**Contagious expectations: a collective account of early-career physiotherapist academics’ experiences of the COVID-19 pandemic**

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**Abstract**

*Background*: The COVID-19 global pandemic, and the policies created to respond to it, has had profound and widespread impacts. We – three early career physiotherapist academics aspiring to emancipatory physiotherapy practice – noticed both common and divergent experiences amid the impacts of the initial pandemic response.

*Aim*: To explore the professional contexts in which we operate as physiotherapist academics through an analysis of our COVID-19 pandemic-related experiences.

*Methods*: We used a professional practice analytic framework to systematically explore our individual and collective experiences. The analytic framework consists of three lenses (accountability, ethics, and professional-as-worker), each of which is considered through three questions.

*Results*: The analysis revealed the instability of our working conditions. Among us, there were experiences of the pandemic inducing unmanageable workloads and also experiences of the pandemic providing reprieve. We found that our accountability to departments and funders competed for our professional resources with our ethics of providing quality services. The combination of accountability obligations and ethics commitments often overwhelmed our capacities to sustainably maintain well-being. Caregiver status was an important characteristic determining whether the professional context improved or deteriorated in the early pandemic phase.

*Conclusion*: This analysis can help inform essential changes to professional and academic institutions during and after the COVID-19 pandemic.

**Key words**

Collective memory work; COVID-19 pandemic; Early-career academics; Professional contexts; Work-life balance.

**Practical implications**

1. This analysis of the practice contexts of early career physiotherapist academics provides a novel example of research about the lived experience of physiotherapy faculty members.
2. The system reform that occurs during and after the COVID-19 pandemic should account for the unstable occupational conditions and caregiver burden experienced by early career physiotherapist academics.

**Introduction**

In March 2020, the World Health Organisation declared that the COVID-19 outbreak was a global pandemic (Adhanom, 2020). The pandemic declaration was delivered contemporaneously with policies – specifically, restrictions, decrees, and information – from states around the world that impacted the personal and occupational lives of nearly every human being (Madhi et al., 2020). In our shared position as early career physiotherapist academics aspiring to emancipatory practice (Trede, 2012), we identified common and divergent threads between our individual experiences of the initial pandemic-related policies. Given our previous experiences of fruitful collaboration (Cleaver & Mohapatra, 2020; Cleaver & Simard, 2020), we were compelled to collectively explore the antecedents and meanings of our experiences.

We are three co-authors to this article. Herein, we describe our shared and individual positionalities in order to explicitly identify and communicate the standpoints from which we perceive our experiences of pandemic-related policies. We then apply the analytic lenses and questions suggested by Freeman and Jauvin (2019) to systematically explore these experiences and clarify the professional contexts in which they are produced. We complete this article with a discussion of the implications of our exploration for physiotherapist academics – core actors in the production of the physiotherapy profession through their involvement in education, research, and service.

**Our shared positionality**

We all identify as early career physiotherapist academics aspiring to emancipatory practice. This description might seem excessively verbose yet it efficiently identifies our profession, task orientation, career stage, and substantive focus. With respect to profession, we have all trained as physiotherapists and have continued to contribute as professionals since the completion of our entry-level training. As academics, we are all employed by universities but have varied responsibilities; we all engage in the core academic activities of teaching, research, and service (Sutherland, 2018a). By describing ourselves as “early career,” we signal that we entered our academic roles quite recently (less than six years ago), while either undergoing or having recently completed doctoral studies.

Finally, our reference to “emancipatory practice” is drawn from the model of physiotherapy practice described by Trede (2012; 2006). This model is grounded in a critical social science perspective (Eakin, Robertson, Poland, Coburn, & Edwards, 1996) and open dialogue (Habermas, 1987). Although we have only recently learned of Trede’s model, our work is informed by its underlying values and the associated goals of promoting equity and advancing human rights. Whereas we have previously described our area of substantive focus as being at the intersection of the disciplines of global health, community health, and disability studies, we find that the term “emancipatory physiotherapy practice” is reasonably accurate yet far more succinct.

**Our individual situations**

Beyond our commonalities – of profession, task orientation, career stage, and substantive focus – each of us is an individual, and our experiences are formed in our individual situations. The following is the description of these situations before and after the pandemic declaration.

**Shaun Cleaver**

In March 2020, Shaun (SC) was in the final weeks of a full-time postdoctoral fellowship and the first months of a part-time teaching and administration role for a community service-learning program for medical students. Both roles were affiliated with McGill University, a prestigious Canadian university that is internationally renowned for its contribution to medical science, although one role was at the main campus near SC’s home while the other role was at a newly-developed campus, approximately 2 hours away.

SC’s scholarship revolves around global health, policy research, professional ethics, and the support of disabled persons organisations; his research has focused on the situation of persons with disabilities in Zambia, a focus that has involved an average of one 2-to-6-month trip per year to Zambia. SC’s family situation is that of a single individual: he is unmarried, lives alone, has no children, and has parents who are physically and financially independent. Whereas SC’s personal situation is stable, his income has fluctuated significantly. Through careful financial management and lifestyle choices, SC had amassed sufficient savings to weather periods of low or no income.

With the impending end of the postdoctoral fellowship, SC foresaw that his professional engagement would revolve around the relatively stable part-time position, with other teaching and research roles providing necessary income and fulfilment. According to this arrangement, SC would be a member of the growing “academic precariat,” a group with relatively high social capital overlaid with economic insecurity – at least relative to previous academic norms and the situations of more senior colleagues (Foster & Birdsell Bauer, 2018). SC’s decision to accept a part-time teaching and administration position effectively finalised a more daunting career decision: to forego commitment to “the tenure-track.”

