

**The Intersection of Professional Identity and Gender Representation of Kinesiology in
Ontario: A Feminist Qualitative Study**

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Abstract

The College of Kinesiologists of Ontario (CKO) oversees professional Kinesiology and its scope of practice. The CKO mandates what is required by and expected of a Professional Kinesiologist (PK) and enjoys full authority from the provincial government regarding the management of Kinesiology. This qualitative study is an in-depth media analysis of the CKO website (<https://www.coko.ca/>). Employing a critical feminist theoretical lens, I am interested in: how Professional Kinesiology and a PK are represented to the public at large by the CKO?; and if and how the representation(s) of Professional Kinesiology and a PK are gendered and gendering?

The data suggests a codependent relationship between Kinesiology and PKs in Ontario that works to enforce and reinforce the legitimization and gendered/gendering aspects of the representation of the profession and professionhood. Furthermore, the gendered/gendering aspects of the representation of Professional Kinesiology and PKs demonstrated an enmeshed sex-gender binary relationship.

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Chapter 1: Introduction

As an undergraduate Kinesiology and Health Science student at York University, my priorities lied with attaining academic success in the biosciences as I understood Kinesiology and Health Science, at that time, as the study of the biological human body in movement. My understanding of Kinesiology in this narrow sense was confirmed, in many ways, by the core curriculum of the program I was trying to succeed in. Many of the degree-required courses I had to take were biological and physiological in focus and, other than the content taught in one first-year compulsory socio-cultural course, the social, historical, and cultural aspects of study of the human body in motion were mostly unaddressed. This included critical and inward interrogations of Kinesiology broadly, and of the Kinesiology undergraduate program at York more specifically. For example, in many of my required bioscience KIN courses, the body as a machine to be enhanced for better health and performance was routinely presented as fact or given and, with the exception of the one first-year course in the core noted above, there was no examination of the critical implications of producing and reproducing this ethos. The same phenomenon held true for the ways in health promotion was taught in the core curriculum – with the exception of the one first-year socio-cultural course, very little if any critical attention was paid to the ways in which mainstream health promotion strategies and education routinely reproduce prescriptive, individualizing, and healthist ideologies to the neglect of structural and societal barriers to health.

It was not until the upper years of my program (when students have the opportunity to take more elective courses) that I was further exposed to the socio-cultural study of Kinesiology

and Health Science, and that I began to really expand the view of my disciplinary area through social theory and concepts. In particular, my observations on the gendered body in movement and the gendered nature of my undergraduate studies came to the fore. I began to see that I had come to internalize the social construction of Kinesiology and the health sciences as male-dominated domains. As a consequence of who taught what in York's Kinesiology program, I often found myself sitting on the receiving end of a male professor's lecture, and my perception was that it was often male professors who taught the physiology and anatomy courses. More deeply, I came to appreciate how I had internalized almost causal associations between the study of ideal athletic body-machines, the pursuit of successful academic performance, and hegemonic masculinity. Even among my classmates, I began to perceive just how much of the athletic male ideal influenced both the team-like approach to learning with one another and the competitive nature of our studies against one another. I understood, without having to be told explicitly, that to become successful within Kinesiology, one had to keep pace, be competitive, be a leader, progress forward, push through and push past, and persevere. I also understood, again without having to be told explicitly, that there were other traits or skills that were good to have (e.g., empathy, connection, care, communication) but that these were the "softer" – read feminine – traits or skills that one could learn.

In looking back on my undergraduate career, I am curious about how many of my former classmates experienced (or not) similar types of critical awakening around the unspoken associations between gender, academic success, athletic performance, and Kinesiology. More significantly, however, I wonder about if and how those who have gone on to pursue Kinesiology as their post-graduate career have reconciled (or not) the gendered and gendering experiences

occurring within and through the domain. To this end, I recognized that an in-depth examination of the construction and representation of professional identity of Professional Kinesiology's provincial regulatory body, the College of Kinesiologists of Ontario (CKO), through a critical feminist lens is necessary, as such a governing body holds great authority both over how Kinesiology is framed for providers and users of Kinesiology healthcare services as well as who can identify themselves as a Professional Kinesiologist.

1.1 Professional Kinesiology in Ontario

In the province of Ontario, the profession of Kinesiology has been regulated as a health profession as of 2013 under the *Kinesiology Act, 2007* (Ontario Kinesiology Association, 2019). As a requirement of federal and provincial laws, there is a regulatory body, the CKO, that oversees professional Kinesiology as a regulated healthcare profession whose scope of practice (SoP) encompasses “the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance” (CKO, 2020, para. 2). This means that, as of 2013, one can identify as a Professional Kinesiologist (PK) in Ontario if they meet the CKO's standards, pass the provincial examinations set by the CKO, pay yearly membership fees to the CKO, and obtain practice insurance (CKO, 2020).

The CKO operates to mandate what is required by and expected of PKs in Ontario and, in return, enjoys full authority from the provincial government regarding the regulation of professional Kinesiology including the ability to define what a PK can or cannot do. To be clear, the official title for practitioners as recognized by the CKO is primarily “Registered Kinesiologist,” while “Kinesiologist” or the designation “R. Kine” are also noted on the website.

However, the term “Professional Kinesiologist” or “PK” is employed in this thesis to stay close to the research questions that drive this study. It should be noted that the official titles and designation upon providing Kinesiology services are as aforementioned, however, to remain cohesive across this text with regards to *professional* identity and gender representation on the CKO website, the term PK will be used. At this current point in time, both the professional association (Ontario Kinesiology Association) and the College (CKO) are province-specific and not pan-Canadian. As gatekeepers to the profession, the CKO plays a critical role in both overseeing and regulating who can apply to and become a PK, and how a PK and the work of a PK is represented to the public at large. The CKO wields tremendous power and authority in the Kinesiology landscape, and yet there has been no in-depth exploration to date of either the ways in which it constructs and frames Kinesiology as a profession, or how gender informs (or not) the construction and framing of professional Kinesiology.

1.2 Thesis Overview

This study puts forth an in-depth exploration of the CKO website (<https://www.coko.ca/>) given that its website is the most accessible (to both Kinesiology practitioners and users of Kinesiology services) and outward-facing element of the regulatory body. In particular, I am centrally interested in: 1) how Professional Kinesiology and a Professional Kinesiologist are represented to the public at large by the College of Kinesiologists of Ontario; and 2) if and how the representation(s) of Professional Kinesiology and a Professional Kinesiologist vis-à-vis the College of Kinesiologists of Ontario are gendered and gendering? These two questions drive this research project.

The CKO website offers a great deal of information about Professional Kinesiology in Ontario including such things as (not an exhaustive list): information about the application and exam process to become a PK; information about standards and reporting; resources for individuals looking for a PK for healthcare services; information about the CKO itself; and annual reports. For example, a cursory skim of the data in the 2018-2019 report reveals a little over 2400 active registrants, 28% of whom identify as male, 54% of whom identify as female, and 18% of whom are identified in the annual report as “undefined” (CKO, 2020c). These descriptive statistics – as well as other information in the report such as employment status, practice settings, practice roles, etc. – are helpful in some ways but limited when isolated from all the statements, texts, and images that comprised the entire CKO web domain. While a website itself does not shed light on the qualitative experience of being a PK, it provides insight on how professional identity is framed by the authoritative body of the profession including on if and how gender/gendering is taken up (or not) by the regulatory agency.

This thesis will offer an analysis of the above research questions, looking first at the Review of Literature in Chapter 2. This will include an overview of the existing information on the sociology of professions to prime later conversation about the representation of Kinesiology and Kinesiologists by the CKO via their website. Professional identity will follow, which will discuss the importance of social closure in establishing and reinforcing a profession on an individual level. The last section of Chapter 2 explores gender and healthcare to inform us of the current understanding of gender and Kinesiology. However, as the review will show, the literature drawn upon are those works centred around healthcare as the understanding of gender and Kinesiology in Ontario is currently limited.

Chapter 3 discusses the methodology used, including a detailed explanation of critical feminist theory as the theoretical framework. Further work is done to explain qualitative methods of media and thematic analysis as the most appropriate methods for the exploration of the CKO website. Reflexivity as a process of qualitative research is covered to provide the reader with my perspective throughout my analysis and to establish the importance of reflexivity as a process of qualitative research.

Results and discussion of the first research question regarding the representation of Kinesiology and PKs in Ontario via the CKO website will be addressed in Chapter 4. Legitimization of the profession and the professionals of Kinesiology in Ontario will be explored by looking at the attainment of public trust and implications of social closure. The second research question regarding both the explicit and implicit representation of gendered or gendering aspects of Kinesiology or PKs in Ontario via the CKO website will be explored in Chapter 5.

Chapter 6 will conclude the thesis by reiterating the important themes of the project in relation to the literature and data discussed, looking at the important takeaways of this research. The strengths and limitations presented are then followed by considerations for future research in relation to the findings.

Chapter 2: Review of Literature

As noted in Chapter 1, this study aimed to better understand: 1) how Professional Kinesiology and a Professional Kinesiologist are represented to the public at large by the College of Kinesiologists of Ontario; and 2) if and how the representation(s) of Professional Kinesiology and a Professional Kinesiologist vis-à-vis the College of Kinesiologists of Ontario are gendered and gendering? In efforts to contextualize these research questions, a brief review of literature is warranted. The first section will explore the sociology of professions with a focus on the professionalization process. The second section will delve more deeply into the concept of professional identity and its construction and, given that research in other healthcare fields has documented that gender has an effect on the way the professionals develop their professional identity (Dahl-Michelsen & Solbrække, 2014). The final section in this chapter will focus on a discussion of some of the extant scholarly literature on gender and healthcare professions more broadly.

2.1 Sociology of Professions

It is important to navigate through this project by foregrounding it with the historical context of professions, the development of professional epistemology, and the conception of professionalization as a multifaceted process that establishes meaning (professional ideology) and secures resources (e.g., social status, monopoly of knowledge) for a group of individuals (Larson, 1977). The sociological study of professions and professionalization is quite well established, and an exhaustive review of the field falls beyond the scope of this thesis. In what

follows, an overview of the changing nature of sociological inquiry into professions and professionalization is provided.

The sociology of professions was first explored using a functionalist trait perspective as informed by a Durkheimian-informed view of professions as particularly purposeful and indispensable aspects of society, enabling a profession's own survival. Durkheim's ideas on professional ethics constructed professions as altruistic and selflessly engaged in public service (Safai, 2005). Proponents of this Durkheimian-informed view conceptualized professions as institutions that bridge the gap between the state and the people occupying it, specifically acting as a safety net for moral authority (Durkheim, 1957). The functionalist approach to the study of professions was quite long-standing in sociological circles but limited insofar as it upheld a rosy view of professions that was taken at face value, without critical attention to relations of power, and with the traits of professionhood as defined by the professional groups (i.e., those already considered legitimate professions) themselves (e.g., Carr-Saunders & Wilson, 1933).

Parsons (1951), whose work was taken as an ideal model of functionalist research on the roles of professions, took functionalism a step further by using a structural-functionalist approach in his research on the role of professions in modern medicine (Safai, 2005). His approach viewed medicine as providing balance in society (i.e., balance against the profit-driven motives and mechanics of capitalism) through the institutionalization of the neutrally positioned and "collectivity oriented" (Parsons, 1951, pp 4) profession of medicine (as compared to more market-centric professions such as accountants). However, and as alluded to earlier, functionalist and trait theories grew increasingly outdated as criticisms of this approach increased. Critics pointed to how trait and functionalist studies of the medical profession lacked empirical

grounding and were ahistorical, almost completely unable to explain changes in social relations within and outside a professional group over time (c.f., Coburn & Willis, 2000; Freidson, 1970; Johnson, 1972; Roth, 1974). Theorists advancing the functionalist-trait approach to the study of professions were seen as uncritically accepting of a profession's own definitions of itself and its traits/services, which further reinforced the power of professional privilege (Safai, 2005).

By the 1960s, the sociology of professions shifted to embrace more critical analyses of professions and occupations, many of which added to the complexity of the understanding of professions beyond the functionalist perspective (Macdonald, 1995; Roth, 1974). Scholars increasingly drew on “neo-Weberian (focusing on the market and closure theory) or neo-Marxist (focusing on modes of production and class theory) theories” (Coburn & Willis, 2000, p. 380) to explore the professions and the socialization of people into professions. In whole, the critical sociological study of professions shifted from attempting to identify the traits that define a professional group to questioning what makes one form of work a 'job' or an 'occupation,' and another the far more socially prestigious and valued 'profession'? A central feature of this shift in questioning arose from far greater attention being paid to the negotiation of power, status, and prestige between occupational groups and external stakeholders, chiefly the state and public at large, in pursuit of professional identity and legitimation as a profession. The “power” studies approach to the study of professions has since dominated the field, as scholars in this tradition have encouraged deeper understanding of the power created and negotiated through the prestige and status of professions (Freidson, 1983; Freidson, 1994; Johnson, 1972; Macdonald, 1995). The power studies perspective emphasizes professionalization as a process, and professions were

beginning to be seen as active mechanisms of dominant power structures in society (Freidson, 1970; Johnson, 1972).

