tasks based in part on performance conditions such as autonomy; it is therefore unclear how the committee was able to analyze difficulty and frequency of prevention tasks expected of DAs before such tasks became included in the scope of practice *(*Rapport, MEQ*, 1992, p. 9).

Assisting the dentist and maintaining equipment are seen as the most important tasks, followed by accompany patient and perform laboratory tasks, then prevention tasks and administrative tasks. Chairside assistance constitutes the principal task of DAs and requires anticipating and responding to the dentist's needs; it is considered the most difficult task of DA tasks (*Rapport, MEQ*, 1992, p. 10). Laboratory work is considered the next most difficult task and the rest of the tasks are considered average difficulty (3). The frequency of Task 1, Accompanying Clients, is noted as undoubtedly more than 20% of DA tasks because it is performed in parallel with other tasks *(*Rapport, MEQ*, 1992, p. 9).

Campbell and Gregor (2008) reveal IE researchers "often find themselves reading to identify how the research-writer is located, the purposes for which a particular account is written and what activities this account supports – or alternately makes invisible" (p. 53). The introduction to the preliminary study informed readers the document had no official status and might be revised in whole or in part and it was, including the recommendations of the Director General of the *ODQ* and the desire for regulation of DA tasks expressed by dentists, by DAs and by DA teachers. All of the experiential

data clearly demonstrating DAs are routinely required to perform regulated tasks is discounted and rendered invisible in one paragraph on page three of the task analysis; the efforts to create a faithful reproduction of the work reality of DAs are fruitless and negated before the workshop begins. The *Rapport* (1992) introduction states the success of the ensuing work depends directly on the validity of the findings and so the task analysis is fundamentally flawed because it is not an accurate representation. According to Smith (2006), "the sequence of textually coordinated moves is foundational" and in this study, the first text and its contents are erased from view in the production of the subsequent text in the prescribed revision sequence (p. 82).

The X-Ray Hokey Pokey and *Re*-Orientation

The task analysis report was processed by a *MEQ* production team and transformed into another document, *Orientations, buts et objets de formation* (Directions, goals and objects of training), which was presented to a consultation committee on May 28th, 1992. The recommendations and comments of the committee are appended to the final *Orientations* document which, like the task analysis report, also was published in June 1992. The consulting committee was comprised of three dentists (including one representative each from the *ODQ* and *ACDQ*), four dental assistants, three DA teachers, three pedagogical consultants, an *AADQ* representative, a representative from dental hygiene and a school board representative; again some had participated in either one or both the previous consultative processes but we don't know which, if any, documents they may have seen from the results of the preliminary study. The committee are asked to provide feedback on the *Orientations* which is explicitly based

exclusively on the results of the task analysis workshop* (*Avant Propos, Orientations, MEQ*, 1992).

The *Orientations* committee universally endorsed the proposed training model and although several points of order were made no changes were made to the proposed program, which includes additional training in prevention tasks as requested by the *ODQ*. Jackson (1995) found skills profiles tend to be narrow and have short-term focus and indeed, the introduction to the *Orientations* declares only essential tasks have been retained (*Introduction*, *Orientations, MEQ*, 1992). Here is an entry point into the problematic; this is where prevention tasks came to be officially included in the job description of Québec DAs while radiographs, dam installation and many other tasks traditionally performed by DAs became officially excluded- officially recognized by the *ODQ* and *MEQ* but *not* the *OPQ* or the Dental Act (1995-2014).

Comments and recommendations of the validation committee have been added to the initial document (*Avant Propos, Orientations, MEQ*, 1992). One recorded question asked if employers were conscious the curricular objective to "permit comprehension of the role of DAs and the limit of their intervention" limits the training of DAs to those tasks which they may legally perform and which does not correspond, in the majority of cases, with what transpires in the workplace? *(*Orientations*, *MEQ,* 1992, p. 17, 18). The *ACDQ* representative, in response, emphasized the problem was under the jurisdiction of the *ODQ* and the proposed training program respected legal limits*(*Orientations*, *MEQ,* 1992, p. 18). A point of order was made by the *ODQ* representative, "based on existing jurisprudence, prevention tasks belong to all and have not been delegated" and,

> In response to the anxiety manifested by DAs who must, in most cases take x-rays at the demand of their employer (he responded) it would no doubt be desirable for dentists, hygienists and assistants to meet and arrive at determining 'functional units' capable of responding to workplace demands. He further agreed to submit litigious acts for discussion at the next *ODQ* meeting* (*Orientations*, *MEQ* 1992, p. 19, 20).