The message that “tenure is the greatest job security for professors in universities” (Tremblay, 2017) was mainstreamed throughout SC’s academic acculturation and presented as the cleanest and clearest career pathway. While the material benefits of securing a tenure-track position are clear, SC long felt conflicted by the systemised trends of this pathway. The trends can be summarised thus: there are increasing pools of qualified academics vying for fewer available positions (Foster & Birdsell Bauer, 2018), inducing fierce competition for every job that is posted. It is generally understood that this competition is premised upon research outputs – publications and granting success (Müller, 2014) – even though there are emergent movements to diversify notions of value and success (Changfoot, Andrée, Levkoe, Nilson, & Goemans, 2020). The dynamics of competition are self-reinforcing through a “segmentation” of the labour pool (Bauder, 2006) where the possible future of entering the primary/tenure segment sustains the motivation of those whose probable future is in the secondary/contract segment (see Agostinelli, 2020 for a personal account).

Through his doctoral and postdoctoral commitments, SC had received exemplary support for scholarship to produce publications and grant applications but had scholarship ambitions more oriented toward teaching, cultural immersion, and community development. Prior to the pandemic, SC was experiencing significant anxiety with respect to his responsibilities and schedule: it seemed as if all employment engagements in the preceding six months had been far more time-intensive than foreseen such that commitments were accumulating far faster than accomplishments. With the postdoctoral fellowship finishing and a slate of local conferences the months of April, May, and June, SC felt significant pressure to disseminate research findings on the one hand while networking and preparing for a career of part-time, short-term and uncertain contracts on the other hand. In response to this reality, SC was working long hours while trying to find ways to finish tasks more quickly and jettison low-priority responsibilities.

*The pandemic declaration*, and the subsequent policies of restrictions and cancellations, initially engendered a sense of relief for SC. The conference events planned for the subsequent months were postponed or cancelled, relieving SC of a swath of ominous obligations. Moreover, SC’s work environment – long hours alone with a computer – transformed from an unfortunate and isolating experience to a way of functioning that was normalised and enabled through policies of physical distancing and mobility restriction. While public discourse shifted to a generalised sense of concern about the implications of a changing and uncertain economy, SC’s situation was already precarious and uncertain prior to the pandemic; although the pandemic declaration did not relieve this concern, its passage from marginal to mainstream was disturbingly refreshing.

SC’s perspective of his situation evolved in the initial two months of the pandemic in two important ways. First, after the initial restrictions and cancellations relieved his sense of panic towards completing work obligations, he was able to reflect more consciously on those obligations. The conscious reflection simultaneously stimulated a sense of disgust towards the obligations and a desire to better understand how they we able to accumulate. A second evolution is more gradual: a reduction of stress that is directly proportional to the fulfilment of work obligations. At the time of writing, SC has still not addressed the entire backlog of work that he faced at the time of the pandemic declaration; his success in catching up could be contingent upon the duration of the restrictions.

**Sidhiprada Mohapatra**

Sidhiprada (SM) is an assistant professor and doctoral student at Manipal Academy of Higher Education (MAHE), a prestigious private Indian university that is renowned for excellence in higher education and research. MAHE has been growing rapidly through the creation of new campuses and programs and through its successful efforts to attract international students. SM’s institution expects that its faculty members are prolific researchers through significant publishing and successful grant applications.

SM has multiple roles at MAHE: teaching, research, administration, and clinical practice. Her teaching responsibilities include community physiotherapy, ethics, and basic physiotherapy courses. SM’s research involves working with individuals with disabilities; her doctoral thesis applies environmental psychology to disability issues. SM is the Deputy Member Secretary of the Institutional Ethics Committee and the coordinator of the Centre for Comprehensive Rehabilitation, which engages in advocacy, research, and clinical services for individuals with disabilities.

SM hails from a small town in Odisha, a state in eastern India. Though a tiny place, her hometown has a rich heritage of culture, food and literature. She belongs to an extended family of professionals (lawyers, teachers, doctors, and engineers). Within SM’s family, there is a love for Odisha’s culture and a pattern of involvement in social activism and humanitarian activities. SM derives great inspiration from her father, a lawyer who grew an impressive firm from modest beginnings, and grandfather, who was a social activist and cultural promoter. SM was born during the late 1980s, a period when professionals struggled for opportunities and remuneration. SM’s background and upbringing instilled values of cultural pride, social agency, and the necessity of hard work.

SM relocated to the southwest of India to pursue her career as a physiotherapist. By relocating from her home in Odisha to engage professionally in Tamil Nadu and Karnataka, SM traversed not only physical distance but also significant cultural distance. The decade since SM joined the physiotherapy profession has been one of rapid growth in India: of the physiotherapy profession, of university-based professional education, and of the economy at large. This period of growth has equally been a period of competition: between professions and professionals, between universities, and between India and everywhere else in a globalised economy (Tiwana & Singh, 2015).

The competitive growth that has occurred at structural levels stimulated opportunities and obligations that were subsequently embodied by SM. Participating in the growing physiotherapy profession involved negotiating employment and compensation, negotiations impacting opportunities that were multi-faceted and exciting (e.g., academia) but also those that were driven by needs to cover the cost of living (e.g., providing personalised home care services to paying clients). While individual therapists negotiate these challenges, the profession negotiates its position among the health professions (Raja, 2017), such that excellent performance becomes a collective responsibility. Amid these opportunities and challenges, there is evidence that anxiety is highly prevalent among Indian physiotherapy students (Gautam et al., 2020).