The “professional project,” first introduced by Larson (1977), is a key concept with regards to the process of professionalization as it unpacks the ways in which occupational groups develop themselves and construct their legitimacy over time through the meeting of particular markers that are defined in a society, by those with established authority and power, as indicative of professionhood (e.g., having a regulatory body, the presence of professional associations, established code of ethics, established SoP). Larson describes the professional project as means of translating one scarce resource (knowledge) into another (political and/or economic gain) via defining and asserting control over a body of knowledge and set of expert skills (Larson, 1977; Safai, 2005). For the process of professionalization (the professional project) to occur, it requires a body of knowledge that can be used in a free-economy or have the ability to create its own market within the economy of its relative society. The individuals who access and attain that knowledge may be able to standardize it and control its dissemination (Safai, 2005). This is what Larson (1977) calls the “production of producers,” who are then able to obtain power and control over that profession.

With this power, occupational groups are then better able to regulate the knowledge and practice of their work and, more significantly, restrict their field to whomever they deem as meeting their requirements (this is referred to as social closure, whereby professional groups can include or exclude others from their group based on varied criteria). The professional project is established via lobbying and negotiations with the state, specifically concerning the level of control associated with the dissemination and accessibility of that particular body of knowledge

(Macdonald, 1995). Larson sees this control of knowledge, termed professional ideology (Safai, 2005, p. 31), as a form of inequity through the education system, which is justified through the standardization of knowledge established by the state (Coburn & Willis, 2000).

Standardized knowledge and ideologies of professions are pertinent to the exploration of the framing of professional identity in Kinesiology in Ontario vis-à-vis the CKO website. The CKO has its role to play in the dissemination of its own body of knowledge in Kinesiology. Biggs (1990) would argue that the dissemination of a standardized body of knowledge is not based on individual capability and effort (meritocracy), but rather on the ideological justification of qualifications of the few who have access to it while excluding those who do not. The idea that the process of professionalization serves a particular purpose is strengthened, since the process itself serves to further reinforce class and occupational power to build on professional capital. This includes both between occupations and within them, as well, where multiple groups may be struggling over the power to control particular bodies of knowledge (Coburn & Willis, 2000).

To reiterate, the standardization of professions by the state enables a particular classification of people to stay in power and, thus, a particular ideology to be continuously circulated to such an extent that the power remains within this special group of individuals. Those who are part of the professional elite are said to have high social capital (Bourdieu, 1986; Safai, 2005), circulating the power within this certain group of individuals who have access to both the pedagogy and epistemology of a profession. Not only does this process serve to keep particular people within this elite circle in power, but it also serves to keep everyone else out. Therefore, the message presented to the public, with help and agreement from the state, is that

those who are a part of this group possess an exclusive status associated with professionhood. As Freidson (1970) explained, this exclusivity acts as a means of control for this meticulously chosen group who themselves, as well as the general public and the state, believe that there is particular importance to their work in their collective society.

2.2 Professional Identity

The designation of professionhood by a regulating body calls for some understanding as to how professionalization may or may not affect an individual's professional identity. At the most basic level, identity formation is an active and fluid process that occurs through socialization (Creuss et al., 2015). Additionally, personal and professional identity are said to develop in congruence with one another. One's identity is a cumulation of three suggested aspects; that is, individual, relational, and collective domains of identity (Vignoles et al., 2011). The individual domain focuses on the impact of one's uninfluenced personal beliefs on their identity and the relational domain is the impact on the identity of significant relationships in one's life. Most pertinent to the context of this project is the collective domain, whereby the social communities to which an individual currently partakes in or would like to join impacts their identity. Particularly important to the reinforcement of the collective domain of one's identity is the status of the individual within said group and the status of the group within the state (Skorikov et al., 2011; Vignoles et al., 2011).

One's collective domain can be influenced by the construction of professional identity. Professional identity is defined as the "formulation of foundational stories common to a

professional ethos, that is to say a system of representation involving practices” (Chouinard & Couturier, 2006, p. 176). Kegan (1982) proposed stages within his model of longitudinal development of identity that had been adapted to better understand the processes of professional identity. Key stages in the development of professional identity are said to take place during stages 2, 3, and 4 (Creuss et al., 2015). Stages 2 and 3 are explained as the initial development of professional identity that begins with the individual taking on a professional role, which then leads to the beginning of the individual’s identification with the profession and immersion of general professional concepts (Cruess et al., 2015, Table 1). At Stage 4 of Kegan’s (1982) model, the individual becomes a self-defining professional as their professional identity becomes amalgamated with the other domains of their identity.

Through Kegan’s model, the congruent development of professional identity with personal identity via socialization can be better substantiated and understood. It is an active and progressive process that involves the uptake of a professional identity via our social lives over time, which are often in line with group norms (Zouhri & Rateau, 2015) that are imperative for functioning both within and between groups (Asquith, Clark & Waterhouse, 2005). This identity is capable of both informing action as a professional, as well as being transformed by the practices themselves (Levesque et al., 2019). The active uptake of professional identity is outlined by the “producers” who are in charge of the pedagogy and epistemology of a profession. As aforementioned, these are the individuals who hold power to outline the skillset and body of knowledge particularly associated with that profession. Institutionalization of professions and their associated ideologies act as the social representations or social symbolisms in congruence with the development, preservation, and transformation of professional identity (Negura, 2016).

In relation to this project, the CKO website has been investigated to understand the ways in which the College constructs and frames PK professional identity to the public at large, broadly, and how such frames are or are not gendered and gendering.

2.3 Gender and Professions

In Canada, Kinesiology has increasingly been aligned with health and health promotion over the decades, and Professional Kinesiology is clearly situated as an allied healthcare field and as part of an interprofessional healthcare approach (Canadian Council of University Physical Education and Kinesiology Administrators, 2020; Canadian Kinesiology Alliance, 2019; CKO, 2020; Ontario Kinesiology Association, 2019). Given the paucity of information on the representation of gender in Professional Kinesiology, the following section draws on the literature on gender in other professions to fill the gap in this proposal of gendered experiences of professions that has not yet been explored in Kinesiology.

Much like sport, professionhood is recognized by numerous scholars as gendered terrain whereby: 1) women and men have different experiences in their work lives as a consequence of their sexed and gendered social locations; and 2) whereby different occupational groups – in their socio-historical development and professionalization – have experienced differing degrees of constraint and/or opportunity as a consequence of their work being conceptualized or associated as the work of men or women (e.g., Bogoch, 1999; Cech, 2015; Davies, 1995; Davies, 1996; Hatmaker, 2013; Kovalainen, A., & Österberg-Högstedt, J., 2013; MacDonald, 1995; Witz, 1990; Witz, 2013). For example, gender and professionhood scholars studying the feminization of certain occupational work or professions have noted the systemic

obstacles faced by the women in such work (Lupton, 2006). In the healthcare domain, much has been written about the feminization of nursing (e.g., see Sasa, 2019; Pinzon-Estrada, Aponte & Morillo, 2017) and the consequences of the normalized and socially constructed associations of nursing with women's work for both female and male nurses (Clow, Ricciardelli & Bartfay, 2014; Bartfay & Bartfay, 2007).

As another example of the extant scholarship on gender and healthcare professions, there is a robust body of literature on the challenges faced by women as medical school students (Babaria et al., 2012; Babaria, Abedin & Nunez Smith, 2009; Baldwin, Daugherty & Eckenfels, 1991; Blanch et al. 2008; Karnieli-Miller et al., 2010; Komaromy et al., 1993; Stratton et al., 2005), or as fully licensed physicians in the healthcare system (e.g., wd; Zhuge et al., 2011). Feeling constrained by prescribed gender roles including assumptions of being and having to be 'naturally' caring or nurturing (Hoyt, 2010; Judge, Bono, Ilies, & Gerhardt, 2002), experiencing explicit and/or implicit sexism in their professional roles as physicians, including within leadership roles (i.e., the glass ceiling; c.f. Hoyt, 2010), or the challenges of the gender wage gap (as but one measure of gender inequity in Canada) in medicine are but a few of the themes emerging from various reports from professional associations, regulatory bodies, and scholarly literature (Izenberg, Oriuwa, & Taylor, 2018). The gendered associations of leadership ability have been shown to be associated with dependent gendered behaviours identified by their sex (Eagly & Carli, 2007; Hoyt, 2010; Judge et al., 2002). For example, men are thought to possess agentic leadership characteristics such as confidence, dominance and self-reliance (Hoyt, 2010).

These types of issues are particularly problematic considering that women, as noted by the Canadian Medical Association (CMA) in its 2018 discussion paper entitled Addressing

Gender Equity and Diversity in Canada's Medical Profession: A Review, are set to make up 50% of the physician pool by 2030. The CMA (2018, p. 3) notes:

Evidence suggests that women physicians continue to face significant challenges such as pay inequity, sexual assault and harassment, opposition to career advancement, and unconscious bias in the workplace. Leading international organizations and institutions are confronting these challenges by creating guidelines, instituting policies and implementing programming around gender equity and diversity. In Canada, however, there are limited data and few guidelines that address the challenges women physicians and learners face, and there is a further dearth of data on diversity in medicine.

In other words, despite the increasing number of women in medicine in Canada, medicine remains a profession where some women physicians enjoy professional success in spite of the Canadian medical education and healthcare systems, and not because of them. Dismissed entirely are the experiences of people that are transgendered or gender non-conforming practitioners in this space.

This is not to suggest that all men have singularly or fully avoided the limitations that arise from the social construction of gender (which operates at the intersection of other markers of identity, such as race/ethnicity, socio-economic status, age, ability, sexual orientation, etc.) in the workplace. A substantial body of literature supports that some men, depending on the occupation/profession or work sector, have also been constrained and harmed by spoken/unspoken expectations of them to subscribe to hegemonic and/or toxic masculine norms and codes (Evans, 2002; Evans, 2004; Mackintosh, 1997; Sullivan, 2000). It was also reported that

both 31% of men and 51% of women have felt discriminated against at some point in their career (CMA, 2018, pg. 4). However, due to the gender ideals of male behaviour and hegemonic masculinity there presents some socially constructed barriers to reporting incidents of discrimination that men face (Collinson, 1992; Knights, 2000). This can lead to under-reporting of discrimination among and against men in the workplace.

As but one example, professional men's sport can be understood as a workplace where the normalization of violence and tolerance of risk, pain, and injury as part of hegemonic masculinity frames the professional identity and work practices of male sport workers (Young, 1991). In professional sport, particularly in men's contact and collision pro sports such as professional football or hockey, the male worker is expected to give and receive pain or tolerate aggression and, in many cases, violence – in fact, a pro men's sport worker's success and athletic capital often get measured by their re/production of the culture of risk – in ways that would be otherwise avoided in other lines of work. As noted by Pronger (1996), such aggression/violence is established and reinforced by the systemic and cultural norms reflective of professional ideologies (Young, 1991).

With regard to what we know about gender explicitly within the professional field within Kinesiology, there is little to no understanding of the framing of identity of PKs with regard to gender in the media. What we do know and what is presented within the literature is the following. Sartore & Cunningham's (2014) exploration of gender and Kinesiology focused on the exploration of gendered experiences within academic Kinesiology in relation to university-level sport, not in relation to professional identity. This study particularly explored the gendering of the body in relation to the bioscientific framework of kinesiology through knowledge of the

male anatomy, for example, as the basis of reference (cf., Pronger, 1996). There has also been an effort in exploring the gendering of Kinesiology as a whole (Park, 2006; Ransdell et al., 2008; Reifsteck, 2014), which can be attributed to the ways gender is experienced in the academic realm of Kinesiology, but not of PKs themselves. Otherwise, the study of the framed identity of PKs within Ontario portrayed in the media and its relationship with gendered experience and professional identity is left uncharted. This proposed study aims to address this gap, and the proceeding section will outline the theoretical framework and methods to be employed in exploring the stated research objectives: 1) how Professional Kinesiology and a Professional Kinesiologist are represented to the public at large by the College of Kinesiologists of Ontario; and 2) if and how the representation(s) of Professional Kinesiology and a Professional Kinesiologist vis-à-vis the College of Kinesiologists of Ontario are gendered and gendering?

Chapter 3: Theory and Methods

The objectives of this study are to better understand: 1) how Professional Kinesiology and a Professional Kinesiologist are represented to the public at large by the College of Kinesiologists of Ontario; and 2) if and how the representation(s) of Professional Kinesiology and a Professional Kinesiologist vis-à-vis the College of Kinesiologists of Ontario are gendered and gendering? In pursuit of this, this study undertakes a thematic analysis of the CKO website as informed by a critical feminist theoretical lens.

3.1 Theory

To map out the perceived meaning of Professional Kinesiology in Ontario, particularly concerning the ways the online representation of Professional Kinesiology is gendered or gendering, critical feminist theory is employed. Its theoretical foundation is built on the recognition of gendered power relations within all aspects of social life. In its most basic conceptualization, feminism is an umbrella term for a multitude of theories that all share, at their core, a commitment to understanding and addressing gender inequality in our social lives; scholars who employ critical feminist theory (long popular in the sociology of sport) foreground issues of power, ideology, and representation in their analysis of gender relations (Birrell, 2000; Malcolm, 2012; Scambler, 2005). As a school of thought, critical feminism has sex/gender as its focus of analysis to uncover the practices of individuals and groups, including the state, that have driven and continue to drive the exclusion, devaluing, and undermining of some individuals and groups in relation to others (in particular, but not limited to, women in relation to men) (Rhode,

1990). Similar to other branches of critical theory, critical feminism upholds a social change ethos vis-à-vis its integration of feminist theory with other schools of thought (e.g., critical race theory, queer theory, postcolonial theory, etc.).