Subsequent to discussion, a recommendation was made that the "*MEQ* await the decision of the *ODQ* relative to certain acts not included in the initial proposal but *considered by dental assistants* as necessary to include in the program because employers require DAs to perform them"*(*Orientations*, *MEQ,* 1992, p. 19, italics mine). Skills identified by DAs as a required part of assisting work are: radiographic exposure, placement and removal of dental dams and preliminary impressions (*Orientations*, *MEQ,* 1992, p. 19). The revised program includes training in prevention tasks requested by the *ODQ* but skills such radiographic exposure, preliminary impressions, placement and removal of dams, and all other regulated tasks remain officially prohibited for DAs in Québec by the Dental Act (2014). Students are taught to perform tasks on mannequins, tasks they have learned they are forbidden to perform in a 'real' work setting; some have asked me "why do we need to learn this if we aren't allowed to do it?" A perfectly legitimate question to which I can provide no clear answer.

And That's What It's All About

A schema provided with the ensemble of revision documents reveals the research, planning and conception phases concluded with the production of the text recording the validation of the *Orientations* document by the consulting committee; the *MEQ* moved

into production phase*(*Présentation générale, Ėtude*, *MEQ*, 1992). Texts created in the production phase are: a handout distributed at a *Session de perfectionnement pedagogique* provided to DA teachers in June 1994 before the official implementation of the new program; *Guide d'organisation pedagogique et materielle* (Planning guide), *Guide pedagogique* (Pedagogical guide), *Programme d'Ėtudes* (program of study) and *Guide d'évaluation* (Evaluation guide).

Jackson (1995) notes skills or knowledge not considered "a current performance requirement for the specific job under consideration are not eligible to be included in the (skills) profile" so the profile tends to have a narrow and short term focus (p. 167). The DA program was put into effect before issues over regulated acts were resolved and the resulting skills profile is impossible to legally fulfill; the revised program includes training of regulated prevention and treatment planning tasks as requested by the *ODQ* and does not resolve stated concerns of DAs and DA teachers related to radiographs, dam placement or preliminary impressions.

Revised curricular guidelines again prepare DAs for a future not as yet realized; a future with regulated DAs in Québec; the fast forward to the future text is deemed objective and true and comes to "constitute the 'actual' and stand in for workplace reality" (Jackson, p. 169). The void between the actual situation wherein DAs may not perform regulated acts and the future where this is possible, is bridged by DA teachers who train students to perform in ambiguity. Teachers' professional knowledge of dental assisting work is subordinated to the objectified knowledge of the curriculum text; professional teachers may feel ethically compromised when required to teach restricted skills, even on mannequins. Teachers may unknowingly activate the ruling relations

crystallized within the text and teach students disempowerment by enacting the acceptance of contradiction. "Thus we become agents of a course of action which does not reflect our own understanding and which remains highly resistant to our criticism" (Jackson, p. 179).

What DAs Say

In the end, I decided it was unnecessary and perhaps compromising to require DAs to account for their work; unnecessary because their scope of tasks is already well-substantiated and compromising because DAs shouldn't be placed in the position of "whistle-blower" when they don't want to get them self or their employer "in trouble".

Conclusion

The DA request for regulated professional status remains with the *OPQ* where it has been for several years already and dental assistants continue to perform the same tasks, regulated or not, as they have done for many years. DAs have been working with dentists since around the time of Confederation and while some dentists have acknowledged DAs contribution in the creation of the current model of dental care delivery, assistants in Québec remain the only non-regulated member of the dental team. School boards provide a model of training adapted to the demands of industry which does not conform to regulatory structures nor to standards in the rest of Canada; the training provided in Québec does not qualify DAs to work outside the province and does not permit them to perform acts for which they have been trained, within Québec. The training program is outdated and is unlikely to be revised until the professional

status of DAs is resolved; the ambiguous situation has been sustained for half a century up until now and there is no indication of impending resolution[5].

Literature on profession and professionalization demonstrates gender and class ideologies have historically been implicated in sustaining situations of subordination in female-dominated health professions (Abbot 1988; Adams, 2000; 2004; 2005; 2009; 2010a; 2010b; Campbell, 1992; Coburn, 1974; Kinnear, 1994; Kitchener & Mertz, 2012; Quinonez, 2009). Professionalization projects of nurses and dental hygienists have revealed obstacles to professional recognition have been influenced by these concepts. DA work such as anticipating the needs of the dentist, caring for patients and cleaning appear to contribute to a perception of DAs as non-professional because these skills are misconstrued as innate in women; DAs continue to be conceived of as less committed to their profession because they absent themselves from the workforce for maternity leave. The provision of professional training of DAs in a vocational setting, segregated from the college and university settings of the rest of the dental professionals, may be contributing to an image of DAs as less educated than their peers although dental assistants may have considerable education for which they are not credited or compensated under current educational pathways.

