**What’s in a name? (Borthwick & Ball) 12 March 2018**

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**Introduction (J Ball)**

*Concern has been growing in the nursing world about the potential misuse of the title ‘nurse’. The debate came to a head following publication of analysis of advanced and specialist nurses, and the discovery that a significant number of posts in the NHS have titles such as ‘Advanced Nurse Practitioner’ or ‘Specialist Nurse’ but the post-holders were not registered nurses. (Leary, Maclaine et al. 2017). When a new nursing support role was proposed in England, the title was a matter of dispute. The title ‘associate nurse’ was rejected, with the profession arguing that the new role should be referred to as ‘nursing associate’.*

*Is it professional pedantry to insist that these roles are not ‘nurses’, or an important point of principle? What’s in a name?*

*Alan Borthwick places the debate about professional titles in a sociological context and uses the example of titles in podiatry to reflect on the role and significance of professional titles. This is followed by a response that offers a nursing perspective on professional titles.*

**The importance of professional titles (Alan Borthwick)**

Within contemporary healthcare, workforce flexibility and the need to work collaboratively in multi-professional and interdisciplinary ways are broadly accepted and commonly reflected in health policy initiatives. For many years it has been recognised that the demographic shift, with an ageing population, will require “*new ways of working*”, that will also involve working “*across traditional professional boundaries*”(Department of Health 2000, Allsop 2006). However, it also may be argued that many of the policies designed to create a sustainable health service into the future hinge upon assumptions that fail to acknowledge the true nature and character of the professions. Enabling a seamless transition in role boundaries or task domains between health professions in the interests of more effective and sustainable patient care, whilst laudable, is patently unrealistic.

Insights from the sociology of the professions shed light on the importance of role boundaries and professional titles to professional identity. Indeed, the literature is replete with examples of inter-professional conflict centred on jurisdictional and role boundary disputes. It is, however, striking that the quest for professional status and identity has largely been thought to reside in the *work* undertaken by the professions, rather than considering the significance of titles. Yet it is abundantly clear that professional titles are hugely significant; they do far more than merely define or signpost a role. On the contrary, they may imbue the possessor with power, authority, status and prestige – titles possess and reflect the owner’s “*symbolic capital*”. Pierre Bourdieu, the social theorist and philosopher, articulated this conceptually through his work on “*capital*”, with its unspoken rules determining one’s position in the social world, or within the professional “*field of power*” (Bourdieu 1985, Bourdieu 1986, Bourdieu 1989).

Capital, in its various forms (social, cultural, economic and symbolic), is a potent resource, and confers advantages on those who possess it – the more of it you possess, the more advantaged you become. Prestigious titles are a highly prized form of “*symbolic capital*”, and those who possess them will often attempt to maintain control over them (Bourdieu 1985). Critically, they do so in ways which persuade others to accept their claims as logical, as obvious, so that they are “*recognised as legitimate*” (ibid). Once accepted, these taken-for-granted assumptions unwittingly confer power on those who benefit by them – and the means by which this power is maintained and perpetuated is referred to by Bourdieu as a form of “*symbolic violence*” (Jenkins 2002). One such method might be to devalue the use of the same or similar title by a competitor – a “*strategy of condescension*” referred to as “*symbolic devaluation*” (Bourdieu 1989).

Does this really happen in healthcare? Sadly, there is evidence that it does. One such example may be drawn from the practice of surgery by non-medically qualified health professionals. This is an important example, because role boundaries which are considered core to a profession’s identity are those most likely to be robustly defended – and the practise of surgery is at the heart of medical practice (Borthwick 2000, Zetka 2011, Borthwick, Boyce et al. 2015, King, Nancarrow et al. 2015). But if one cannot defend the role, then one will seek to defend the title, as it carries such symbolic capital (Jerjes 2011).