While the physiotherapy profession was growing in India, the already-enormous system of higher education continued to expand (Gupta & Gupta, 2012). Of note, this was a period where Indian university-based professional training programmes proliferated as part of global economic trends (Varman, Saha, & Skålén, 2011; Walton-Roberts, 2015). Competition between institutions and programmes was reified through departments with the intensification of faculty incentives and disincentives (Mathur, 2018). SM has experienced this process as an early career academic through performance evaluations that are tilted towards metrics of research production, specifically scientific publications. As in other institutions (Barbour, 2015), SM’s research production is specifically tied to employment and compensation, through the process of performance evaluation. The infamous adage “publish or perish” has been mainstreamed into SM’s socialisation as an academic.

For SM, the drive for productivity and high quality in research, teaching, administration, and clinical practice is not solely a response to incentives or obligations to her profession and institution, this drive is also consistent to her upbringing and value commitments to feminism and ethics. It has been a perennial challenge for SM to balance ambitions and obligations with personal and family life.

*At the time of the pandemic declaration*, SM’s first-born was seventeen months old. SM’s large and supportive extended family – including her husband – continued to live in Odisha as SM pursued her career in Karnataka. SM was struggling to balance responsibilities following maternity and an unplanned hospitalisation; this convalescence led to an accumulation of work responsibilities and a subsequent overload once SM returned to work. As her son grew into a toddler, SM was gradually able to strike a thin line of work-life balance with paid support: one live-in caregiver and an additional day-caregiver while SM was at work.

The pandemic introduced new uncertainties and fears for SM. SM was obliged to continue her responsibilities as a healthcare professional, academician, and administrator amid rapid changes in mode of academic delivery and clinical services – including a shift of human resources from community services to in-patient care – and a lack of clear guidelines due to frequent changes in the epidemiology of the pandemic and subsequent policy adjustments. Meanwhile, India’s nationwide lockdown restricted outings, limiting the growth and playtime of SM’s toddler and eliminating the availability of SM’s day-caregiver. These new realities have undermined the balance that SM had achieved pre-pandemic and introduced new concerns for the health of aging extended family members at home in Odisha and of household family members on-site in Karnataka. The initial two months after the pandemic declaration have been a period of intense psychosocial burden for SM, manifested through physical health issues, including back pain, gastritis, panic attacks, sleep disturbances, and loss of appetite.

**Mathieu Simard**

Mathieu (MS) is a physiotherapist, holding a temporary clinician-professor position while being a doctoral student. MS is compelled to engage in both roles and has been presented with opportunities that have stimulated simultaneous engagement. Ideally, each of these would involve a near full-time commitment, a scenario that is logistically untenable, therefore MS has striven to formally partition his professional time with specific and regular blocks devoted to each role. The two roles are at different institutions, separated by travel that takes approximately 6 hours.

As a clinician-professor, MS provided physiotherapist supervision of student clinical placements at a clinic for underinsured patients that is a component of the *Université du Québec à Chicoutimi* (UQAC), a relatively young and growing institution in the Saguenay region of Quebec, where MS spent most of his youth. As a doctoral student, MS is enrolled at the main campus of McGill University, to which SC is also affiliated. MS was also involved in disability human rights activities that were fulfilling but often time consuming and generally unpaid.

Like SC, MS’s family situation is that of a single individual, although the increased distance between MS’s institutional roles entailed more travel and higher needs for temporary housing on a low budget. MS’s doctoral research is focused on the nexus of disability and disaster situations, for persons with disabilities in Montreal and in India (in a district close to SM’s university and working in collaboration with SM on this project). MS aspired to spend more time “in the field” with the participants of his doctoral research but was acutely aware of the limitations on his time.

Prior to the pandemic, MS was managing an unstable balance of responsibilities. The clinician-professor role was tangible, fulfilling, and MS’s primary source of income. This role involved a core schedule for the delivery of important clinical services and entry-level physiotherapist education with some committee responsibilities. Moreover, this role involved substantial emotional investment in patient outcomes and student learning, in turn causing the time commitment to extend well beyond the clinic’s hours and MS’s weekly time allocation. A resultant effect of MS’s clinician-professor engagement was a set-back in progress in his doctoral program; MS had revised his doctoral schedule with previous milestones having been pushed back and upcoming milestones in jeopardy. When MS first accepted the task of clinical supervision, expanding a previous, less-intense academic role, the arrangement was conceived as temporary – maternity leave coverage – but subsequent plans to extend the contract developed due to the need for increased physiotherapy student clinical placements and a continued backlog in unmet patient needs. This provides both for promising future career opportunities and potential challenges with the overall PhD completion timeline.

*The university-affiliated clinic suspended its operations* shortly after the pandemic declaration, responding to governmental and institutional directives to close (Clinique universitaire de physiothérapie, 2020). MS was suddenly relieved of clinical and supervision duties. His immediate response to the lifting of urgent and ongoing tasks was a sense of relief and a need for recuperation. Without the clinician-professor role, MS was able to establish a more regular pattern of sleep, outdoor exercise, and work on his doctoral dissertation. A balanced schedule including exercise is an important aspect of MS’s health and well-being that he had neglected since accepting the dual role arrangement. With this balance, MS was able to defend his dissertation research protocol and begin remote data collection. If MS’s clinical and supervision duties had continued without pandemic-related directives suspending operations, it is unclear as to how or when he would have achieved these essential tasks in his doctoral program.

