Contagious precarity: a collective biographical analysis of early-career physiotherapist academics' experiences of the COVID-19 pandemic

Shaun Cleaver[1], Sidhiprada Mohapatra[2], Mathieu Simard[1,3]

1. *McGill University, Montreal, Quebec, Canada*
2. *Manipal Academy of Higher Education, Manipal, India*
3. *Université du Québec à Chicoutimi, Quebec, Canada*

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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.

Keywords: collective memory work, Covid-19 pandemic, early-career academics, professional contexts, work-life balance
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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 focused on promoting equity and human rights, 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 present a collective biographical analysis, an approach that was inspired by academic colleagues who were also compelled to analyse their own experiences and the situations that contributed to these experiences (Hartung et al., 2017). Our process to create this collective biographical analysis began with a conversation, soon after the pandemic declaration, in which we were connecting 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. The review began with iterations of personal reflections and group discussion. Through this process of reflecting and discussing, we generated accounts of our lived experiences, covering the months leading up to the pandemic and the initial two months after the pandemic declaration (up to May 2020, at the time of the initial article submission). We understand our "lived experiences" to be written accounts of our situations, as we perceived in the moments themselves, and developed through interpersonal dialogue (Hartrung et al., 2017). We aspired to analyse our lived experiences in greater depth than that which is afforded by the development of accounts. We therefore applied the analytic lenses and

Corresponding author
Shaun Cleaver (shaun.cleaver@mcgill.ca)
ORCID: https://orcid.org/0000-0002-9615-0665
McGill University, Montreal, Quebec, Canada

questions suggested by Freeman and Jauvin (2019), enabling us to use the lived experiences as an entry point to explore the professional contexts in which these experiences were produced.

This article is structured in three main sections. In the first section, we briefly describe our shared and individual accounts to situate the reader to the standpoints from which we perceived our experiences. Lengthier personal accounts of our lived experiences are not included as part of this article but are available in an appendix to this article. In the second section, we present the analysis that was guided by the framework proposed by Freeman and Jauvin (2019). In the third and final sections, we present a discussion of the implications of our analysis for physiotherapist academics – core actors in the production of the physiotherapy profession through their involvement in education, research, and service. Please note that much of this article is written from the standpoint of the first-person plural – "we" – to represent our shared voice as co-authors. When referring to a single author, the text changes voice, to describe the situation of that individual.

Our shared positionality

We all identify as early career physiotherapist academics focused on promoting equity and human rights. 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, the reference to equity and human rights identifies the substantive focus of our professional practice. Accordingly, we devote our professional energies to activities that promote equity by confronting injustices and improving the situations of marginalised groups (Cleaver, Hudon & Deslauriers, 2019). These same activities are also consistent with the promotion of human rights, as outlined in the Universal Declaration of Human Rights (United Nations General Assembly, 1948) and subsequently reinforced through initiatives like the Convention on the Rights of Persons with Disabilities (United Nations, 2006). This allows us to integrate our personal values, fields of interest with the academic work we engage in, hoping to reconcile these various aspects of our lives.

Our individual positionalities

Shaun Cleaver (SC)

SC is an unmarried man in his early 40s who lives alone in Montreal, Canada. He has no financial dependents.

Pre-pandemic, SC was a late-stage postdoctoral fellow with a part-time teaching and administration role. He had engaged in research and community mobilisation with Zambians with disabilities; he hoped to continue in this role even though it was doubtful that this would be paid work. Through the months of April to June 2020, SC was scheduled to deliver multiple unpaid conference presentations to disseminate his postdoctoral research while simultaneously seeking academic employment contracts.

With the pandemic declaration, the conferences at which SC was scheduled to present were largely cancelled. This removed a heavy workload and allowed SC to devote more energy to a backlog of data analysis and writing. In the initial months after the pandemic declaration, SC's postdoctoral fellowship ended. While continuing full-time academic activities, he was paid for a part-time role, earning an income that was approximately half of what is considered "the minimum viable revenue for a household with one person" [author's translation](Couturier, Labrie & Nguyen, 2020).

Sidhiprada Mohapatra (MS)

SM is a married woman in her early 30s who relocated to Manipal, India for professional reasons. She has a young toddler but is otherwise physically distant from family members. SM is an assistant professor and doctoral student, with professional roles of teaching, research, administration, and clinical practice.

Pre-pandemic, SM was managing a delicate balance of professional activities, a balance that was enabled through the paid support of one live-in caregiver and an additional day-caregiver. SM's professional interests are community physiotherapy and accessibility for persons with disabilities but her employment roles require engagement in other tasks. She is a key member of her institution's ethics committee and the coordinator of a community rehabilitation centre.

With the pandemic declaration, there was an unravelling of the balance that SM had previously achieved. Professional responsibilities essentially continued apace but with major changes – from community to in-patient care and to new modes of teaching – while public health guidelines were unclear and frequently modified. Community public health restrictions meant that the day caregiver could not come to work while there was also a concern about the well-being of older family members who lived far away. The initial two months after the pandemic declaration were 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 (MS)

MS is an unmarried man in his early 40s who lives alone in Chicoutimi, Québec, Canada. He has no financial dependents. MS is a doctoral student and a clinician-professor in a university-operated outpatient physiotherapy clinic for underinsured patients. The clinician-professor role involves the supervision of entry-level physiotherapy students as they deliver clinical services, along with academic teaching and some committee responsibilities.