A consultant podiatric surgeon is a highly qualified podiatrist who has trained in foot surgery and attained a consultant grade appointment in the NHS (Borthwick 2000, Isaac, Gwilym et al. 2008). They are few in number, but their skills and contribution to mainstream healthcare have been established over many years. It is also worth pointing out that the medical profession itself acknowledges that foot surgery is the “*least popular of the orthopaedic sub-specialities…with which medical students and doctors have the most difficulty*” (Kelly, Groarke et al. 2011). Although at its inception the medical profession sought to halt podiatric surgery, and, failing that, to control it, the combined forces of neoliberal ideology and health policies aimed at workforce redesign enabled it to develop and to become an established feature of NHS care (Borthwick 2000).

Yet, the medical profession continues to dispute the use of the title ‘podiatric surgeon’, and in particular, ‘consultant podiatric surgeon’ in spite of accepting that podiatrists may undertake foot surgery and even that they do quite a good job of it. For example, the British Orthopaedic Foot and Ankle Society stated that it “*recognised the training and skills of podiatrists and operative podiatrists…[but] operative podiatrists should be titled ‘podiatric surgical practitioners’ to avoid any confusion with medically qualified orthopaedic surgeons*” (Laing, Ribbans et al. 2007). From time to time this is raised in the public domain, most notably in the press, where a public audience is invited to share in the outrage, presented as a concern for public safety.

Many of the comments made in the press reflect Bourdieu’s points, and give force to his theoretical arguments. Bourdieu suggested that “*it is the symbolic scarcity of the title…that tends to govern the rewards of the occupation (and not the relationship between the supply and demand for a particular form of labour*” (Bourdieu 1989). In other words, it is the title that gives status and authority to the work, and therefore, those that hold the power (cultural, social and symbolic capital), will seek to retain the title, even if the impudent newcomers do similar work. They will seek to ensure that others recognise their legitimate right to the exclusive use of the title, for reasons which are likely to be accepted as entirely reasonable. This is reflected in Getty’s comments in the Telegraph in 2010, in which he states that “*‘Consultant surgeon’ is a desirable title. ..it is now being overused and often inappropriately used by some non-medically qualified healthcare workers in the NHS, to the potential detriment of patients”* (Getty 2010). Further comments in the press reflect the application of what Bourdieu described as symbolic devaluation, or “*strategies of condescension*”. Goldacre (2004) referred to consultant podiatric surgeons as “*pseudoscientists pretending to have all kinds of qualifications and quoting authorities all over the shop…a consultant podiatric surgeon is just a chiropodist who has decided to charge a bit more”* and mocked the apparently *“innocent phonetic coincidence between ‘consultant orthopaedic surgeon’ and ‘consultant podiatric surgeon’*”(Goldacre 2004).

It is the use of symbolic violence, however, that is most persuasive. Bourdieu defined it as “*the imposition of systems of symbolism and meaning (ie culture) upon groups or classes in such a way that they are experienced as legitimate”*. By that he meant the ability to persuade others to accept their own viewpoint as obvious and even compelling, one which many of us might be persuaded to accept as self-evidently true. Hawkes (2004) suggested that “*the public automatically assumes that anybody with this title is not only a doctor, but an extremely well-qualified one…without exception they are astonished when they find these people have no medical qualifications*” (Hawkes 2004). Certainly, this seems to imply that those ‘others’ using the title have absolutely no qualifications at all – hinting that they are merely charlatans intent on deceiving the public, rather than qualified non-medical professionals.