Critical feminism has great capacity to help us understand and challenge hegemonic gender ideals in Professional Kinesiology as it focuses on how gendered and gendering ideas, beliefs, and conduct influence, and are influenced by, everyday social, cultural, and political practices, whether among individuals, communities, or organizations (Reifsteck, 2014). Organized, competitive sport has long been understood by critical socio-cultural scholars as contested terrain on which gender identity is constructed and reproduced but, to date, no attention has been paid the ways in which representations of professional identity in Kinesiology frame and draw up (or not) gender identity whether in terms of femininity, masculinity, or non-gender binary identity (Boutilier & SanGiovanni, 1994; Bryson, 1990; Coakley, 2017; Hall, 1996; Messner, 1988; Schwartzman, 2006). Critical feminism was employed to mitigate pre-existing norms from affecting the understanding of the framing of both Kinesiology and PKs in profession and gender. Butler (2011b) looks more closely at the work of J. W. Scott and points out the importance of recognizing gender norms through critical feminism and using such norms to mitigate the normative understanding of gender, in particular. This is to ratify gender equity relationally across multiple systems and institutions not only in spite of differences, but because of them (Butler, 2011b). Because critical feminism actively disregards normative approaches to gender, it enables the analysis of intersectional approaches amongst gender, race and class, for example. Critical feminism refutes the idea of an ultimate truth (Butler, 2011b), making it a fitting tool with which to interpret data of an intersectional study. To clarify, the use of critical

feminist theory is beneficial because it refuses ideal standards. This facilitates a more flexible and encompassing approach to intersectional studies.

With the help of critical feminism, this project aims to address this gap by rigorously examining the images and information communicated outward to the public at large by the CKO in Ontario about what Professional Kinesiology entails and how Professional Kinesiology is represented. There is some, albeit limited, research that has focused on gender and Kinesiology as a disciplinary area of study and scholarship (e.g., Pronger, 2006; Reiftseck, 2014; Sartore & Cunningham, 2014). Although they do not offer direct insight into the interconnections between gender representation and professional identity, I would be remiss to not acknowledge that such work has done quite a bit to interrogate and challenge the fixedness of gender through the systematic exploration of personal experience and socio-political structures in Kinesiology (cf., Mohanty, 1991; Salamon, 2008).

3.2 Methods

This study involved an in-depth textual analysis of the CKO website (<https://www.coko.ca/>) as informed by thematic analysis. Textual analysis is done in order to address the semantic meaning of the website, and thematic analysis is used to better understand the latent aspects of professional Kinesiology and gender (Sparkes & Smith, 2014). Textual analysis focuses on the text of the source; however, textual analysis also includes the analysis of imagery, multimedia posts, and other related aspects of text that help inform the researcher further of its meaning (Sparkes & Smith, 2014). In the context of this specific study, the textual analysis included the discursive language employed across the webpages as well the images and the

documents linked to the CKO website; in other words, any accessible aspect of the website: including the audio and visual components of the site, served as raw data for analysis. This approach to the project is rooted in media analysis, where the use of text, videos and images are used by people in collective mediums (a public domain) and are the representations of, in the case of this project, professional identity to the general public (Atkinson, 2012). This particular type of analysis looks at the discourses and ideologies of web domains that dominate the media. This project will take a bite-size piece of the representation of PK in Ontario, in efforts to attempt to better understand the gendered and gendering discourses at play.

Thematic analysis lends itself to the enmeshment of multiple data points (e.g., video, text, and images) to identify patterns and common themes (Atkinson, 2012). Thematic analysis is used as a tool that aids in identifying prominent and recurring themes that have arisen from the content in question (Braun & Clarke, 2017), where key ideas of large bodies of data or generalized descriptions can be pinpointed (Braun & Clarke, 2006). This type of methodology offers flexibility by enforcing steps that can be framed or informed by the researcher's choice of theoretical framework (critical feminist theory), which is used for exploration of social meaning throughout the CKO website and its associated links and documents. The analysis of these qualitative properties includes reflexivity to outline my perspective throughout the research process. This includes an explanation of contextual influences surrounding the data to better understand the social meaning of the discourses at play (Silverman, 2000) via the CKO website and associated links and documents.

The use of media and thematic analysis lends well to their overlapping flexibility around data sampling. The use of both types of analysis enables a more fulsome exploration of

the data by first uncovering the representation of professionhood in Kinesiology by the CKO via their website (media analysis). Next, the employment of thematic analysis further enriched this study by identifying patterns in the data that can be used to better understand the representation of kinesiology by this regulating body (elite group) and the patterns of gendered or gendering aspects of the profession.

Sequentially speaking, the analysis is acted out in multiple steps. Initially, there was a comprehensive exploration of the website until a substantiated level of familiarity of the website and its associated links and documents were reached, termed “immersion” (Sparkes & Smith, 2014, p. 124). During the process of immersion, there was a list developed to visualize the website that includes the nesting of tabs, sub-tabs, links, and documents available on the website for public access. The formation of such a list included an exhaustive list of tabs associated with the website where any text, imagery, or other media associated with each tab has been copied verbatim or described in detail to build a raw database for thematic analysis. This includes downloading any attached documents with a detailed description of imagery and a verbatim recording of each. Textual analysis occurred between October 2020 and December 2020. Recurrent or prominent ideas associated with the discourse of professional Kinesiology in Ontario, termed chunks or codes of data by Braun & Clarke (2006) were then collated into common themes and reviewed, including the refinement, organization, or removal of existing, non-contributory themes. The themes were analyzed in detail to further discuss their meaningfulness across themes and to describe the “scope and content of each theme” (Braun & Clarke, 2006, p. 22; see also Sparkes & Smith, 2014). The last step of the thematic analysis was the final building of themes (e.g., legitimization, sex as a categorical phenomenon, etc.) and the

integration of reflexivity into the analysis to ensure dependability (Houghton, 2013), in attempts to contextualize and to highlight the prevalence or importance of certain findings (Braun & Clarke, 2006; Sparkes & Smith, 2014). While reporting the results, there was consistent and continuous attention given to any new themes that arose, making clear that the analytical process – while described here in a linear manner – was dynamic and emergent throughout all stages.

Although the goal of this project was to analyze how the CKO communicates what it means to be a PK to the public at large, reflexivity has been taken into consideration and recorded to situate and more clearly understand how my own subjectivity brought me to and through this research topic and project as a researcher (Houghton, 2013; Kleinman, Copp & Henderson, 1996). This included keeping a journal to track my self-reflection and self-awareness throughout the process in order to maintain dependability and reinforce rigour (Houghton, 2013; Mantzoukas, 2005; Rodgers & Cowles, 1993; Stoecker, 1991). The confirmability and dependability of the information was also enforced via audit trails that outlined my decision-making processes throughout the completion of the project. This audit trail was made by creating detailed notes throughout the extent of the research that are comprehensible and recognizable by individuals who may read the work (Glaser & Strauss 1967; Houghton et al., 2013; Rodgers & Cowles, 1993; Ryan-Nicholls & Will, 2009).

3.3 Reflexivity

An integral aspect of feminist qualitative research is the process of introspection of the researcher, termed reflexivity (Braun & Clarke, 2006; Sparkes & Smith, 2014). This particular process in qualitative research calls upon the researcher to conduct reflexive introspection

whereby their personal experiences and perspective may be better understood and contextualized in relation to the research study and process (Finlay, 2002). The composition of reflexive thought throughout the process of research can enlighten the ways that the researcher's personal experiences and perspectives have affected their work, further ensuring dependability (Houghton, 2013). This may act as evidence supporting the interpretation of data (Finlay, 2002), as well as provide me and the reader with a better understanding of the effect of my experiences on my analysis. Reflexivity, rooted in critical feminist methodologies (LaFrance & Wigginton, 2019), helped me identify my role in constructing the knowledge shared in this study.

With regard to meanings given to sex and gender as understood through a supposedly scientific lens, my very first memory of the understanding of human conception was via an animated film my parents had shown me during my childhood. This particular video explaining "the birds and the bees" was enthralled with masculine and feminine characteristics given to physiological aspects of the body, particularly the ovum and the sperm. For example, the female ovum wore a skirt, had a bow in her hair and wore lipstick. The sperm had a bowtie on. I recall the many sperm swimming across a pool in a race for first place to get to the ovum on the other side. The sperm were athletic, fast, strong, and seeking out the ovum. The ovum was a passive damsel, waiting for the winning sperm to whisk her away. These same gendered characteristics were perpetuated throughout my daily living, which were especially apparent when I compared the cultural and social expectations of me against those expectations of my brother set by the same people and institutions (e.g., school, sports, physicians, parents, family members). It became more clear to me through taking sociology courses in my undergraduate career that I was

held accountable for these expectations of femininity throughout my life across my many life experiences by others and by myself, as well.

Looking further on, during my education as a Kinesiology student it is not difficult to see how this particular idea of normative gender binary and hegemonic masculinity has been and continues to be perpetuated in biomedical science (Adams, 2013). As aforementioned, my experience in Kinesiology and Health Science was led by the very bioscientific outset of the discipline itself. For example, York offers a very narrowed view of Kinesiology from the outset as the prerequisites for graduation include an overwhelming number of courses in the bioscientific stream. Bioscientific knowledge overwhelms students even before the first day of classes, thus, norms associated with bioscientific values regarding patriarchal ideals and hegemonic masculinity are prioritized. This is not to say that the Kinesiology program at York denies other epistemology, but that putting particular fields of study at the forefront has implications for the ways that students interpret Kinesiology and success within such a program. I often thought that the rhetoric of success in the Kinesiology program meant achieving good grades in courses such as physiology and anatomy, with the gendered aspect surrounding the male body as the point of reference. For example, I recall many of the figures used in textbooks to be male bodies. Further on into my studies, my schedule allowed for non-compulsory courses at which point I was exposed to the sociocultural stream of Kinesiology. It was during these classes that I was better able to appreciate the gendered body in motion. Therefore, these particular experiences associated with gender and science (biomedical science, in particular) (e.g., Adams, 2013; Bordo, 1997; Fausto-Sterling, 1997; Fausto-Sterling, 2000; Lorber, 1993; Martin, 1991) brought forth my interrogation of gender discourses in science.

Taking a moment to look at the ways that physiology and anatomy of the human body were presented to me, I can see why my intrigue in the gendered body in motion was sparked once I was exposed to sociocultural perspectives in Kinesiology. Critical pedagogy surrounding heteronormativity and maleness in sport and health induced a particular curiosity in unpacking the ways that these ideas may or may not have affected my peers, who may now be Kinesiologists themselves. That said, I approached my Master's thesis knowing that I would like to include gender in my research. Looking further into the discourses associated with Kinesiology as a profession, and PKs themselves, I continue on a path to better understand the framing of the profession and professionals by the CKO, as well as look deeper into the inclusion, or not, of gender in their frameworks in Ontario by the regulatory College.

Chapter 4: The Framing of Professional Kinesiology & Professional Kinesiologists

This chapter focuses on the first research question of this study, specifically: how are Professional Kinesiology and a PK represented to the public at large by the College of Kinesiologists of Ontario? The chapter highlights website data that demonstrates the CKO's efforts to publicly legitimize Professional Kinesiology as a regulated healthcare profession in Ontario. This will include a discussion of the CKO's framing of Kinesiology's professional ethos, its establishment of professional expectations, and its identification of controlled practices. This chapter will also outline the ways in which legitimization of the area (Professional Kinesiology) and of the practitioner (the PK) occur as intertwined with one another and is coupled with state-supported professional control over a particular SoP (including, but not limited to expertise and controlled acts). To be clear, while the research question distinguishes between the profession and the professional, the data from this study make clear that these do not operate in exclusion from one another. The data, and the ensuing discussion in this chapter, demonstrate both an inter- and co-dependency of the framing of both Professional Kinesiology and PKs by the CKO in alignment with state-sanctioned authority as a regulated healthcare field and as state-authorized healthcare providers. An array of examples will be highlighted throughout the chapter to demonstrate how professional legitimacy, control, and expertise are employed in the framing of PKs in Ontario.

The findings from data analysis underscore that the primary ways in which the CKO frames the legitimacy of Professional Kinesiology in Ontario are through building and communicating its main value as that of asserting its alignment with and approval from the

provincial government, and in ensuring public safety. In turn, through these assertions, the CKO both implicitly and explicitly situates and substantiates its own legitimacy and privilege as the singular and only regulatory body governing the profession and its practitioners within the province. The identification of how it is sanctioned and supported by the state, in addition to the heavy use of scientific- and medical-related terminology, serve as mechanisms by which the CKO engages in social closure to control the profession and, in turn, the professionals themselves.