MS’s doctoral-focus phase was a time-limited state that triggered new concerns. While acknowledging the benefits to his research, personal well-being, and the centrality of government- and institutional-level decisions, MS simultaneously felt a sense of forsaken duty for being unable to provide usual out-patient services through the early pandemic period.

Six weeks after the pandemic declaration, the clinic began preparations to re-open using a hybrid in-clinic/tele-rehabilitation delivery model. Even without the concerns of a deadly infectious disease, developing clinical services with physical distancing and tele-rehabilitation would have been challenging, but this challenge was further complicated by communication between colleagues who were all working from home. These challenges were amplified by changing expectations for the clinic’s capacity: whereas the clinic previously hosted eight students at a time, with other clinical placements that being cancelled, the re-opening plans had considered increasing the student capacity to as many as 32. Ultimately, after significant planning efforts, clinic was scheduled to re-open with pre-pandemic student numbers.

The compounding factors of the clinic re-opening, the change of the clinical delivery model, and the dramatic increase in student placements meant that MS again had more work to accomplish than was possible in full-time hours. At the time that this manuscript was written (eight weeks after the pandemic declaration), MS was again devoting nearly all his energy to the clinician-professor role. More explicitly than in the pre-pandemic phase, MS is striving to protect personal time outside of professional time. This effort is not entirely successful; although the pattern varies by day, MS sometimes works into the evening and weekend and sometimes leaves important but non-urgent tasks incomplete. Another consequence of this arrangement is the de-prioritisation of doctoral tasks; if the current scenario continues, MS will fall behind of his current PhD timeline, with the pathway to program completion uncertain.

**Exploring our experiences through our professional practice context(s)**

The COVID-19 pandemic has been a tumultuous experience for many. As colleagues with positive collaborative experiences, we were inclined to connect soon after the pandemic declaration to ensure each other’s well-being. It was during this communication that we noted similarities and divergences in our experiences, compelling us to review these in greater detail. As professionals in the same field and at similar career stages, it is understandable that there are aspects of our situations that are common to all three of us. There are also individual differences. Through dialogue we were able to deepen our understandings of the aspects shared between us and the aspects that are more individualised. Nonetheless, we see value in moving beyond dialogue, drawing inspiration from other early career academics (Hartung et al., 2017) and early career clinical physiotherapists (Hammond, Cross, & Moore, 2016) to engage in a more systematic analysis of our situations.

Since our commonalities are based upon our involvement in the same field, we take interest in what can be referred to as “professional contexts” (Freeman & Jauvin, 2019). Writing in an occupational therapy journal, Freeman and Jauvin (2019) propose a framework for professionals to analyse their practice context and respond strategically. The analytic framework comprises three baseline questions, each of which asked from the perspective of three lenses, producing a total of nine questions. The baseline questions relate to practice realities, the difficulties experienced by professionals, and the responses of professionals. The lenses are those of accountability and ethics, and the lens of the professional-as-worker.

We asked the questions of this analytic framework (Freeman & Jauvin, 2019) with respect to our own professional contexts, modifying the understanding of some questions so that these more appropriately fit the task orientation of academics rather than full-time clinicians.

Through our use of the framework’s nine questions, we found that the baseline questions on “practice realities” were uniquely relevant for each of the three lenses. Accordingly, below, we present each of the three lenses and follow each of these with our collective self-reflections of practice realities. In asking the questions about “difficulties” and “responses,” we found significant overlap between the three lenses. To streamline this text, we have collapsed the distinctions between the individual lenses to instead present our reflections at the levels of the baseline questions with respect to experienced difficulties and professional responses. An overview of the analytic framework, including our reflections to the questions, is presented in Table 1.

Table 1: Overview of the analytic framework (Freeman & Jauvin, 2019) and its application to the experiences of early career physiotherapist academics in the COVID-19 pandemic

**Accountability**

One essential element of a profession is the deployment of expertise in the service of others (Goode, 1960), an arrangement that depends upon accountability (Legault, 1999). Given the centrality of accountability to professionalism, this lens is essential in the exploration of a professional practice context (Freeman & Jauvin, 2019).

***To which stakeholders are professionals accountable and for what obligations?***

Collectively, we identified a series of broad stakeholder categories to which we all felt accountable: our departments and funders, our students, the beneficiaries of our services, and the people involved in our lives outside work. While the broad categories are shared, individual details are essential to understand our contexts and our obligations.

In referring to *departments and funders* we wished to encapsulate the entire pool of applicable supervisors, colleagues, unit heads, program directors, and funding bodies. We can consider this category to be related to our employment, taking for granted that doctoral studies are an unusual type of employment that is time-limited and goal-oriented. Included in this broad category are our current departments and funders, but also future ones, given that opportunities in academia are dependent upon past accomplishment and that early career academics (including us) often face employment precarity. Key to this broad category is the sense of having a mutual stake in whatever phenomenon is considered to be success, but not always on egalitarian terms. For example, a supervisor and a subordinate both have a stake in contributing to and reaping the rewards of the success of a department. Nonetheless, the decisions about respective contributions, the distribution of rewards, and the vulnerability in the case of non-success are not shared equally between the supervisor and the subordinate.

With respect to our obligations to departments and funders, we all face obligations to produce research in qualifiable and quantifiable ways. SC is accountable to future employers and funding bodies, facing obligations to increase research productivity to improve the probability of winning future competitive grants and job opportunities. SC also feels accountability to the bodies that supported his postdoctoral research, to demonstrate to them (and their supporters) that these bodies were wise to invest in SC’s work. SM and MS both face accountability to their dissertation supervisors, to complete their dissertations according to their respective programs’ requirements. Possibly in addition to her dissertation work, SM is also accountable to her academic department, with this accountability enacted through a performance evaluation. As a faculty member, SM is obliged to contribute research productivity to her department’s metrics within the institution and as compared to its competitors.