Resistance by dominant health professions has been recognized as an impediment to professionalization of subordinate female workers, also apathy among members of subordinate female professions; both of these may to be present in the current problematic (Kinnear, 1994). Statements made by the *ACDQ* indicate the dental profession opposes recognition of DAs based in part on professional ideology related to education and autonomy; dentists claim DAs have little of both and so do not merit

[5] A curricular revision process has since been announced although the DA file with the *OPQ* remains unresolved

professional status. The *MELS* training program for DAs was revised to comply with the expressed needs of industry, including training in sealant placement, a competency included in curricula specifically at the initiative of the dental profession which is now opposed by the dental profession. The *ACDQ* claims DAs never work autonomously and so do not require professional status; they also claim prevention of illegal tasks poses no problem despite evidence to the contrary*(*ACDQ*, *Commentaires,* 2013, p. 6).

Low membership in the provincial dental assistants association, the *AADQ*, indicates a lack of participation in the DA professionalization project; there are several possible causes for this including a sense of discouragement. Coburn (1974) claims professional status is a lure to require certain behavioural adaptations; many DAs in Québec comply daily with orders from their employers to perform tasks such as x-rays and continue to be denied professional recognition for over fifty years. Apathy and disillusionment would not be surprising and may account for a sense of discouragement within the ranks. Abbot's (1988) contentions that legal jurisdiction may take fifty years and that workplace claims over jurisdiction "blur and distort official lines of publicly and legally established jurisdiction" are both potentially tested in this problematic (p. 60).

Historical research on DAs illustrates many concepts found in the literature are implicated in the current problematic; the dental professions form an interdependent system and their histories and jurisdictions are entwined. The identity of DAs has developed in relation to the identity of other team members, especially the dentist and the hygienist. Dentistry created subordinate female auxiliaries to enhance their professional image and further their professional goals and has consistently confounded the female roles of assisting and hygiene. Since early in the twentieth century

professional discourse shows ambivalence in relation to female auxiliary roles; the dental profession has resisted the creation of a single female auxiliary type to perform both the assisting and hygiene roles while simultaneously requiring each auxiliary type to perform aspects of the others' work. The resulting overlap in work tasks may contribute to the problematic and to the creation of inter-professional conflict in ways the *ACDQ* denies*(*ACDQ*, *Commentaires,* 2013, p. 6).

Quinonez (2009), Abbot (1988) and Evans (Banff, 1974) have identified private interests and public obligation as potentially incompatible and have further identified the role of subordination in sustaining the prevalence of professional ideology. The source of reluctance to professionalize Québec's dental assistants may be seen as related to the private practice model of dentistry; the relationship between education, regulation and financial compensation is a recurring theme in the professional discourse. Québec's dental profession requested the state develop training programs for the already regulated professions of dental technician and dental hygienist, and also for assistants with the stated intention of regulation of assistants; the profession subsequently opposed regulation of assistants and DAs remain in professional limbo.

Study of the development of state provided training programs for DAs in Québec illustrates the role of textually mediated social relations in sustaining a conception of DAs as non-professional. Government agencies such as the Ministry of Education and the *OPQ* privilege ruling over experiential perspectives by tailoring training to the needs of industry over the needs of other stakeholders such as students and the public; DA teachers become subordinate recruits in a process privileging industry over education. Research performed by *MELS* and by the *OPQ* substantiates the lived experience of

Québec DAs as unregulated professionals required to perform regulated acts, and still the state fails to take action. Anxiety manifested by DAs over the current problematic situation remains unaddressed, eventually leading to accusations of hostage-taking by the *AADQ*.

The present study shows professional ideology is implicated in sustaining the subordinate role of Québec DAs; it is also evident in the history of DA work and the development of DA training. IE methods applied to the DA problematic provide data which implicate ruling relations and textually mediated social relations in sustaining the situation of ambiguity and inequality for DAs. The goal of this study is to generate research knowledge and provide data which can be used as a tool to resolve the DA problematic and achieve labour equity; avenues of further research are indicated, including research on gender and profession and on professional education.

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Appendix 1

Canadian Dental Assisting Legal Scope of Practice by Province - 2014
Portée de compétences légales d'assistantes dentaires au Canada - 2014