4.1 Legitimization of Professional Kinesiology in Ontario

The foregrounding and referencing of the provincial government by the CKO in their positioning and framing of Professional Kinesiology was evident throughout the analysis of the website. For example, the CKO's website routinely refers to provincial legislation outlining the standards of and guidelines for Professional Kinesiology throughout the web pages and associated linked documents. Particular reference is made to various provincial Acts and Codes, including: the *Ontario Human Rights Code*, the *Personal Health Information Act*, the *Regulated Health Professions Act*, the *Kinesiology Act*, and the *Personal Information Protection and Electronic Documents Act*. References to these pieces of legislation are especially explicit on the CKO's Standards and Resources webpage, specifically in relation to linked PDFs that outline the specific expectations of a PK (to be discussed later in this chapter). It is important to note that the references to these pieces of legislation are purposively framed to communicate to the reader/viewer an alignment or enmeshment between the CKO and the provincial government. For example, in one webpage entitled "Understanding Regulation," the text on the webpage reads:

...the Ontario Government has allowed the professions to develop rules to regulate that profession. In exchange for this privilege, these rules must protect the public's right to competent, safe and ethical care (CKO, 2019f).

This passage is noteworthy as it presents a seemingly direct translation of power from the government to the regulating body (i.e., the CKO) through which they develop particular standards for their members (i.e., designated practitioners) which, in turn, reinforces the legitimization of the profession in the public domain (Larson, 1977; Safai, 2005).

In the above passage, the identification of Professional Kinesiology as a profession and the CKO as the governing body charged with regulating the profession are presented implicitly and without question in the first few words: "...the Ontario government has allowed the professions to develop rules to regulate that profession." There is no questioning of Professional Kinesiology as a profession in such a statement. This message is inundated throughout the CKO website and the linked documents, as well. For example, on the Regulators vs Associations page, it again mentions the power of the CKO by the government in regulating Kinesiology in Ontario. This same framework is used to underline the importance of the lateral movement of power between the government and the CKO.

4.1.1 The CKO as Protector of the Public

Throughout the CKO webpages, the findings demonstrated that the association between government and CKO is hinged upon the premise of the CKO serving as a public good in ensuring the safety of the public at large. This can be seen in the example noted above: "In exchange for this privilege, these rules must protect the public's right to competent, safe and

ethical care.” Additional examples can be seen across the website. On the Mandatory Reporting page, a description of the importance of mandatory reporting of particular circumstances as outlined by the CKO (2013b), which the CKO explains as important in sustaining public protection. Other areas indicating association between the government and the CKO in terms of public safety can be found on the Scope of Practice page (CKO, 2014e), Become Involved page (CKO, 2020a), and the Regulators vs Professional Associations page (CKO, 2019d). In all instances, the CKO states the importance of maintaining public safety, which is in alignment with the regulation of the profession as appointed by the government under the *Regulated Health Professions Act, 1991 (RHPA)*. This is important in consideration of the literature that has been brought to light in Chapter 2 that speaks directly to traditional lenses in the sociology of professions. In particular, this speaks to the acts of altruism of professions, as brought forth by Parsons (1951) in his work on professionalization using a structural-functionalism perspective and later on in the more contemporary work of power studies, working to reinforce the importance of the professionalization of the occupation. This includes the enforcement and reinforcement of power for both the profession and professionals, since the outward facing representation of both Kinesiology and PKs represents an exclusive group lead with high moral values.

It is important to note that the CKO’s framing of its work in protecting the public at large centres on its making clear its authority in determining who can and who cannot practice Professional Kinesiology, and in standardizing the work of those in this occupational group. Freidson’s (1977) work on the exclusivity of professions reinforces this understanding as he asserts that a profession’s capacity to establish a means of control serves to encourage the idea

that this professional group holds a particularly important offering to general society. The College’s definition of Practice Standards states:

Practice standards outline the expectations for kinesiologists that contribute to public protection. They inform kinesiologists of their accountabilities and the public of what to expect of kinesiologists. (CKO, 2019e, para 2).

This declaration of the practice standards hits a number of ‘right notes’ of professionalization among a number of key audience stakeholders: it emphasizes the CKO’s authority vis-à-vis practitioners in setting practice standards that must be adhered to by anyone who wants to become a PK; it implicitly re-establishes its authority as regulatory body vis-à-vis the government (i.e., no other governing body can define practice); and it underscores its role in “[contributing] to public protection.”



Figure 1: Standards and Guidelines Video

Another explicit example includes the imagery presented in a video entitled “What are the standards and guidelines?” (See Figure 1) which can be found on the Standards and Resources page (CKO, 2019e). The most prominent aspect of this image includes the stick figure holding a flag that reads “Safety First”. This particular graphic visually represents PKs as the video encompasses the importance of practice standards in Kinesiology as outlined by the CKO. Furthermore, the figure is placed next to text reading “SAFE AND ETHICAL” to represent the importance of public safety established by the CKO to be carried out by the professional. This further substantiates the idea of professions acting as protectors of the public, which

consequentially assumes the vulnerability of the public. Therefore, the CKO is further establishing its power, particularly within the Province of Ontario. Messaging around the protection of public safety serves to delineate the professional from a layperson, where the professional is considered to hold access to the professional ideology and set of expert skills (Larson, 1977) in Kinesiology. Not only does this serve to motivate individuals to abide by the professional ideology as outlined by the CKO, but it also acts as a means of control of this expert set of skills that justifies the profession and professionals as important (Freidson, 1970).

Additionally, the yoking together of practice standardization, under the frame of ensuring public safety, normalizes the control and surveillance of individual practitioners as doing so is constructed as necessary and legitimate for a regulatory healthcare body. In other words, the CKO legitimizes itself by establishing their concern for the regulation of the profession, and thus the privilege of regulation as provided by the state, through their ability to control the professionals themselves.

This control over the practices of the profession through the professionals themselves to ensure public trust and safety is further substantiated by the establishment of a Code of Ethics. The document found on the Standards and Resources page (CKO, 2019e) outlines how PKs can sustain integrity through decision-making while keeping the best interest of the “patient/client” (CKO, 2012, pp 1) a priority and defining Kinesiologists’ responsibilities. The main values identified in the Code of Ethics are Respect, Excellence, Autonomy and Wellbeing, Communication, Collaboration and Advocacy, and Honesty and Integrity. These same principles, including the development and presence or declaration of the Code of Ethics itself, are many of the same that are reflected in the professional projects of many other professions (cf., Coburn &

Willis, 2000; Larson, 1977; Parsons, 1955; Safai, 2005). For example, the Royal College of Physicians and Surgeons of Canada (RCPSC) (2018) have listed similar goals in their Strategic Plan 2018-2020 document that outlines the importance of “Education and Lifelong Learning”, “International Collaboration”, and “Value to Fellows and Professional Practice” (RCPSC, 2018, pp 7) in attaining better education and better care. The similarities show that both professions put ongoing education and collaboration of professionals at the forefront of their plan. This places particular importance on the responsibility of the professionals to maintain their professional status through the above avenues and, at the same time, acts to further legitimize the regulatory body as this type of language demonstrates concern for the profession by the Colleges themselves.

The standards of the profession (and therefore the professionalization project) are further enforced through the CKO committees that oversee the regulation and standardization of practice. Those that are required by law, termed statutory committees, as outlined in the *Registered Health Professions Act, 1991*, are as follows: Quality Assurance Committee, Inquiries, Complaints and Reports Committee (ICRC), Registration Committee, Discipline Committee, Fitness to Practice Committee, Executive Committee, and Patient Relations Committee found on the Committees page of the CKO (2019b) website. Interestingly, on the Committees page where the jobs of such committees are listed, six of the seven statutory committee descriptions begin with: “The [insert name of committee] protects the public...” (CKO, 2019b). Again, the data highlights how the College understands and positions itself as responsible for the protection of the public, and the descriptions of the various committees outline the importance of such a committee to the retainment of public safety and trust. To be

clear, the description of the committees do not necessarily translate into the lived practices or actions of the committee; an understandable limitation of this study is that it focuses on the discourses constructed by this one occupational group and there are no fieldwork or follow-up interviews with College stakeholders, for example, to see how the discourses are (or are not) lived. And yet the construction and repeated assertion of the CKO as protector of the public is a dominant theme throughout the website, and its impact on framing a website viewer's implicit and explicit understandings of Professional Kinesiology cannot be ignored.

4.1.2 Control & Legitimization of Kinesiology in Ontario

The efforts of the CKO in legitimizing Kinesiology in Ontario expands beyond the Code of Ethics. It is also entrenched in the processes of membership, use of designation, SoP, advertising recommendations, professional boundaries, professional collaboration and continuing education, just to name a few examples that can be found across the website (e.g., CKO, 2012; CKO, 2013b; CKO, 2014a; CKO, 2014e; CKO, 2019c; CKO, 2019e; CKO, 2019h; CKO, 2020e). Such aspects of membership of PKs establishes a very particular standard that must be abided by for an individual to be considered a part of the group, further reinforcing social closure and establishing professional ideology. Thus, standards act as a means of control via the regulatory power awarded to the CKO by the provincial government vis-a-vis the *RHPA, 1991*. However, control, as we have already determined with regards to Kinesiology in Ontario, is practiced throughout the multiple systematic levels (i.e., political, institutional, and personal) and is manipulated and exchanged within and between professions (Health Professions Regulatory Advisory Council, 2006). This control can be understood as autonomy delegated to the College

along with the aforementioned privilege of regulation by the state (*RHPA, 1991*). This autonomy extends to standards, such as SoP, that encourages a codependent relationship between the profession and professional whereby the legitimization of the profession relies on the control of the professional in establishing and reinforcing such protected practices.

With regards to the control of the profession itself by the CKO, legitimizing Kinesiology is facilitated through association with a particular body of scientific knowledge and specialized skillset. This strategy affords the CKO opportunity to gain and maintain the trust of the public by demonstrating affiliation or connection with a knowledge-base and specialized skillset that stands firm in science. The CKO website states:

Kinesiology is the scientific study of human movement, performance and function. The practice of kinesiology incorporates the sciences of biomechanics, anatomy and physiology, and considers neuroscience and psychosocial factors. Kinesiologists use evidence-based research to treat and prevent injury and disease, and to improve movement and performance. (CKO, 2019a)

This reference to Science and Medicine (*vis-à-vis* language or jargon) throughout the explanation of Kinesiology on the CKO website reinforces the control and direction of the regulatory body on the profession. Literature within the sociology of professions recognizes that the legitimization of an occupation into a profession requires reliance on particular standards to maintain control over such professional ideologies. By aligning the profession with Science, not only does the profession become directed more stringently, but the Kinesiologists themselves are also contained to the membership expectations of the CKO.

This importance given to bioscientific knowledge within Kinesiology is safeguarded by the obstacles set in place by the CKO for members to attain membership at all. For example, in order to become a member of the CKO, the individual must demonstrate their knowledge by passing an exam that is both created and distributed by the College itself. This process can be found on the Start an Application page, which outlines the necessary step of writing and passing an exam to be granted membership. This further aligns the CKO with the understanding of social closure, as can be found in the study of the sociology of professions (Macdonald, 1995).

Again, this reinforcement of power of the CKO is achieved through the control of the membership application process (and beyond) as a means to establish predictability and control of the profession itself and reinforce social closure (Brown, 1998). The importance of bioscientific knowledge in efforts to legitimize Kinesiology can be further observed in the ways in which the CKO has laid out its exam. According to the Exam Blueprint provided (CKO, 2020b), a much smaller portion of the entry exam is allocated to social concepts, including communication and collaboration. The exam depends on the individual's ability to understand the knowledge and practical application of such knowledge (making up 55-70% of the exam). The defined "knowledge" is as outlined on the Kinesiology Core Competency Profile (CKO, 2019c), where the expectation of PKs to have bioscientific knowledge is overwhelming in comparison to psychosocial aspects of Kinesiology. This will be discussed in more depth below. Thus, those who are able to show their acuity in the bioscientific based exam are those that will be able to act out the SoP as outlined by the College, which facilitates control of the profession. It becomes evident then that the representation of the framework of the profession itself and the professionals cannot be untangled.

4.2 The Legitimization of Professional Kinesiologists in Ontario

The legitimization of the profession of Kinesiology in Ontario through the power of regulation as awarded by the provincial government to the CKO has been reflected in the management of PKs. The documents and outlined understanding of PKs via the CKO website sends messages of a controlled, evidence-based practitioner who is meticulously managed and surveilled within and beyond the realm of Professional Kinesiology. The SoP, Code of Ethics and Competency Profile established by the CKO are just three pieces of documentation that support the legitimization of Kinesiology in Ontario that encompass and support the understanding of PKs as experts of the “assessment of human movement and performance” (CKO, 2019, para 2).

4.2.1 The Framework of Professional Kinesiologists as Outlined by the College of Kinesiologists of Ontario

The professional ethos associated with professionhood in Kinesiology in Ontario is produced by the CKO itself. Therefore, the representation of Kinesiology and the PKs themselves cannot be untangled. After careful observation of the messaging around the profession and PKs by the CKO, the data supports that many of the core values, including Respect, Excellence, Autonomy and Wellbeing, Communication, Collaboration and Advocacy, and Honesty and Integrity in the Code of Ethics (CKO, 2012), of the profession translates to the expectations of PKs. These expectations are outlined as sets of behaviours, rules, and regulations that are implemented via membership in order for PKs to remain part of the College and, thus, an expert. Documents outlining the professional expectations of PKs by the CKO underscore the

behavioural expectations and knowledge base of PKs that ensures exclusive expertise at both the point-of-entry into the College and throughout their careers in the profession of Kinesiology in Ontario.