Beyond research, we have obligations to our departments and funders – our current employers to be specific – for the two other academic activity categories of teaching and service. These obligations overlap with those that we owe to other stakeholder groups more clearly than do our obligations of producing research. Nonetheless, the obligations to complete quantifiable tasks according to minimum standards are present and serious; especially for the teaching and service (i.e., clinical practice) responsibilities of SM and MS.

For our accountability towards *students*, we all face obligations to deliver high quality education. During our period of analysis, these obligations have been most intense for SM and MS; they face significant obligations to deliver course content (SM) or clinical education (MS) in order to achieve student subjective satisfaction as well as the successful achievement of the criteria for program completion and professional practice registration. These obligations have been further complicated due to the changing circumstances of pandemic response: SM has been forced to develop new ways to deliver course content while MS has had to prepare for a changed learning environment with more students.

We all feel accountability to *the beneficiaries of our services*, yet we struggle to understand the nature of the obligations toward this stakeholder group, noting that the satisfaction of our service beneficiaries does not appear to have significant influence on our employment or funding prospects. According to the structure of Freeman and Jauvin’s (2019) questions, we will address the considerations for this stakeholder group using the ethics lens (below).

We are compelled to identify our accountability to *the people involved in our lives outside work* as a stakeholder category. This stakeholder category is particularly relevant to academics because academic culture encourages blurred lines between what is and what is not work, such that flexible work schedules can grow to consume time and energy from “not work” (Sutherland, 2018b). Similar to the way that the accountability owed to the beneficiaries of our services is addressed elsewhere (the ethics lens) in Freeman and Jauvin’s (2019) analytic framework, we see the accountability to people outside work being most applicable in the questions that relate to the difficulties that professionals are experiencing. By discussing this important stakeholder category there, we feel that we maintain an important distinction between the obligations of our institutions and our lives as humans who are more than workers. Simultaneously, we recognise a problematic irony in reflecting upon the needs of our family members, and even our own personal well-being, as “difficulties.” Nonetheless, we accept this ironic framing in exchange for the utility and clarity of the analytic framework. Accordingly, we discuss this stakeholder category while answering the “What difficulties are professionals experiencing?” question (below).

**Ethics**

Ethical consideration is central to professional status, drawing specific attention in our profession (Gabard & Martin, 2010; World Confederation for Physical Therapy (WCPT), 2017) and in academia (McGill University Faculty of Medicine, 2019). In their presentation of the ethics lens, Freeman and Jauvin (2019) focus on “quandaries in relation to a collective definition of service quality” (p. 147). Freeman and Jauvin conceptualised their analytic model for (full-time) clinical professionals, specifying that this applies to clinical care (“service for clients”). For the sake of this analysis, we have chosen to maintain a focus on service, but in the sense in which it is used to describe a category of academic activity (Sutherland, 2018a). The clinical physiotherapy practice of SM and MS is incorporated within this category, as is the institutional committee and community engagement that is not clearly linked to the traditional, quantifiable obligations of research and teaching.

By focusing on service activities, we do not deny the central importance of ethics to the research and teaching activities that are prioritised by our institutions; the choice is instead informed by an apparent mismatch between our obligations and our aspirations to practice an emancipatory model of physiotherapy (Trede, 2012). As those who have reflected deeply on academic service activities have noted, this category of activity is often deemed less important for academic hiring, promotion, and compensation than are research and teaching (Macfarlane, 2006).

**What is the nature of the services available?**

Two of our number, SM and MS, practice clinically as physiotherapists as part of an academic role. In addition to this, SM coordinates a community rehabilitation centre. All of us have committee responsibilities of various natures with MS’s leadership of the re-launch of the expanded UQAC physiotherapy clinic a particularly intense form of involvement. SM’s role as a Deputy Member Secretary of her institution’s ethics committee is also quite involved. SC’s role as an advisor to student committees falls outside of his official job descriptions and is, therefore, service to the institutional community that is effectively invisible.

In addition to clinical care, facility coordination, and committee involvement, all of us engage in service as part of our research programs. As we described in the introduction to the ethics lens, we have focused on service activities that are distinct from those that are traditionally and quantifiably identified as research and teaching. For all of us, our conduct of participatory action research (e.g., Herr & Anderson, 2014) includes elements of research that are recognised by our institutions (e.g., publications, grants) and elements that are not recognised. Elements of participatory action research not recognised by our institutions include SC’s community action in the form of advocacy and income generating activities for disabled persons organisations (Cleaver, 2017) and SM’s concern of producing research that meets participants’ expectations and needs.

**Professional-as-worker**

Freeman and Jauvin (2019) proposed that, “this lens permits professionals to consider the practice context with respect to organisational imperatives and workers’ access to conditions that allow them to maintain their well-being while meeting their obligations” (p. 148) and that the lens, “ facilitates reflection about the conditions in which work is carried out” (pp. 148-149). We find it astute that Freeman and Jauvin have proposed the “professional-as-worker” lens for the analysis of (health professional) practice contexts. We perceive that the extent to which professionals and academics experience independence, have agency, and wield power might be overstated. It is possible that our perspective on this issue is a function of our shared position as academics who are early-career (Sutherland, 2018b) and precariously-employed (Foster & Birdsell Bauer, 2018). As members of these overlapping constituencies within the professoriate, we are acutely aware of the need to demonstrate our value through production (Smith, 2000) that is meaningful to the institutions upon which we depend for our livelihood now and into the future.

