**Long form narratives associated with the peer-reviewed journal article:**

Cleaver S, Mohapatra S, Simard M. Contagious precarity: a collective biographical analysis of early-career physiotherapist academics’ experiences of the COVID-19 pandemic. *Open Physio Journal*. 2021. https://www.openphysiojournal.com/article/contagious-expectations-a-collective-account-of-early-career-physiotherapist-academics-experiences-of-the-covid-19-pandemic/

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This text is a complement to a collective biographical analysis, presented in the journal article referenced above. Peer reviewers proposed that the article be shortened. We, the authors, decided that it was necessary to focus on the structured analysis section of the article, leading us to present only summaries of our narrative experiences of the early phase of the COVID-19 pandemic.

The longer form of the narratives are presented here – for [Shaun Cleaver](#Shaun), [Sidhiprada Mohapatra](#Sidhi), and [Mathieu Simard](#Mat) – as a complement to the article. One peer reviewer has challenged us to develop these narratives *in greater detail*, as informed by more explicit and robust use of theory. If we have sufficient support and availability, we will pursue this challenge.

**Shaun Cleaver**

At the time of the pandemic declaration, I 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 my home while the other role was at a newly-developed campus, approximately 2 hours away.

My scholarship revolves around global health, policy research, professional ethics, and the support of disabled persons organisations; my 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. My family situation is one of a single individual: I am unmarried, live alone, have no children, and have parents who are physically and financially independent. Whereas my personal situation is stable, my income has fluctuated significantly. Through careful financial management and lifestyle choices, I have amassed sufficient savings to weather periods of low or no income.

With the impending end of the postdoctoral fellowship, I foresaw that my 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, I 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). My 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 my academic acculturation and presented as the cleanest and clearest career pathway. While the material benefits of securing a tenure-track position are clear, I 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 my doctoral and postdoctoral commitments, I 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, I was experiencing significant anxiety with respect to my 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, I 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, I 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 cancelations, initially engendered a sense of relief. The conference events planned for the subsequent months were postponed or cancelled, relieving me of a swath of ominous obligations. Moreover, my 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, my 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.

My perspective of my own situation evolved in the initial two months of the pandemic in two important ways. First, after the initial restrictions and cancelations relieved my sense of panic towards completing work obligations, I 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, I have still not addressed the entire backlog of work that I faced at the time of the pandemic declaration; my success in catching up might be contingent upon the duration of the restrictions.

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**Sidhiprada Mohapatra**

I am working as an assistant professor and a 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. My institution expects that its faculty members are prolific researchers through significant publishing and successful grant applications.

My roles at MAHE are teaching, research, administration, and clinical practice. My teaching responsibilities include community physiotherapy, ethics, and basic physiotherapy courses. I pursue research in the field of disability studies and my doctoral thesis applies environmental psychology to disability issues. I am also delegated the responsibilities as 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.

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

I relocated to the southwest of India to pursue her career as a physiotherapist. By relocating from my home in Odisha to engage professionally in Tamil Nadu and Karnataka, I traversed not only physical distance but also significant cultural distance. The decade since I 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 me. 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). I have 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), my 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 my socialisation as an academic.

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

*At the time of the pandemic declaration*, my first-born was seventeen months old. My large and supportive extended family – including my husband – continued to live in Odisha as I pursued her career in Karnataka. I 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 I returned to work. As my son grew into a toddler, I 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 I was at work.

The pandemic introduced new uncertainties and fears within me. I was obliged to continue my 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 my toddler and eliminated the availability of my day-caregiver. These new realities have undermined the balance that I 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 me, manifested through physical health issues, including back pain, gastritis, panic attacks, sleep disturbances, and loss of appetite.

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**Mathieu Simard**

I am a physiotherapist, holding a temporary clinician-professor position while being a doctoral student. I am compelled to engage in both roles and have 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 I have striven to formally partition my professional time with specific and regular blocks devoted to each role. The two roles are at different institutions, separated by travel that takes approximately 12 hours back and forth hours and that was performed once per week in average.

As a clinician-professor, I provide 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 I spent most of my youth. As a doctoral student, I am enrolled at the main campus of McGill University, to which Shaun Cleaver is also affiliated. I was also involved in disability advocacy activities that were fulfilling but often time consuming and generally unpaid. This component is however somewhat reconciled with his current research work on structured health vulnerabilities for persons with disabilities in situations of crisis (Chung & Hunt, 2012).

Like my colleague Shaun, my family situation is that of a single individual, although the increased distance between my institutional roles entailed more travel and higher needs for temporary housing on a low budget at the beginning of the pandemic. My doctoral research is focused on the nexus of disability and disaster situations, for persons with disabilities in Canada and in India (in a district close to Sidhiprada Mohapatra’s university and working in collaboration with Sidhiprada on this project). I sincerely aspire to spend more time “in the field” with the participants of my doctoral research, but am also acutely aware of the limitations on my time and in-person data collection limitations in the context of COVID-19 research restrictions.

 Prior to the pandemic, I was managing an unstable balance of responsibilities. The clinician-professor role was tangible, fulfilling, and my primary source of income. My role involved a core schedule for the delivery of important clinical services and entry-level physiotherapist education with some committee responsibilities. Moreover, my 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 my (planned) weekly time allocation. A resultant effect of my clinician-professor engagement was a set-back in progress in my doctoral program; I had revised my doctoral schedule with previous milestones having been pushed back and upcoming milestones in jeopardy. When I 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 (UQAC, 2020). I was suddenly relieved of clinical and supervision duties. My 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, I was able to establish a more regular pattern of sleep, outdoor exercise, and work on my doctoral dissertation. A balanced schedule including exercise is an important aspect of my health and well-being, that I had neglected since accepting the dual role arrangement. With this balance, I was able to successfully defend my dissertation research protocol and begin remote data collection. If my clinical and supervision duties had continued without pandemic-related directives suspending operations, it is unclear as to how or when I would have achieved these essential tasks in my doctoral program.

My doctoral-focus phase was a time-limited state that triggered new concerns. While acknowledging the benefits to my research, personal well-being, and the centrality of government- and institutional-level decisions, I 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, the 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 changes in student placements meant that I 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), I was again devoting nearly all my energy to the clinician-professor role. More explicitly than in the pre-pandemic phase, I am striving to protect personal time outside of professional time. This effort is not entirely successful; although the pattern varies by day, I often work 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, I will fall behind of his current PhD timeline, with the pathway to program completion uncertain.

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