A general understanding of the practices of PKs can be understood by first exploring the CKO's SoP for practicing professionals. The SoP of PKs is outlined as: "The assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance" (CKO, 2014e, pp 1). The SoP document entitled Scope of Practice, Controlled Acts and Delegation (CKO, 2014e) also serves to outline the extent to which PKs can apply their knowledge through a specific list of modalities and services that they can offer. It lists the following modalities and services with which PKs can practice Kinesiology: electrical therapy techniques (e.g., therapeutic ultrasound, low intensity laser therapy, therapeutical application of heat and cold), general nutrition counselling, fitness and health evaluations and exercise prescription, athletic training, therapy and interventions, ergonomics, biomechanics, exercise physiology, completion of insurance assessment forms, and manual osteopathic techniques/modalities (CKO, 2014e, pp 2).

The presence of a SoP further legitimizes the profession through the PKs' daily practices, which supports the establishment of the professional ideology and reinforces social closure. A SoP contributes to the idea of exclusivity of the CKO's standardized body of knowledge which, and as seen in other professional projects of healthcare groups, further adds to the construction of PKs as professionals (Biggs, 1990). The SoP and the associated standard and guideline documents also reinforce control of the profession and, thus, the professionals themselves (Freidson, 1970). A pertinent aspect of the regulation of Kinesiology includes the

restriction of performing any of the 14 controlled acts as listed on the *RHPA, 1991*. This serves to delineate the practice of PKs from other health professionals within the province, as well as establish a specialized practice of their own within Kinesiology. Interpretation suggests that by surveilling and monitoring the implementation of PK frameworks, the CKO is ensuring that the trust and safety of the public is maintained vis-a-vis the professional practices of PKs. Methods of control to substantiate PKs' legitimization, and consequently the profession, will be further explored below.

The expectations set out by the CKO to maintain public trust and safety, as well as demonstrate expertise in the profession, can be partially understood using the Code of Ethics and the Kinesiologist Core Competency Profile. These two documents can be deemed an important aspect of the professional project (Larson, 1977). The implementation of particular professional expectations can be seen to reflect those outlined earlier in this chapter that explains the framework associated with the profession itself.

The Essential Competencies of Practice for Kinesiologists in Ontario (CKO, 2014a) outlines the expectation of knowledge and practical application of such knowledge of PKs to be deemed a member of the CKO and, thus, a professional. The list of competencies can be seen as a direct extension of the SoP, which ensures a particular skill and knowledge base of both entering and practicing PKs. To further reinforce the perception of PKs as experts, many of the competencies on the list involve the biomedical sciences. The importance of such bioscientific knowledge to the professional framework of PKs outlined by the CKO is demonstrated with their decision to place the following competency as the very first on the list: “Apply knowledge of anatomy, physiology, biomechanics, and psychomotor learning/neuroscience to human

movement and performance” (CKO, 2019, pp 3). The document also mentions the importance of human movement (as a direct extension of the SoP) in 12 separate competencies, some also including physiological aspects of practice. Some of the language that can be found amongst the other competencies listed are musculoskeletal, neurological, cardiopulmonary, neoplastic, metabolic, disorders, disease, pathology, etc. This substantiates the expectations of PKs’ roles and responsibilities as communicated by the CKO to be those encompassing bioscientific knowledge and skillset. The legitimization of the professional is dependent on the conception of PKs as evidence-based, scientifically informed individuals. Demonstration of such acuity as a PK then leads to the legitimization of their own professionhood, as well as the legitimization of the profession in Ontario. The importance of scientific reasoning in the contemporary moment pushes the scientific aspect and, thus, expertise of the framework of PKs to the forefront (Brown, 1998). This encourages public trust as science is ideologically held in high regard, mostly due to the public’s reliance on the scientific community as intellectual authority (Slater, Huxster & Bresticker, 2019). As later discussed, this same bioscientific knowledge is also unchallenged with respect to sex and gender. Therefore, PKs are outlined to have such knowledge that deems them as experts based on their scientific background and further reinforces their expert framework.

Other language used in the Kinesiology Core Competency Profile suggests the responsibility of the PKs to follow-through with such specialized skillsets. For example, the CKO describes the list of competencies as ways to keep “best practice” (CKO, 2019, pp 2) by demonstrating their abilities to patients, facilitate education, adhere to SoP and maintain expertise through quality assurance, as required by *RHPA, 1991* (CKO, 2019, pp 2, para 2).

Again, here we can see the extension of the framework of the profession reflected in the framework of PK practices. In order to maintain the privilege of regulation in Ontario, the CKO is calling on their professionals to maintain exclusive and expert conduct primarily through self-assessment.

Beyond the bioscientific knowledge base and skillset expected by the CKO of PKs in Ontario, the consideration of the Code of Ethics pushes forward the importance of control and implementation of best practices of PKs to further substantiate legitimacy of the profession. The CKO defines the Code of Ethics as a way to facilitate appropriate decision-making by the PK in the best interest of their patients, and mentions this to be essential in professional practice (CKO, 2012, pp 1). The document goes on to explain that:

The Code of Ethics reflects members' commitment to use their knowledge and expertise to promote high quality, competent and ethical care for patients/clients and thereby instill public confidence in the profession. (CKO, 2012, pp 1, para 3)

The importance of the above quote is the reestablishment of power through assuming vulnerability of the public and reinforcing the CKO's power through the control of such a specialized skillset in Kinesiology. The Principles of Ethical Conduct within the Code of Ethics includes respect, excellence, autonomy and wellbeing, communication, collaboration and advocacy, and honesty and integrity (CKO, 2012, pp 2). This document, just like the Kinesiologist Core Competency Profile, acts as an extension of the SoP by reinforcing the importance of competency practices. Therefore, this interpretation of the data demonstrates that the Code of Ethics supports the legitimization of Kinesiology through the control of PKs' practices to ensure public trust and safety. Therefore, the development and implementation of a

Code of Ethics itself also holds value in the further legitimization of the profession via its professional project (Larson, 1977), which is extended through ethical expectations of PKs practices that further demonstrates the codependency of the legitimization of the profession and the professionals.

4.2.2 Enmeshment of the Professional and the Profession's Frameworks in Ontario

The Essential Competencies of Practice for Kinesiologists in Ontario (CKO, 2014a) outlines the process whereby the essential competency profile for Kinesiologists was developed. It states specifically about the purpose of an essential competency profile for both the PK and the College. More specifically, it states that PKs can use the essential competencies to both understand and communicate their practice expectations to themselves and the public, including government bodies (CKO, 2014a, pp 3). Interestingly, the purpose of the essential competencies for the College is listed as a way to communicate and measure such practices to PKs, government, and the public (CKO, 2014a, pp 4). Although the above uses for the essential competencies are paraphrased, the nature of the relationship between the College and the PKs can be interpreted as interdependent. For example, the CKO outlines the importance of the core competency profile in both communicating and understanding what it means to be a PK in Ontario by PKs, the state and the public. The role of the CKO in maintaining control of the profession and maintaining social closure in more nuanced ways can be observed through the use of verbiage such as “measure” and “hold kinesiologists accountable” as communicated under the uses of essential competencies by the CKO (CKO, 2014a, pp 4). Moreover, it goes on to specifically outline the primary reason for the curation of such a document as to “assist

kinesiologists to better understand the College's expectations" (CKO, 2014a, pp 4, para 2). The interpretation of such data suggests that PKs are expected to act as an extension of the College in reinforcing its legitimization and exclusivity of the profession.

In order to demonstrate further alignment with the essential competencies and PKs, the College also decided to implement a Provincial Validation Study to determine the relevance of such competencies and performance markers through a survey disseminated to registered PKs (CKO, 2014a, pp 8). Although this is not representative of the total PKs in Ontario, the communication of such efforts by the CKO could be interpreted as their efforts to strike confidence in their ability to develop practice competencies that are in line with a PK's own perceptions of their professionhood. Therefore, the essential competencies can be interpreted as a "tried and true" list of practices in line with the CKO's professional ideology and substantiates the alignment of the PK and Kinesiology frameworks. By publishing this in a document outlining expected competencies and performance indicators, the CKO is not only substantiating the correctness of their competencies, but they are also reinforcing the normalization and idealizations of such practices. The reporting of this survey demonstrates the importance of the congruent evolution of the institutional and professional frameworks (Creuss et al., 2015; Skorikov et al., 2011; Vignoles et al., 2011). This is not to say that the survey is representative of all PKs in Ontario, which can be observed by the number of PKs that partook in it. Nevertheless, implications of this reported survey include the creation of an exclusive narrative of a professional ethos that has the potential to become common to the professional identities of PKs in Ontario (Chouinard & Couturier, 2006). This is especially because of the power dynamics and

exclusivity of such practices set out by the College, which is held to a high standard within the collective domain of one's identity (Skorikov et al., 2011; Vignoles et al., 2011).

4.3 Maintaining Legitimization Through Control and Surveillance

Surveillance to maintain the ideal or normative behaviours of PKs outlined by the CKO is important in understanding the framework of what it means to be a PK in Ontario. The direction of power associated with the CKO and PKs in Ontario has been interpreted in the ways that the CKO structures their expectations for their duties in comparison to the duties of the PKs themselves. It is unidirectional as the CKO outlines a particular expectation of expertise to be maintained by the professional via self-regulation, peer performance reviews, and the facilitation of public complaint forums. By enforcing these means of surveillance and control, PKs are expected to maintain legitimacy established by the CKO on the CKO website, which represents the profession to the general public. By providing very particular requirements of members of the CKO, PKs become controlled by the drive to maintain membership and the exclusivity of the designation, in turn reinforcing the legitimization and exclusivity of the profession.

4.3.1 Reinforcement of Professional Legitimization

The legitimization of the profession is reflected in the CKO's efforts to control the PKs' practices. A very explicit demonstration of this can be found on the Use of Title and Designations webpage. It states:

It is the title kinesiologist that assures the public that you are qualified to practice and that you are regulated (CKO, 2019h, para 2).

The professional is responsible for ensuring ongoing membership through acting according to the College's expectations (i.e., Code of Ethics, SoP, Core Competencies) and designation to maintain the trust and safety of the public. The value of public trust and safety is downloaded onto the PKs as extensions of the College, further demonstrating professional control. PKs then must also have the understanding that they, as a member of the CKO, have such a level of expertise as outlined by the College through their strict memberships' entry examination, self- and peer-assessments, and required qualifications. The responsibility of the maintenance of expertise by the PK is further perpetuated by the Code of Ethics and Core Competencies that have been addressed above in relation to the specific expectation of PK practices.

In this regard, the control of PKs by the College is ensured through surveillance measures (i.e., via aspects of the professional ideology and membership criteria) by establishing very obvious degrees of importance to such professional and social expectations. The CKO uses very particular language and messaging on their website to communicate that they hold their members to a very high standard that is enforced using a code of ethics, SoP, core competency profile, and entry examinations, for example, that is surveilled through the Continuing Professional Development (CPD) program, as a part of Quality Assurance (QA). The QA program is an obligatory part of professionalization, as outlined by the *RHPA, 1991*, that focuses on continued education for PKs to “ensure that the public receives competent, professional, ethical and quality care” (CKO, 2020d). The CPD program is a part of the QA program that helps outline particular activities that enforce quality assurance across the profession in Ontario.

The CKO has put into place the CPD program to ensure ongoing learning, to which they refer to as “continuous quality improvement” on their page outlining Continuing Professional

Development. CPD is accompanied by payment of membership fees and obtaining practice insurance to remain in good standing with the College. One could argue that this aspect of continuing education to maintain membership reinforces the immersion of the individual into Kinesiology practices as expected by the CKO and, thus, catalyzes the amalgamation of the individual's personal and collective identities (Kegan, 1982; Vignoles et al., 2011). The CPD program does not strictly enforce a particular amount of learning necessary for the members to remain a part of the College. However, the College encourages activities to be self-directed, which is resonant of their downloading of the legitimization of the profession through public trust and safety onto the PKs themselves. Not only does this reinforce the enmeshment of the legitimization of the profession and professional, but also demonstrates the importance given to establishing professional legitimacy through continued education of the protected body of knowledge and skillset. This serves to circulate that knowledge within the exclusive group of professionals and perpetuate the power that the profession holds (Bourdieu, 1986; Safai, 2005).

The data communicates that the CKO gives particular attention to the importance of further surveillance from the public, employers and insurers through their establishment of a Complaints and Reports Committee and a complaint process clearly outlined for public use on their page titled Concerns and Complaints. The College encourages the reporting of offences by other PKs, employers, insurers or patients, their caregivers, friends, and family members. They go so far as to implement Mandatory Reporting for employers, including an outline of their responsibilities to the College.