**What are the organisational conditions (workload relative to resources available) in place that permit professionals to realise their mandate while maintaining their well-being?**

While we appreciate the change of frame that is permitted by the professional-as-worker lens, we see significant overlap between the “organisational imperatives” that are relevant here and the “obligations” that we explored as part of the accountability lens. Moreover, we all engage in service activities (clinical practice, committee work, and community contributions) that are generally undervalued or not recognised by departments and funders (Ballamingie & Johnson, 2011; Rajan, 2013) yet also part of our workloads given that these activities are consistent to the principles of emancipatory physiotherapy practice (Trede, 2012). To avoid repetition, we will restate the practice realities of neither our accountability obligations (to departments and funders and to students) nor our services (to patients, committees, and communities) that comprise our workloads. For the professional-as-worker lens, our central observation is that our workloads typically surpass our resources, often to levels that are unsustainable.

The pandemic declaration and the resultant responses have created dramatic changes to our situations, and in turn to the volumes of our workloads. With our attention drawn in this direction, we have been in positions to gauge these workloads and compare them to volumes that we could sustain. To visualise our conceptualisation of these volumes, we have created the line graph in Figure 1. In this line graph, we demonstrate the volumes of workload over time, relative to our sense of what is sustainable.

Figure 1: Perceived workload volumes before and after COVID-19 pandemic declaration

As can be seen in Figure 1, the destabilisation caused by the pandemic declaration has permitted periods – and even trends – of respite from our unsustainable organisational conditions. Conversely, the pandemic has led to the loss of some important resources (i.e., SM’s day-caregiver) and an increased sense of urgency amid unexpected and rapidly changing circumstances (for SM and MS). The sense of urgency has sometimes been compounded by scenarios where our individual contributions were required to fulfil collective responsibilities as these were disproportionately assigned to early career staff members.

In our situations, the resources that we require to address our workload are time and expertise. For all of us, we consider it normal that the time required to fulfil our responsibilities is greater than the time that is available. We have been informed that as we acquire expertise, we might become more efficient with tasks (Åkerlind, 2005), such that we could reduce or even close the gap between expected and actual performance. In the meantime, when it is available, supportive mentorship from senior colleagues can reduce the extent to which we rely on self-teaching or trial-and-error, both of which tend to cost dearly in terms of time. In our experience, the infusion of expertise from senior colleagues has been beneficial and important but insufficient in quantity and nature to counterbalance the volumes of tasks that must be completed.

**What difficulties are professionals experiencing?**

Freeman and Jauvin (2019) encourage professionals to interrogate the difficulties that they experience through questions about 1) their accountability obligations, 2) their ability to provide quality services, and 3) their ability to maintain their well-being while carrying out their job. We found that the answers to these three questions were interrelated and therefore better addressed collectively.

As established through the exploration of the practice reality, our organisational conditions are such that the available resources are insufficient to address the workload created by the combination of our obligations to stakeholders and the services that we strive to provide as part of emancipatory physiotherapy practice. It strikes us that these organisational conditions are difficult to escape given the scenarios that produce the excessive workloads: our institutions are oriented toward perpetual competition (for research) and doing more with less (for teaching), orientations which in turn drive constantly increasing obligations. The dynamic of seemingly endless institutional obligations transcends employment status, affecting both the over-employed (MS, with two nearly full-time roles) and the under-employed (SC, with a part-time role precariously supplemented by contracts). While our institutions oblige intense and increasing contributions for research and teaching, our drive to provide service activities is primarily value driven. Competing for our professional time with our obligations to departments, funders, and students, our service contributions are frequently insufficient to produce quality outcomes in response to the high unmet needs of underserved populations. Even if there is no obvious escape to our organisational conditions, we see value in exploring these conditions and revealing them for broader examination.

Beyond the scenarios that produce our excessive workloads, there are two additional types of difficulties that we frequently experience: “work-life balance” and our own senses of health and well-being.

In our exploration of the stakeholders to whom we are accountable, we mentioned *the people involved in our lives outside work*, but actively chose to not present our exploration as part of our accountability obligations. Instead, we harnessed the reflection that was initially generated through the exploration of stakeholder categories and re-directed this reflection toward difficulties that ensue as our work schedules spill beyond their supposed boundaries. We explore the professional “response” of expansive work schedules in more detail below while focusing here on difficulties that are frequently referred to as problems in “work-life balance” (Martinez, Ordu, Della Sala, & McFarlane, 2013).

Since the pandemic declaration, it is SM who has faced the most intense difficulties in managing institutional obligations alongside her commitments to people outside work. It is a central priority for SM to care for her toddler, physically and emotionally, a task that became more demanding with the loss of paid caregiver. SM was also concerned about the possibility of infecting her toddler with COVID-19 as she remained involved with clinical care. In addition to this, SM faced real, yet less intense, obligations to distant family members, many of whom were in the older age brackets at risk for serious health outcomes from COVID-19 and were culturally accustomed to the contributions of a daughter. Without dependents, neither young nor old, SC did not have this same concern. MS provided occasional assistance to older family members according to a flexible schedule – a minor commitment that can hardly be compared to the situation of SM.