Yet, equally, we are compelled to ask ourselves, might it be true to suggest that the public would indeed consider anyone brandishing the title “consultant” and “surgeon”, even if clearly prefixed, to be a senior medically qualified person? Would you? If it gives you pause to think, then perhaps Bourdieu is right. This raises another question, particularly for nurses and other allied health professionals. Is it possible for non-medically qualified health professionals to safely and effectively undertake complex roles that were once the exclusive domain of medical practitioners? Consultant podiatric surgeons, advanced nurse practitioners and the host of non-medical prescribers in practice today do seem to suggest that it is possible. If so, should they be allowed to adopt titles that reflect their seniority and advanced skills? If you are a podiatrist and you practice invasive foot surgery, are you not, then, by definition, a podiatric surgeon? Must you adopt another title that suggests a lesser position in the ‘field of power’? It is surely doubtful that some of the alternative titles suggested actually help to “*avoid any confusion with medically qualified orthopaedic surgeons*” as Laing et al (2007) exhort us to believe, such as “*podiatric proceduralist*”, “*operative podiatrist*” or “*podiatric surgical practitioner*”. Bourdieu offers us the key to understanding why titles, and the “*power to nominate*”, are quite so important, when he points out that “*It is not the relative value of the work that determines the value of the name, but the institutionalised value of the title that can be used as a means of defending or maintaining the value of the work*” (Bourdieu 1985).

There is one, final, reflection, which also merits consideration. In this case, it is easy to portray medicine as the perpetrators, and nursing and allied health as the victims. However, Bourdieu also noted that some occupational groups may “*give themselves a name that includes them in a class sufficiently broad to contain agents occupying positions superior to their own…they can play on the uncertainties and the effect of vagueness linked to the plurality of perspectives so as to try and escape the verdict of the official taxonomy*” (Bourdieu 1985). So, perhaps we all engage in the struggle for the ‘right of naming’ (Bourdieu 1985). .

***Response: from a ‘nurse’ (J Ball)***

*This morning, as I sat down to write my response to Alan’s reflection on titles, the chief nurses of the World Health Organisation (WHO) and of the International Council of Nurses (ICN) addressed the England CNO summit. Instead of writing my piece, I found myself following the presentations from afar via Twitter.*

“V.significant to hear [@JaneMCummings](https://twitter.com/JaneMCummings) state her ambition to protect the title Nurse in law - this could be really influential globally and hugely helpful to Nurse leaders in other Country’s. Nurses around the world will I’m sure be watching and learning [#CNOsummit](https://twitter.com/hashtag/CNOsummit?src=hash)” *commented Howard Catton, Director of Policy, ICN.*

*You can see how I was drawn in. To someone within the profession, seeking to ensure that the title ‘nurse’ is not misused seems not only reasonable but necessary to patient safety. But as I eagerly retweeted Howard’s message, Alans’ reflections on professional titles were niggling me. Is the instinct to defend the title ‘nurse’ truly altruistic, based on protecting patients and avoiding public confusion? Or is it simply professional protectionism aimed at retaining our own status by holding onto exclusive rights to the title ‘nurse’, in order to keep others in their place? Are we guilty of* “*symbolic violence*”*?*

*Uncomfortable questions. In trying to answer them however, I am struck by a number of differences that apply to the case of the title ‘nurse’. Firstly, unlike the ‘new roles’ in podiatry, the nursing roles are arguably not ‘new’ but represent a rebranding of roles that already exist: nursing support workers and assistant practitioners. Secondly, there is a difference in who it is that is driving the application of the title ‘nurse’. Unlike podiatry, where the new profession exerted self-determination in defining roles and applying titles, it is health service employers not practitioners, who are advertising nursing support roles as ‘nurse’ roles, without requiring post-holders to be registered as nurses. Thirdly, unlike the case of the podiatric surgeon, there is not parity between the education and expertise of the ‘new’ nursing roles, compared with the existing degree-educated registered nurse.*

*But arguably the biggest difference is in the value ascribed to the titles. The title ‘surgeon’ is prized, it has a status and cache. Can the same be said for the title ‘nurse’? The debate about protecting the title nurse comes at exactly the same time as a global campaign to raise the profile and status of nursing: ‘Nursing Now’. The fact that such as campaign is needed in order to persuade the world of the potential benefit of nursing, surely tells us something about the status of nursing, and of nurses to date. In protecting the title nurse it feels less like we are guarding a highly prized and much sought after jewel; and more like we are trying to protect a vulnerable and unvalued species.*

*What’s in a name? It depends on the name.*

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