Interestingly, the CKO does outline that they are unable to meddle in complaints that occur outside the workplace when the individuals are not taking on professional duties as a

spouse, friend, or family member, for example. This is in stark opposition of the responsibilities they outline of PKs in the College's Expectations For Professional Conducts page, which states:

A higher standard of conduct is expected of regulated health professionals. It is important not only to practise safely and ethically, but also to ensure that you conduct yourself professionally in all settings- even those where you are not working...Regardless of the nature of the business or the activities undertaken, you are always expected to follow relevant practice standards and the College's Code of Ethics. You are always accountable for your conduct in practice and outside of practice. (CKO, 2017a)

Interpretation of this quote suggests that the responsibility of the representation of the profession relies on the actions of PKs within and outside of their professional lives. This further enforces the idea of surveillance as a means of control by the CKO to encourage self-regulation of knowledge, expertise and professionalism. Although PKs themselves would need to be interviewed to directly understand such implications, it is implied that in order to remain a member of the CKO PKs must adhere to the stringent clinical and social expectations of the College. Surveillance acts as a means to not only control and normalize a professional ethos, but also idealize it, so that the PKs are encouraged to abide by such guidelines to remain a part of the exclusive group (Biggs, 1990). Therefore, the attainment and maintenance of the status of expertise and exclusive designation is acting as an additional means of control (Freidson, 1970).

To reiterate, the representation of PKs in the data from the CKO website demonstrates an interwoven and codependent relationship of the construction and reinforcement of legitimacy of PKs and Kinesiology in Ontario. The aspects of the professional project (e.g., SoP, code of ethics, essential competencies), text and multimedia across the website have been interpreted as

the CKO's communication of the legitimacy of professional practices of Kinesiology, enforcing legitimacy of the profession itself.

Chapter 5: Sex and Gender Across the CKO Website

The second research question guiding this thesis focused on examining if and how the representation(s) of Professional Kinesiology and a Professional Kinesiologist – vis-à-vis the College of Kinesiologists of Ontario website – are gendered and gendering? This chapter will begin with exploring the data from the website that could be understood as related to sex categorization in Kinesiology and/or PKs in Ontario, with special attention given to both implicit and explicit inferences to biological sex in demonstrating the representation of sex as a categorical phenomenon by the CKO. This will be followed by an analysis of the data addressing gender as an unattended phenomenon across the CKO website. It should be noted that the data points were those that were selected through the data analysis procedures, in which the research question was able to be fulsomely addressed. The enmeshment of sex and gender will continue to come to light throughout the chapter. Additionally, the implicit and explicit communication of sex categorization and gender binary across the website will demonstrate that the gendered and gendering aspects of both the profession and professionals as interrelated and codependent.

5.1 Gender Identity and Gender Normativity

This project takes, as a point of departure, gender as the social constructs of femininity and masculinity in a diverse and fluid context, which can be taken up by the individual through a conceptual gender matrix rather than a gender binary or linear spectrum (Canadian Institutes for Health Research (CIHR), 2019). In contrast, sex categorization is in relation to an individual's biological characteristics as either male or female (CIHR, 2019). The CIHR (2019) maintains the

definition of sex and gender as explicitly separate aspects of human identity, but does recognize that they can also intersect due to traditional ideas of gender as reference point of an individual's biological sex (Zamani-Gallaher, 2017). Therefore, the traditional view of gender and its conflation of sex and gender perpetuates exclusion of gender non-binary individuals, leaving out non-conforming or gender fluid individuals. This often means that the social constructs of gender lead to the normative experiences of the gender binary in healthcare due to sex categorization (Hølge-Hazelton & Malterud, 2009). Take into consideration the ways in which sex is categorized into male or female through the biological perspective. Notably, Fausto-Sterling (1997) addresses the patriarchal, male-centric perspective of scientific epistemology, giving way to the almost automatic conflation of sex and gender. Conflating sex and gender would, therefore, lead to normative binary categorizations in both realms of identity due to bioscience acting as principal dogma across social contexts.

The reinforcement of the gender binary can also be observed through labelling categories of gender as male or female and/or man or woman. Individuals who ascribe their gender to the sex assigned at birth are often those who have the privilege of fitting into the cis-gender norm, which refers to the self-identification of one's gender in relation to and in line with one's presumed biological sex (Killerman, 2013). Given the dominance of the gender binary, this cis-gender identity comes with its privileges, including an abundance more opportunity and ease of living, including the ease of correct pronouns or access to appropriate facilities (Killerman, 2013; Nicolazzo, 2016; Zamani-Gallaher, 2017). Therefore, the study of gender in particular contexts is important to the understanding of systematic support in addressing such gender ideology and normative expectations.

To reiterate, this project takes on the perspective of gender as a matrix (Butler, 2011a), in which one's gender holds the potential to be fluid under autonomous identification.

Categorization of sex and gender are recognized as separate aspects of identity (cf., CIHR, 2019). Consideration of normative gender approaches were attended to, which refer to male or female binary systems set in place across healthcare settings (Hølge-Hazelton & Malterud, 2009).

5.2 The Interdependence of Sex Categorization and Gender Across the CKO Website

Sex categories are not explicitly isolated from gender throughout the website, however, how sex is addressed throughout the website demonstrates the categorical perspective that the CKO takes. For example, the CKO (2014a) refers to sex in the Essential Competencies of Practice for Kinesiologists in Ontario as an example of a demographic in the glossary section of the document. Demographics are meant to categorize individuals in terms of “similar characteristics” (CKO 2014a, pp 51). This glossary cannot be deemed as a finite list considering that the text outlining the meaning of the term “demographic” insinuates a continuance beyond what is listed (i.e., age, sex, class). One other mention of sex is very brief and demonstrates the binary understanding of sex categorization. In this absence, the data also suggests that PKs' professional identity is encouraged to be imagined as cis-gendered, which may aid in the erasure of gender variance in professionhood.

The interpretation of the data suggests that the CKO takes-up and disseminates gender normativity actively. For example, the 2018/2019 Annual Report demonstrates the use of sex and gender binary as it lists PK demographics in Ontario by the CKO. The report lists gender

categories that are in line with biological sex categories. The conflation of sex and gender (although not explicit on such a document) could be inferred. Since Kinesiology does tend to lean on a more bioscientific and paramedical framework (Reifsteck, 2014). The approach to sex and gender upheld by the CKO can (and most likely will as the main proprietor of professional knowledge for a kinesiologist) inform their professional practice. For example, a general understanding of sex and gender often comes from medical intake forms (Pryzgoda & Chrisler, 2000) and/or are understood using a biomedical lens (Klysing, 2020). Therefore, although not explicitly addressed on the website, gender and sex are likely used interchangeably due to the medical nature of work Kinesiology has carved out for itself.

The categorization of sex as a biological phenomenon does not allow for more capacious categories of gender and instead forces a default binary. For example, the sex-gender binary is something that is also implicitly represented through particular language used on the Understanding Sexual Abuse page (CKO, 2019g). The College website refers to individuals as “his or her” (CKO, 2019g, para 14) and “he or she” (CKO, 2019g, para 8), a reiteration of gender binaries as they do not address or include gender fluid individuals in those particular instances. Since the biological sex categorizations are those that have established binary categorization (Klysing, 2020), such pronouns can be considered those that refer to one’s sex as male or female. Other examples of where such language can be found on the website includes the documents listed on the Standards and Resources page, specifically within the documents listed under Standards and Guidelines. Many, if not all, of the documents contain him or her, he or she, and/or he or her pronouns (e.g., CKO, 2013b, CKO 2014a; CKO, 2014b; CKO, 2014c; CKO, 2014d; CKO, 2014e; CKO, 2014f). The use of just two pronouns reinforces the history of binary

categorizations that have been naturalized over time using the bioscientific perspective. The inattention paid to gender on the CKO website and the implicit consequences of the gender binary holds the potential to enable the normative gender ideology to perpetuate throughout the representation of Kinesiology and PKs.

Additionally, it should not be ignored that including both male and female pronouns does not constitute gender egalitarianism in any profession. It may appear inclusive on the surface due to normative gender binary categorizations but using the traditional two-gender pronouns does not necessarily create space in the profession or in professionhood for individuals who are female or non-conforming. It should also be taken into consideration that the mere inclusion of female pronouns does not constitute broader inclusion of female bodies in the profession (Banet-Weiser, 2018; Scott, 1991).

The inclusion of female pronouns does invite women to the metaphorical table, but it does not challenge the current markers of success as established and reinforced by hegemonic masculinity across professional contexts (Banet-Weiser, 2018).

5.2.1 Gender As An Unattended Phenomenon Across the CKO Website

Data suggesting gender as an unattended phenomenon further demonstrates the enmeshment of sex categorization and gender pronouns in the data below. A document developed and disseminated by the CKO in the form of the 2018/2019 Annual Report describes gender demographics of PKs in Ontario and demonstrates one of the only explicit data points supporting the CKO's attention to gender (CKO, 2020c). The report reveals gender demographics as a percentage breakdown of PKs into male, female or undefined categories of gender. However, I

am cautious to avoid the conflation of sex demographics with gender demographics. Since there is little mention of the ways in which the data was collected from the PKs for the creation of the report, the inference of the conflation of sex and gender cannot be conclusively known. What is important about this textual data point is that it outlines the understanding of sex and gender as “Male” or “Female”, with those that do not self-identify as gender binary being “Undefined” (CKO, 2020, pp 9). This gender categorization may have consequences that lead to the Otherness of non-binary individuals and also reinforces traditional gender ideology through the use of male/female gender categorization. Nowhere in the report does it speak to gender as a spectrum or address sex as a biological categorization. The images associated with this report will be further discussed later on in the chapter to reinforce the analysis of problematic binary conceptions of gender by the CKO via their website’s multimedia.

The lack of conversation around gender on the CKO website should not be confused with gender neutrality. Images on the 2018/2019 Annual Report were interpreted as suggestive of the gender binary perspective taken by the CKO. Figure 2 is used to further reinforce and support the text analysis of the gender binary perspective of the CKO, particularly around the use of binary gender categorizations throughout the

website. This figure is also important in understanding the normative perspective that the CKO takes on gender identity in relation to the figures that follow. The following images discussed, and the representation of bodies within the images,

REGISTRANT STATISTICS

While the College’s renewal deadline is August 31, in 2019, the deadline was extended to September 15. To ensure a fulsome report of registrant statistics, the following data is as of October 1, 2019 unless otherwise indicated.



Figure 2: 2018/2019 Annual Report Gender Statistics

will address gender in relation to traditional corresponding performative notations of appearance (Butler, 2011) and the analyses of them are about the presumption of gender binary on the basis of gender representations in Figure 2. The stick-figures on the right side of the image represent male, female and undefined individuals in Figure 2. The male category is represented by a stick-figure who takes on the shape that could be assumed to be gender neutral. However, if you compare the male representation to the stick-figure just to the right of it representing females, it shows a stick-figure where the outline flares into a triangular shape. Traditional gender performativity in relation to clothing choice would inform us that this particular figure is wearing a dress or a skirt, which is in line with a choice of clothing often coinciding with professional feminine dress (Essex & Bowman, 2021). The data suggests that the comparison of these two images erases the possibility of gender neutrality of the form representing males. The gender binary is further reinforced with the use of half male and female stick-figures in Figure 2 on the far right of the image used to represent individuals whose gender is categorized as undefined. Since this report is used to define the body of PKs in Ontario, this image can be considered a representation of the understanding of gendered categorizations as outlined by the CKO (2020).

Figure 3 is an image of the CKO logo, which is an image that represents the institution in charge of the regulation of Kinesiology within Ontario. The logo holds the capacity to be taken as a genderless body in motion. However, one can question whether or not the form of the body is truly genderless. To clarify, genderless figures are those often associated with



Figure 3: College of Kinesiologists of Ontario Logo

masculine figures. In Kinesiology this is due to the bioscientific paradigm under which it operates that holds the male body as the point of reference (Reifsteck, 2014). Bioscientific studies are those on which Kinesiology practices and professionhood are built upon (CKO, 2014a). The importance of the bioscientific studies to the assumption of maleness of the human form in the logo lies within the male representation of the human body across scientific epistemology. Science and sociocultural understanding of sex and gender cannot be untangled (Fausto-Sterling, 2000). In fact, scientific knowledge perpetuates stereotypes of masculinity in particular, which in turn constructs femininity as the other (Fausto-Sterling, 1997; Lorber, 1993). Furthermore, the gender binary is so deeply engrained in science that the characterization of cellular processes take on masculine or feminine features based on biological sex (Martin, 1991). This acts to naturalize categorical gender characteristics, both physical and non-physical, as male or female in gender across social contexts. Taking this into consideration in relation to the human form in the logo, it is not a surprise that it has the potential to be perceived as a male figure. Consider the shape of the body and muscularity of the form, for example, which may reinforce the maleness of an object as abstract as that one.

Knowing that the epistemological basis of science is as deeply patriarchal, as the above data suggests, the object is likely to become gendered by the public if not the PKs themselves. Figure 3 is key in understanding the gendered aspect of Kinesiology as a profession, since it can be found on every webpage, media link and document across the website. This puts the male body at the forefront of the profession and the representation of the CKO can be understood as conclusively gendered, which has the potential to implicate the profession as a whole and, thus,

PKs. This will continue to become clearer as we work through data demonstrating gendered media that sustains these very same hegemonic masculine ideals of Kinesiology and of PKs.