For SC and MS, the situation with respect to the stakeholder category of people outside work can be understood differently: primarily as concern for themselves, in lives where “work” can expand to the extent that “life outside of work” is nearly eliminated. SC and MS collectively questioned whether it was necessary to have a life outside of work. In asking this question, SC and MS considered the possibility that well-being outside of work optimises productivity as workers. In pursuing this line of reflection, we drew a conceptual frame that has also been used for research about the well-being of early career academics (Stupnisky, Hall, & Pekrun, 2019). This conceptual frame is one that might be as disturbing as it is useful: if the human outside of work’s primary purpose is to be well to maximise that human’s work, then the human outside of work is without intrinsic value.

While SC and MS found time to debate the intrinsic relevance of their well-being at a given point after the pandemic declaration, SM never experienced this luxury. Instead, she hastily chronicled health repercussions of overbearing domestic concerns coupled with expanded institutional obligations, with all of this occurring amid the uncertainty of a global crisis. *A persistent feeling of frustration. Anger. A sense of self-worthlessness. Anxiety. A reduction in nightly sleep duration. Nightmares*. Whereas SM experienced these symptoms after the pandemic declaration, SC had similar experiences prior to the pandemic that were alleviated by the pandemic. With fewer ongoing teaching responsibilities, no clinical practice, the cancellation of a busy schedule of presentations, and – importantly – no family dependents requiring care, the pandemic declaration resulted in an overall reduction of workload that permitted a significant improvement in SC’s sense of well-being.

While we would like to encourage interest in our health and well-being for the intrinsic value of these phenomena, we do see utility in recognising the ways in which anxiety and excessive workloads can produce a downward spiral. When workloads surpass a tipping point, such that the impossibility of making deadlines or completing quality work effects our sense of self-efficacy, our experience is that anxiety builds, productivity drops, and the gap between our workloads and resources widens with compounding negative effects.

**In light of any difficulties that professionals are experiencing, how are they responding?**

Our collective exploration of our own situations identified four major responses that we had applied consciously or unconsciously: increasing our working hours, reducing our expectations around the quality of our work, suppressing our senses of disappointment towards unfulfilled commitments, and erratically prioritising our task completion.

Prior to the pandemic, the default initial strategy used to address difficulty was to *increase our working hours*. Many of our responsibilities can be completed in broad time windows rather than at specific time points, a characteristic that allows for scheduling flexibility and therefore elasticity. Admittedly, expanding the work week beyond the conventional expectations of 40-45 hours can be a useful strategy that allows us to complete more tasks – if the strategy is reasonable and used only over defined periods. Prior to the pandemic, SC and MS found that they were deploying this strategy beyond reasonable limits (e.g., eliminating not only leisure but also regular sleep patterns and self-care activities) on an ongoing basis that was void of recovery time. After the pandemic declaration, SM faced increased workloads but had little elasticity given family responsibilities amid the loss of household supports. Whereas SM is uncertain as to whether the time she has devoted to employment hours has increased or decreased, it is undeniable that the combination of family and employment obligations require more time than is sustainably possible.

When increased working hours are either impossible to access or insufficient to complete our responsibilities, *we reduce our expectations around the quality of our work*. In tangible terms, this can mean that we generate research products that we know could be higher quality, we teach in arrangements for which we know we could be better prepared, and we engage in committees for which we know we could make a more meaningful impact if our workloads allowed the time we need to finish our tasks. Whereas completing more tasks superficially means that we succeed in completing more tasks, we lament the resultant inferior quality of our efforts.

One response to get beyond lamentation is to *suppress our sense of disappointment toward unfulfilled commitments*. By unfulfilled commitments we are referring to work that is completed to a lower quality, that which is completed past its intended deadline, and that which is never completed. Some might describe this response as “developing a thick skin,” a metaphor that has positive connotations that we might selectively apply to obligations of questionable importance. However, it should be noted that we feel intense loyalty to many of our professional commitments, especially those that are made to marginalised communities and their members. Accordingly, we feel that we lose a part of ourselves when we suppress our disappointment toward unfulfilled commitments.

Through prioritisation we decide which professional responsibilities will be completed to a high quality and in a timely fashion, as compared to the other responsibilities that will be declined, left unfulfilled or completed late and/or to a lower standard. Ideally, there would be a harmony between our institutional obligations and emancipatory physiotherapy practice, such that we could rationally prioritise according to a single and coherent bundle of concerns. Instead, we see a direct competition for our time between our institutional obligations and our professional value systems. With the two competitors often appearing to be of limitless size and a lack of mentors with institutional knowledge and shared values willing to offer allyship, we are rarely able to prioritise rationally. Instead, we*prioritise erratically*, with important responsibilities pursued and then left half-completed as they are overtaken by urgent responsibilities – some of which we cannot foresee in advance. From a distance we can clearly see that the erratic approach to prioritising is sub-optimal, yet the ongoing challenges that are our organisational conditions make lead us to enact this response with unfortunate frequency.

**Discussion**

References to the COVID-19 pandemic as “unprecedented” are sufficiently common as to possibly be considered cliché. Beyond the phenomenon of widespread societal effects, observers have noted that the COVID-19 pandemic, has exploited weaknesses in pre-pandemic societies, exposing these weaknesses for examination (Bezuidenhout, 2020). Institutional and policy responses have further highlighted values and priorities (Teixeira da Silva, 2020).

In a similar manner, the pandemic and associated responses have stimulated us to reflect on our situations as early career physiotherapist academics. These situations include aspects which are shared between us and individual distinctions. We suspect that this moment, in an early phase of what might be a much longer health and economic crisis, is an opportune time for us to review the revelatory initial transition. As is true in the larger societies in which we live and operate, we suspect that the pandemic and associated responses exposed aspects of our pre-pandemic situations, including the values of our institutions. We discuss a number of these issues.