Skill/Compétence	BC*	AB	SK	MB	ON			QC	NB	NS	PE	NL
					CDAU	PDA	CDA II					
Chairside / Extra-orale	●	●	●	●	●	●	●	●	●	●	●	●
Radiography / Radiographie	●	●	●	●	●	●	●		●	●	●	●
Preliminary Impressions / Empreintes préliminaires	●	●	●	●		●	●		●	●	●	●
Dental Dam / Digue	●	●	●	●		●	●		●	●	●	●
Treatment Liners / Traitement protecteur	●	●	●	●			5		●	●	●	●
Matrices & Wedges / Matrices et coins	●	●	●	●			5		●	●	●	●
Selective Coronal Polishing / Polissage sélectionné de couronnes dentaires	●	●	●	●		●	●		●	●	●	●
Oral Hygiene Instruction / Instruction d'hygiène buccale	●	●	●	●		●	●		●	●	●	●
Dietary Counselling / Instruction en nutrition	●	●	●	●	●	●	●		●	●	●	●
Fluoride Application / Application de fluor	●	●	●	●		●	●		●	●	●	
Fabricate & Insert Bleaching Trays / Fabrique et mise en place les porte-empreintes de blanchiment	9	9	9	●			●		6	●	●	●
Pit & Fissure Sealants / Scellements de puits et fissure	●	●	●	●			●		●	●	●	●
Topical Anaesthetic / Anesthésie topique	●	●	●	●			●		●	●	●	●
Desensitizing Agents / Agents de désensibilisation	●	●	●	●			●		●	●	●	●
Suture Removal / Retirer les points de suture	●	●	●	●					●	●		●
Take & Record Vital Signs / Prendre et noter les signes vitaux	●	●	●	●	●	●	●		●	●		
Acid Etch Prepared Cavities / Burinage à l'acide de la cavité	●	●	●	8					●			
Pulp Vitality Testing / Détection de la vitalité pulpaire	●	●	1									
Polish Amalgams / Polir amalgame		3	1				●			●	4	
Retraction Cord Placement / Mise en place la corde de rétraction	1	●	1									
Remove Retraction Cord / Retirer la corde de rétraction	●	●	●									
Fabricate, Cement & Remove Provisional Crowns - Prostho Module / Fabrication, mise en place et retirement de couronnes provisoires	7	●	1									
Provisional Restoration / Restoration Provisoire		●	1									
Take & Record Gingival Plaque Indices / Enregistrer les marges gingivales	●	●	●	●								
Applying anti-microbial Agents / Application d'agent anti-microbians	●	●	●	●								
Remove Perio Dressings / Retirement de pansements pérodontales	●	●	●									
Face Bow Transfer / Transfer d'arc facial	●	●							1			
Ortho Module / Module orthodontie	1	1	1	1					1		1	1
Place & Finish Amalgam Restorations / Place et sculpter restaurations à l'amalgame			1									
Restorative Implant Assisting Tech. Module / Module Technologie d'assistance en implant de restauration			1									
Level 'C' CPR / RCP niveau 'C'	4	4	●	●								
Periodontal Screening & Recording (PSR) / Dépistage et documentation en paradontie		●		1								
Fabricate Mouthguards / Fabrique les protège-dents	●	●	●	●			●		2	2	●	
Fabricate Occlusal Rims / Fabrique les boudins	●	●	●	1			●			2	●	
Recall Consultations with Dentists / Rendez-vous de rappel	●	●	●	●	●	●	●					
Public Health Screening / Dépistage de santé publique	●	●	●	●								
Assessing and Reporting Oral Health Status /Évaluer et documenter le niveau de santé buccale	●	●	●	●	●	●	●					
Preventative (Scaling) Module / Module (détartrage) préventif		1		1					1			

Appendix 2

dental auxiliary
dental - hygienist
dental technician (military)
dental assistant
[chairside assistant - CDA
"secretary" assistant
dental mechanic
technician
denturist
denturologist
dentist
1st? public health
ortho
pedo
perio
oral maxillo
prostho
endo
technologist (PhD)
Names + dates
- Commissions
- Associations + orders
- schools - University - college providers)
- secondary
1910
20
30
40
50
60
70
→80
Oct 2012
dental nurse
- dental therapist

Glossary of Organizations and Acronyms

AADQ: Association des assistant(e)s dentaires du Québec (provincial dental assisting association)

ACDQ: Association des Chirurgiens Dentistes du Québec (provincial association of dentists)

CDA: Canadian Dental Association (national association of dentists in Canada)

CDAA: Canadian Dental Assistants Association (national association of dental assistants in Canada)

HPRAC: Health Professions Regulatory Advisory Council (similar role to Québec's OPQ; specifically for health care professions in Ontario)

MEQ/MELS: Ministère de l'Ėducation du Québec/ Ministère de l'Ėducation, du Loisirs et du Sport (Québec's provinicial ministry of education)

ODA: Ontario Dental Association (provincial association of dentists in Ontario)

ODAA: Ontario Dental Assistants Association (provincial dental assistants association)

ODQ : Ordre des Dentistes du Québec (Regulatory body for Québec dentists)

OHDQ : Ordre des Hygiénistes Dentaire Québec (Regulatory body for Québec hygienists)

OPQ: l'Office des Professions du Québec (provincial organization tasked with managing professions within Québec)