The implications of the possible gendered or gendering aspects of Kinesiology and/or PKs also connects to the gendered representation of the CKO on their website (i.e., Figure 3). Male bodies are those that are deemed representative of the profession, thus, categorizing female or non-conforming bodies as secondary or other. This also adds to the political power of hegemonic masculinity, since the ideal remains that of the heterosexual male in and through the multiple representations of the male body at the forefront (Scott, 1991). Women are often those that represent or symbolize the support system given to powerful male professionals rather than representing power and professionalism at the forefront (Essex & Bowmann, 2021). It should also be noted that the voice of female professionals often mimics those of the males that are around them rather than having a voice of their own (Meyerhoff, 2014). Therefore, the adoption of the normative male representation of professionhood may or may not have a gendering effect on the PKs themselves. The manifestation of hegemonic masculinity in professionhood may affect the internalization of such symbolisms of success to not only remain a part of the College (Vignoles et al., 2011), but also thrive as a professional in support of maintaining public trust in the interest of the profession. However, the understanding of the experience of PKs falls beyond the scope of this project.

To further substantiate my analysis of the reinforcement of hegemonic masculinity by the CKO throughout their website, consider Figure 4 (CKO, 2017c). This particular image is taken from a video curated by the CKO to communicate expectations around the maintenance of standards and guidelines in the profession of Kinesiology by PKs. The stick-figure wearing a tie

in Figure 4 presented at time 0:40 represents PKs. To contextualize this further, at the particular time of this screenshot, the narration of the video explains the importance of maintaining professional standards and guidelines as a PK in order to maintain public confidence (CKO, 2017c). With regard to



Figure 4: Standards and Guidelines Video Screenshot 1 (0:40)

heteronormative gender ideology, men are often those professionals who wear a suit and tie (Essex & Bowman, 2021). This inherently places parallel expectations of maleness and the successful PK, who strives to substantiate public trust and safety. Not only does this image draw connections across the relationship between gendered or gendering aspects of the profession and professionals. This also coincides with Gill & Elias's (2014) framing of female professionals attaining and maintaining classically hegemonic masculine attributes of success to attain positions of authority.

This same representation of PKs is consistent throughout the remainder of the video (CKO, 2017c). Figure 5 is an image taken from the same video (CKO, 2017c) as Figure 4 presented at 0:44 of the 50-second video.

The narration at this point in the video is encouraging the public to seek more information about the standards and guidelines on the CKO website. This image is representing the CKO as an

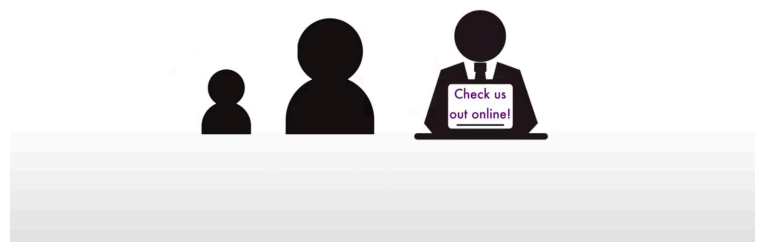


Figure 5: Standards and Guidelines Video Screenshot 2 (0:44)

individual using the shape outlining a person wearing a suit and tie, which is indicated by the words “check us out online!” just in front of the figure. This represents that same heteronormative male symbol with the suit and tie (Essex & Bowmann, 2021), but is representing the College itself. Again, hegemonic masculinity is put at the forefront of both the public’s understanding and PKs understanding of the dominant representation of professionalism in Kinesiology in Ontario using a stick-figure with a suit and tie. This is an implicit representation of what the CKO, as the institution at large, is using to communicate characteristics of success and to be included as a professional member of the College. To clarify, hegemonic masculinity is referred to as the dominance of male-centric discourses and practices working in and through cultural, political, institutional and personal spheres of society that further exacerbate male domination and gender inequities (Connell & Messerschmidt, 2005). In the context of Figure 5, the CKO is representing the profession as one that is male-dominant. Figure 4 and Figure 6 are representations of the gendered aspect of Kinesiology in Ontario, which may have a gendering effect on PKs practices represented by Figure 4.

Notably for both Figures 4 and Figure 5, Essex & Bowmann (2021) demonstrate the importance of dress in a professional environment in relation to gender and power. Interpretation of the data aligns with the literature that argues professional spaces encourage individuals to embody maleness through the use of clothing as a way to be successful as determined by patriarchal symbolisms (Frith & Glesson, 2004; Guy & Banim, 2000; Johnston, 2018; Ruggerone, 2017). Furthermore, the image of a male in a suit is seen as the peak of social and professional power and agency by the state and across institutions (Essex & Bowmann, 2021). Clothing would then be considered as a way to construct and reconstruct normative ideas of

individuals considered to be fit for such professional work. This supports the basis of hegemonic masculinity in the representations of professional norms seen in Figures 4 and 5 created by the CKO, where such “genderless” stick-figures can be seen wearing suits representing both Kinesiology and PKs in Ontario. As aforementioned, women are often seen as those who are to stand in support of their male-counterparts across multiple contexts (Essex & Bowmann, 2021), further complicating the possibility of gendered or gendering aspects of the profession of Kinesiology in relation to the neoliberal implications of self-empowerment and male-embodiment by non-male PKs.

Figure 6 (CKO, 2017b) supports further substantiation of patriarchal symbolisms of male-centric success in Kinesiology. At time 0:08 of the video titled Understanding

Professionalism, the narrator speaks to shared sentiments assumed to be felt

by PKs when embodying

professionalism. The video assumes

that all PKs identify themselves as

“smart” and “great” kinesiologists

who “try their hardest to be the very

best at their job”. More importantly, the stick-figures in this particular image are interpreted to be

used in such a way that expresses a genderless message. However, it should be taken into

consideration that later in the video at time 0:35 and 1:01 the video shows two female stick-

figures. The rationalization for those stick-figures being female relies on the images of gender

categorization as outlined in the 2018/2019 Annual Report in Figure 1 above. These stick-figures

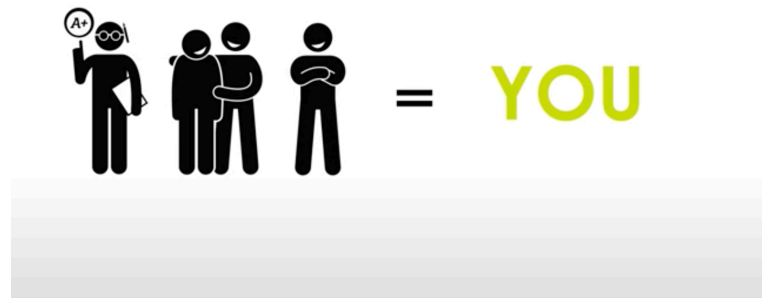


Figure 6: Understanding Professionalism Video Screenshot 1 (0:08)

are dressed in dresses or skirts, as can be seen in Figure 7 and Figure 8 in the Appendix (CKO, 2017b). Interestingly, in the images from College-curated videos with generalized messages regarding the profession and professionals, both Kinesiology and PKs are represented with “genderless” (male) figures, whereas the female PKs are represented in significantly fewer places by stick-figures with clothing resembling dresses. The limited use of female stick-figures with dresses representing PKs during the communication of less generalizable messages about Kinesiology and PKs also supports the relationship between the CKO, professionhood and hegemonic masculinity.

The implications of these representations of male professionals in Kinesiology by the CKO holds the potential to exaggerate exclusivity and perpetuate patriarchal power. Attention to gender requires more than a sprinkling of surface-level inclusion using binary gender pronouns, for example. Currently, the female body is subject to passive patriarchal gaze (Toffoletti & Thorpe, 2018), which aligns with the simple add and stir method of modern feminism (Scott, 1991) by the limited use of female stick-figures CKO throughout their website, for example. The limited female representation across professions further reinforces the neoliberal, modern feminist approach many organizations take to address the practicalities of inclusion (Banet-Weiser, 2015), where women take ownership of upholding a believable persona of self-worth and success without systematic support. Female bodies remain a passing image in comparison to the hegemonic male body acting as a representation at the forefront of Kinesiology in Ontario on the CKO website. The institutions have a hands-off approach (Banet-Weiser, 2015), as demonstrated by the lack of attention to sex and gender on the CKO website with the data demonstrating surface-level inclusion across text and media.

The conclusions made on the above data are that the lack of attention by the CKO supports the possibility of normative gender ideals to permeate the profession. Additionally, the gendered and gendering aspects of the profession and the professionals cannot be separated. Not only have the images and textual support of the traditional gender ideology in and through Kinesiology been equated to the professional by the CKO, but the normative ideals maintained throughout the representation of both professionhood and professionals are consistent with one another. This, along with the socialization of individuals with regards to seeking belonging (Kegan, 1982; Vignoles et al., 2011) and male-centric success, suggests that both the gendered and gendering aspects of Kinesiology and of PKs are both present and enmeshed. The representation of both the profession and the professionals construct and reconstruct gender norms throughout the CKO website, reinforcing and strengthening one another.

Chapter 6: Conclusion

Employing qualitative research methods, specifically media analysis, this study aimed to address the following research questions: 1) how is Professional Kinesiology and a Professional Kinesiologist represented to the public at large by the CKO; and 2) are, and if so how, the representation(s) of Professional Kinesiology and a Professional Kinesiologist vis-à-vis the CKO gendered and gendering? Chapter 2 highlighted the key bodies of literature, including the sociology of professions at large and the critical study of gender and the professions that informed the ways in which the data was analyzed. Chapter 3 offered an overview of both the methodological and theoretical underpinnings of this research project. This chapter focuses on briefly summarizing the main findings gleaned from the data. Following that, the strengths and limitations of the study will be highlighted before then offering some thoughts on future research directions.

6.1 Highlighting Key Findings

With regards to the first research question, the findings demonstrated that the representation of Kinesiology across the CKO website could be read as an effort to substantiate its legitimization as a regulated healthcare profession in Ontario. The CKO's iteration and re-iteration of its commitment to maintaining public safety and trust are ways can be understood as a powerful framing tool that accomplishes a variety of tasks including, but not limiting: communicating to their members the ethical standards they must uphold should they choose to become a registered Professional Kinesiologist; communicating to potential users of Kinesiology

services that Professional Kinesiology is safe and trustworthy healthcare; and signalling to the province their stewardship over Professional Kinesiology. More implicitly, the CKO is creating and reinforcing its power and legitimacy as the regulatory and governing body for Professional Kinesiology in the province. This is central to its relationship with the state which confers authority and legitimacy to the professional body, its relationship with its members, and its relationship with potential or real patients/clients.

As documented in the sociology of professions literature, such a tactic is common in the healthcare professional project. The CKO's website foregrounds its Code of Ethics, its SoP, or its accreditation process, for example, to not only reinforce its commitment to public safety (and therefore reinforce its legitimacy as the authority on Professional Kinesiology in Ontario), but to also limit who can participate in Professional Kinesiology. The control of membership, control of a specialized body of knowledge, and control of a specialized skillset further strengthens social closure around the profession. Furthermore, these types of professional criteria (e.g., regulatory body, SoP, code of ethics, professional association) as outlined by the *RHPA, 1991* reinforce the representation of Kinesiology as a legitimate profession and, thus, reinforce the representation of PKs as professionals via the CKO website. The website is then able to act as a tool in which the CKO is able to further establish their professional project to the public at large. Furthermore, the legitimization of the CKO seemed to be enmeshed with establishing legitimacy of PKs. The College acts to initiate Kinesiology's legitimacy in the province. The reinforcement of the CKO's legitimacy is through the aspects of its professional project and through the control of professional practices as a whole that are acted upon by PKs.

The second research question of this project regarding the representation of gendered and/or gendering aspects of Professional Kinesiology and Professional Kinesiologists highlighted the interdependent relationship between the profession and notions of professionhood, but also the lack of attention to gender as a social location or site of privilege/inequity in the field. The website data brought to light how text-based reference to sex-gender was often limited to categorical information on sex categorizations (i.e., the number of people in the CKO who identified as men, women, or undefined). Beyond that, the analysis of the website highlighted the ways in which the references to binary sex categories actually conflate with gender through both text and imagery, thus, sex and gender were not held as separate and independent phenomena. Analysis had shown that they were, in fact, interrelated in their use across the website. Additionally, the lack of attention (data) to gender and sex as independent aspects of human identity gives way for normative gender ideologies to pervade their representation of Kinesiology and of PKs. To reiterate, gender norms are those associated with heteronormativity and sex binary (biomedical) categorizations of identity (male/female) (Klysing, 2020; Pryzgoda & Chrisler, 2000).

Furthermore, the literature shows that space given to patriarchal expectations of gender in professionhood can be perpetuated when the institution does not provide a solid foundational framework for equitable gender relations (Lazar, 2005). This may have some impact on how male versus female professionals take on their work, however, inferring such effects on PKs lies beyond the scope of this project. Without having the institution (CKO) framing gender inclusively across male, female and non-binary professionals, it holds the potential to download responsibility of working through current gender ideologies to the individuals themselves

(Banet-Weiser, 2015). My interpretation of the data suggests possible neoliberal consequences of the CKO's unmentioned expectations of gender across the profession, which represents a particular individualism with regard to attaining actual egalitarian gender relations (Banet-Weiser, 2015; Fraser, 2013). For example, Banet-Weiser (2015) touches upon the idea of post-feminist theory, where women are assumed to take on a position of power in having control over the empowerment of their own bodies regardless of the patriarchal power relations that continue to ensue across professions.