**The COVID-19 pandemic helped us to see our unstable organisational conditions**

The pandemic, and its unanticipated effects upon our workloads, revealed to us the extent to which our organisational conditions are unstable and easily modified through policy decisions. Whereas the COVID-19 pandemic had immediate negative effects on SM’s well-being, SC and MS experienced a reprieve that permitted critical reflection upon their pre-pandemic situations. Interrogation of those pre-pandemic situations, with the associated difficulties and maladaptive responses, generated a sentiment of outrage towards the trends of the past alongside hope for a different future.

As early career academics, we are familiar with the discourse that toil and stress at this stage will be rewarded with balance and stability later in our careers. As scholars who respect literature and evidence, our understandings of faculty burnout (Sabagh, Hall, & Saroyan, 2018) and academic precarity (Foster & Birdsell Bauer, 2018) undermine our faith in the likelihood that we will individually escape our current organisational conditions through grit and persistence. While we are more confident that we will develop efficiencies with experience, such that our resources will increase, we are sceptical that our rate of accumulating efficiencies will surpass the rate of growth of institutional obligations amid managerialist regimes perpetual competition and austerity (Carrier, Freeman, Levasseur, & Desrosiers, 2015; Jarvis, 2014). Rather than continuing to try to work our way out of a deficit of organisational conditions, we are inclined to seek ways to align ourselves with other parties who have seen the societal cracks exposed by the COVID-19 pandemic (Bezuidenhout, 2020) and are responding with a demand for a system change rather than a “return to normal.”

**The COVID-19 pandemic: a greater burden to carers**

Between us, there were glaring differences in our experiences after the pandemic declaration. Although we only constitute a sample of three, we are exceedingly confident that the biggest differentiating factor was the fact that SM faced a caregiving burden in the initial months after the pandemic declaration while SC and MS did not. Our small sample also reflected the gender dynamics of this burden: although it is true that some men are caregivers while many women are not, for the most part, caregiving responsibilities fall disproportionately to women.

Despite these claims having already been well-established, the COVID-19 pandemic somehow managed to provide further evidence of the immense value of care work and the urgent need to identify and dismantle patriarchal structures.

**Innovative aspects of this exploration**

To our knowledge, we are the first collective of physiotherapist academics to conduct a self-reflection exercise of our practice contexts. Although we suspect that there are many insights that can be transferred from the experiences of early career academics from other fields (Hartung et al., 2017), we do think that it is important to conduct a reflective exercise that is specific to physiotherapists. Physiotherapy creates its own cultural norms according to the contexts in which it developed (Gibson, Nicholls, Synne Groven, & Setchell, 2018), and these cultural norms necessarily impact the nature of our roles as physiotherapist academics. Furthermore, given the physiotherapy profession’s grounding in biomedicine, we propose that physiotherapist academics might tend to eschew collective self-discovery as a research process, thereby sparing the organisational conditions of our academic departments from much-needed examination.

In parallel to the innovative aspect of conducting this exercise in physiotherapy, we are also the first to use Freeman and Jauvin’s (2019) analytic system to explore an academic environment. We found that the analytic system was tremendously valuable in guiding our exploration, even though we found that our experience using the system was not consistent to its presentation as nine questions arranged in a 3 x 3 table. By contrast, our experience was that some questions were repetitive and superfluous while others could be conceptually arranged in more elegant and informative ways. Our experience with repetitive and superfluous questions applied to the questions about the difficulties faced by professionals and their responses; for these questions we found that the two general questions achieved a similar level of insight as did the suggested six questions. For the conceptual arrangement of questions, we found that each of the three questions about practice realities was distinct, yet these questions were not a linear series of equal entities. Instead, from our experience, the questions seemed to connect to each other through a sort of equation: the obligations for which professionals were accountable could be added to the services that were provided to calculate a workload. This workload could in turn be compared to a worker’s resources to finally calculate the organisational conditions. We are not by any means suggesting that Freeman and Jauvin’s (2019) analytic system should be modified according to our experience. Instead, we are encouraging others to take inspiration from either the initial description or from our experience in order to use the analytic system flexibly and maximise its utility.

**Conclusion**

In discussing the relevance of their analytic framework, Freeman and Jauvin (2019) propose that its utility “will be the extent to which this analysis helps them to identify strategic responses in the face of challenges that they may be experiencing” (p. 154). Although it is still too early for us to definitively know whether our use of the analytic framework has achieved its proposed utility, our early assessment is positive. By describing our experiences in depth and comparing these between us, we were already able to achieve the important goal of migrating these experiences from private internal spaces to a shared inter-personal space. With Freeman and Jauvin’s (2019) analytic framework, we were able to further transform these experiences in the service of additional goals, particularly by systematically drawing attention to professional contexts.

The COVID-19 pandemic has been identified as an opportunity to re-consider dysfunctional systems and structures. We look forward to making individual and collective contributions to remodel post-pandemic society. To inform those contributions, we foresee drawing from the insights generated by this systematic exploration of our experience – including the insights about our professional contexts and the heavy burdens experienced by caregivers. Beyond these insights, we have also found strength in collaboration: at best to pool our reflections and sharpen our analysis; at least to confront the mistaken beliefs that our respective unstable organisational conditions were unique contexts of our own making rather than manifestations of global trends in higher education. This realisation of collective strength has given us the sense that our contributions to remodel post-pandemic society should be pursued in solidarity with others, be they other early career physiotherapist academics or workers from other fields whose organisational conditions have also become visible in this COVID-19 era.

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