According to Banet-Weiser, not only are women compelled to assume responsibility for finding innovative solutions to gender discrimination, but they are encouraged to visibly demonstrate their entrepreneurial nous in achieving personal happiness, well-being and success in accordance with the norms of the market. (Toffoletti & Thorpe, 2018, pp 17)

Women are expected to produce themselves in such a way that meets the expectations of femininity and also encompasses more masculine traits that are often in line with success in spaces such as sport and medicine (Adams, 2010; Brumley, 2013; Edward et al., 2013; Nomura & Gohchi, 2012; Pronger, 1996; Young, 1991; Zhuge et al., 2011).

This neoliberal approach to interrupting current patriarchal gender ideology ignores the root causes of gender inequity, which are often practices that perpetuate hegemonic masculinity engrained within the larger institutions themselves. Consider the formation of professional identity as set out by Kegan (1982) and Vignoles et al. (2011), who outline the importance of one's professional identity in relation to the larger group in which that individual strives or is already a part of. This idea is in line with gender as an unattended phenomenon by the CKO. In relation to the presented literature, the data suggests that individuals who do not identify as cis-

males may be left to empower themselves according to expectations of hegemonic masculinity in professionhood, as well as maintain an especially feminine identity as the male opposition.

By not addressing the influence or impact of gender and gendered identity in the field of Professional Kinesiology and in the lives of PKs in Ontario, the CKO – through the absence of attention – allows gender norms to continue to pervade both the social and institutional aspects of Kinesiology; and the shortcomings of the CKO in addressing gender in their profession continues to enable perpetuating social constructs around gender performativity. Thus, in relation to the data, the literature would suggest that the actions of PKs about gender are expected to be acted out in the ways that are deliberately framed (or not) by the contemporary sociohistorical and political moment (Butler, 2011) by the CKO. Not framing gender within the representation of the profession and the professionals in Kinesiology in Ontario does not dismiss the eventual relations around gender within the College or amongst colleagues across workplaces (Lazar, 2005). Interactions within a workplace are often covered by an egalitarian guise (Lazar, 2005), which can arguably be the case for the CKO considering the language they select to represent PKs in such a way that is deemed inclusive based on the gender binary. This can be detrimental to PKs' practice as they are likely to approach their patients on the basis of their identity, eventually encountering their patients as men or women as can be seen in medicine (Holge-Hazelton & Malterud, 2009).

Analysis across both chapters highlighted that the representation of professional legitimacy (power) and gender/gendering in Professional Kinesiology and of PKs are interdependent and deeply enmeshed. The reinforcement of the findings for both research questions showed that the framework of both the profession and professionhood demonstrate a

reliance in the communication of legitimacy and representation of gender ideologies working in and through Kinesiology and PKs across the CKO website. In the creation of a professional identity, there is the risk that certain identities will inherently become erased—this is not limited to gender variance and/or expression alone. Framing professionhood in such a way that (deliberately or not) erases gender or assumes gender as limited to the male/female binary has the potential to limit the possibilities of identities represented by a PK. Other aspects of identity that fall beyond the scope of this project, but are equally important, also become vulnerable to such erasures (e.g., race, class, (dis)ability, etc.). A professional framework that has a limited approach to identity can work to exclude certain people from Professional Kinesiology, as well as potential clientele.

The driving force behind this project was my interest in understanding the professionalization and gendered/gendering aspects of Kinesiology to get a better grasp on the expectations of them through the CKO website from the outside looking in. These types of representations across such public spaces are important to appreciate since they have shown to affect people's experiences in other professions. Consider the data on social closure and belonging (c.f., Biggs, 1990; Cruess et al., 2015; Kegan, 1982; Larson, 1977; Safai, 2005; Skorikov et al., 2011; Vignoles et al., 2011; Zouhri & Rateau, 2015) that demonstrates the impact of power relations and implications of professional ideologies in developing professional identity. Furthermore, the study of gendered and/or gendering aspects of the representation of the profession and professionhood on the CKO website is imperative in drawing a clearer picture of gendered experiences across the profession. This is especially in light of the existing research of gendered professional experiences (c.f., Bogoch, 1999; Cech, 2015; Davies, 1995; Davies,

1996; Hatmaker, 2013; Kovalainen, A., & Österberg-Högstedt, J., 2013; MacDonald, 1995; Witz, 1990; Witz, 2013), which outlines altered experiences based on the representation and understanding of gender in such professions. This includes the ways an individual takes up success and leadership when developing their professional identity (Eagly & Carli, 2007; Hoyt, 2010; Judge et al., 2002). It continues to have an impact as the individual socializes both within and outside of their professions (Asquith, Clark & Waterhouse, 2005). Therefore, this project has aimed to pave the way to a better understanding of the experiences of gender and professionhood in Kinesiology in Ontario as a way to address both positive and negative consequences of gender and professionalization.

6.2 Strengths & Limitations

This project was important for me to pursue in terms of both addressing questions that were brought forth from my own experiences (as I have covered in my reflexivity section) and in terms of filling a glaring gap that I had found because of such experiences. It was important for me to be thoughtful in my process, especially regarding the methodology and theoretical framework with which I used to analyze the data. Most importantly, both the methodology and theoretical framework chosen benefitted this project through their flexibility during application that allowed for me to take an intersectional approach.

The methodology enforced in the analysis of the data included textual analysis as informed by thematic analysis. This was beneficial in including all aspects of media across the CKO website. By including all aspects of media (textual, audio, and visual, as rooted in media analysis), the findings were better informed by including such data in the understanding of the

major themes at play, including those more discursive data points. A limitation in the use of thematic analysis, and the most glaring of such a methodology, would be the single perspective taken throughout the analysis process. However, the rigour of this project was not compromised in that keeping a reflexive journal and an audit trail contributed to my own understanding of the point of view I took throughout the process. Additionally, reflexivity as an essential aspect of critical feminism works to reaffirm my own understanding of the effect of my perspective in developing this project (Lafrance & Wigginton, 2019). Such journaling practices helped in establishing rigour by encouraging me to maintain a more controlled subjectivity toward the data (Sparkes & Smith, 2014). Additionally, continuous attention was given to emerging themes throughout all steps of analysis. The intersectional facet of this project, facilitated through the use of critical feminist theory, enabled me to look at the circulating themes on power, ideology, and power relations (Birell, 2000). This gave me some flexibility as the theoretical framework enabled a more relational understanding of gender.

Initially, while doing my research to uncover existing information regarding the representation of professionalization and gender of Kinesiology in Ontario, I noticed that the information that I could find was regarding the academic area or disciplinary area of Kinesiology rather than Kinesiology as a regulated healthcare profession (c.f., Park, 2006; Pronger, 1996; Ransdell et al., 2008; Reifsteck, 2014). An implication of this was having to look laterally for data on professionalization and gender of healthcare professions in Ontario. The ability to look laterally for existing research to inform my study was facilitated by the *RHPA, 1991* that provides a list of requirements for a regulating body to have the power to regulate their profession. The nuances of such requirements of professionalization were contingent on the

specific profession itself, but the sociology of professions has demonstrated the circulation of power across such professions due to their establishment of exclusivity and prestige (Freidson, 1983; Freidson, 1994; Johnson, 1972; Macdonald, 1995). This means that the altruistic outset of most healthcare professions is similar with regard to establishing power within the province, thus, making research regarding other paramedical professions quite helpful in understanding professionalization and gender in Kinesiology. Furthermore, I acknowledge that the website does not capture the full complexity of the movement sciences, exercise sciences or therapeutics landscape as information on other groups and organizations who certify front-line exercise professionals (who must meet evidence-based practices) are not identified in the resources or webpages posted by the CKO.

Although the lack of prior research acted as a challenge, the newness of such a project around professionalization and gender in Kinesiology as a profession was a definite strength as it fills a glaring gap in research. This project took as a point of departure the representation of Professional Kinesiology and of PKs by the CKO, in hopes that analysis of this representation may offer some line of sight on the experiences of those who find themselves working in a field of practice regulated by the CKO and its public display of professionalism and gender. However, a limitation of this study includes the application of the results to real-world experience. That is, not having interviews with stakeholders within the profession limits my ability to understand the experiences and implications of such representations in the workplace. Therefore, I was obligated to hold boundaries around drawing relationships between particular data points and theory in understanding the implications of such representations of the profession and the professionals in a more applied or experiential way. Having interviews with stakeholders within

the CKO may have also benefitted my understanding of the intentions of the CKO while developing the website.

On a more introspective note, I acknowledge that not being a Kinesiologist myself or having gone through the membership process acts as both a strength and a limitation. It allowed me to provide a more public view on the representation of Kinesiology and PKs on the CKO website. However, it also limits me to the experiences of Kinesiology from a student's perspective and cannot provide further insight as a professional as I do not intend on becoming a PK myself. The experiences I had as a Kinesiology student does provide me with a hyperawareness toward the tendency in Kinesiology to place bioscientific paradigms at the forefront. As aforementioned, this was part of my initial interest in pursuing this project and has been the perspective that I have taken from the outset.

6.3 Future Directions

Possible directions for future study could take many shapes. Firstly, further research on the understanding of the implications of the representation of Kinesiology and PKs by the CKO on stakeholders both within the College and within the field of Kinesiology could be beneficial. This will help to understand how the representations of the profession and professionhood may be taken up by the College's members at all levels. A second research pathway could include gender in a more focused way by looking further into the implications of such gender representations across the CKO website on PKs' experiences both within and outside of the profession. It would be interesting to examine the results of such a study in comparison with other healthcare professions as much of the research shows many similarities across such

professions in terms of hegemonic masculinity, professional identity, and leadership opportunities in the workplace (Scott, 1991).

Other research regarding the public's understanding of such representation across the CKO website would be beneficial in relation to this project. This project recognizes that the website has been designed to convey particular messages to the public about Kinesiology in Ontario and about the College's own contributions to the professionalization of Kinesiology in Ontario. Thus, it may also be an interesting project if the intentions of CKO stakeholders were better explored to understand their perspectives whilst curating the website. This would help to get a better idea of why the CKO may have represented Kinesiology or PKs in a certain light.

This thesis focused on the representation of Kinesiology and PKs in a professional sense; however, looking into how Kinesiology students who intend to become PKs understand these professional representations could help in understanding the preconceived notions of how pre-PKs envision success. It would be particularly interesting to investigate how they envision themselves fitting into the mould of success in Kinesiology in Ontario, what that mould looks like for them and why. The future directions and lines of such research hold the potential to advance the field of Kinesiology in Ontario. By calling attention to both the representation of the profession and professionhood, such research may aid in enhancing the quality of experiences among practitioners.

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Appendix: CKO Media



Figure 1: Standards and Guidelines Video

REGISTRANT STATISTICS

While the College's renewal deadline is August 31, in 2019, the deadline was extended to September 15. To ensure a fulsome report of registrant statistics, the following data is as of October 1, 2019 unless otherwise indicated.



Figure 2: 2018/2019 Annual Report Gender Statistics



Figure 3: College of Kinesiologists of Ontario Logo



Figure 4: Standards and Guidelines Video Screenshot 1 (0:40)



Figure 5: Standards and Guidelines Video Screenshot 2 (0:44)



Figure 6: Understanding Professionalism Video Screenshot (0:08)



Figure 7: Understanding Professionalism Video Screenshot 2 (0:35)

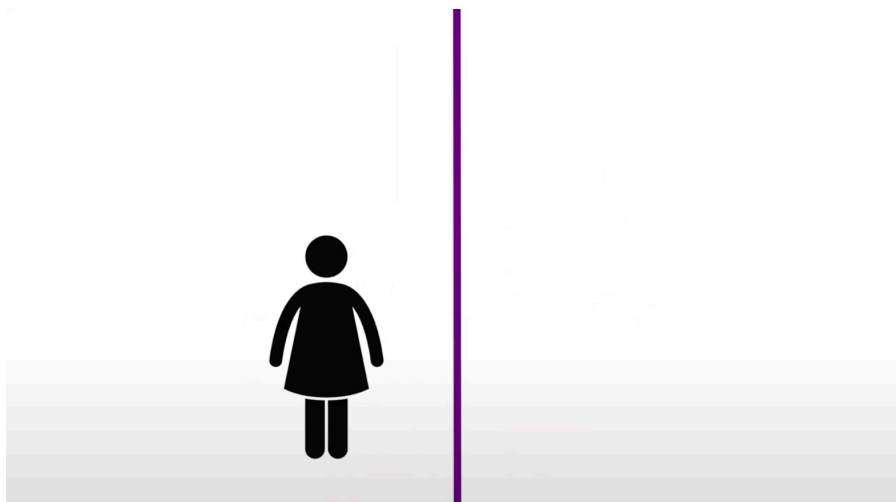


Figure 8: Understanding Professionalism Video Screenshot 3 (1:01)