Pre-pandemic, MS's clinician-professor role was a temporary position that was fulfilling and an important source of income. This role involved significant responsibilities and emotional investments in student learning and positive clinical outcomes for the marginalised patients who sought care from the clinic. Officially, the clinician-professor role was less than full-time to leave space for doctoral student tasks. In practice, the clinician professor role took far more time than was allotted; total working hours increased greatly yet the doctoral studies still fell behind schedule.

With the pandemic declaration, the university-operated clinic closed (Clinique universitaire de physiothérapie, 2020), relieving MS of clinical and supervision duties. MS established a more regular pattern of sleep, outdoor exercise, and work on his doctoral dissertation. During this period, MS was able to complete important milestones in his doctoral program.

Six weeks after the pandemic declaration, the clinic began preparations to re-open using a hybrid in-clinic/tele-rehabilitation delivery model. The planning for the clinic reopening was complicated by the team members working from home and frequently changing targets with respect to student capacity in light of the loss of other clinical placement sites. Two months after the pandemic declaration, with the clinic opening imminent, MS was devoting more than full-time hours to the clinician-professor role with irregular sleep and exercise patterns and a de-prioritisation of his doctoral studies.

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

Since our lived experiences before and after the pandemic were largely influenced by our similar professional roles, 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" (Freeman & Jauvin, 2019) 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 (see following page).

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

Baseline questions	**Accountability lens**	**Ethical lens**	**Professional-as worker lens**
What is the practice reality?	*Stakeholders to whom we are accountable*	*The nature of the services available*	*Organisational conditions permitting professionals to realise mandate and maintain well-being*
	• Departments & funders • Students • Beneficiaries • People outside work	• Clinical care • Facility coordination • Committee involvement • Community action	Workload (obligations + services) > Resources (time & expertise)
What difficulties are professionals experiencing…	*…in endeavoring to satisfy their accountability obligations to different stakeholders?*	*…in being able to provide the quality of services that they believe their clients should receive?*	*…in being able to maintain their wellbeing in the process of carrying out their job?*
	Organisational conditions of "workload > resources" are difficult to escape Resultant difficulties in "work-life balance" and with health and well-being		
In light of any difficulties that professionals are experiencing, how are they responding…	*…in satisfying their accountability obligations?*	*…in providing the quality of services that they believe their clients should receive?*	*…in maintaining their wellbeing?*
	Major responses include: • increased working hours • reduced expectations around the quality of work • suppression of disappointment towards unfulfilled commitments • erratic prioritisation of tasks		

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 promote equity and human rights. 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 university-operated 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 adviser to student committees falls outside of his official job descriptions and is, therefore, service to the institutional community that is effectively invisible.

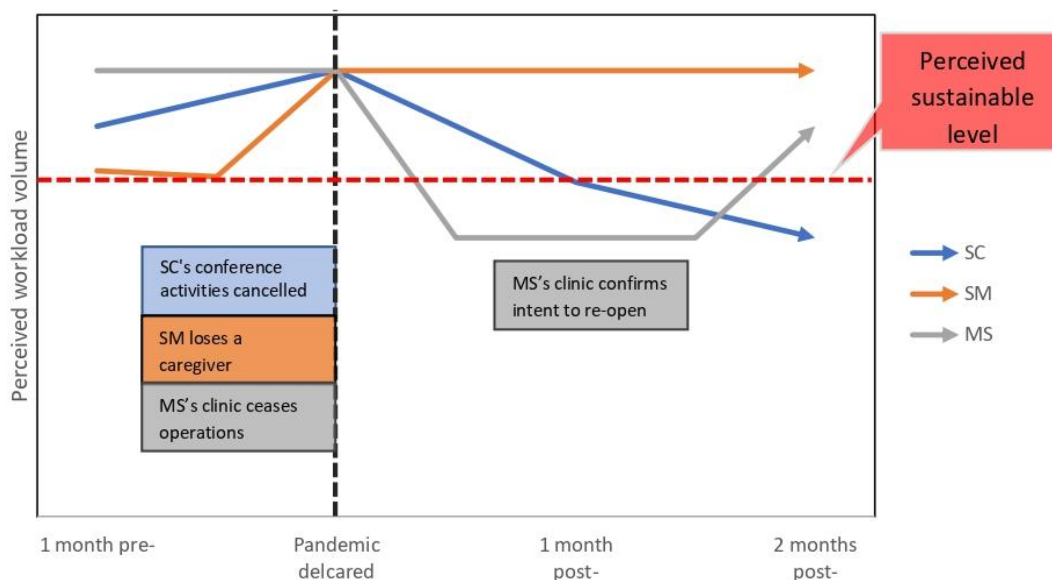
In addition to clinical care, facility coordination, and committee involvement, all of us engage in service as part of our research programs. As we described in the introduction to the ethics lens, we have focused on service activities that are distinct from those that are traditionally and quantifiably 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. As early-career (Sutherland, 2018b) and precariously-employed (Foster & Birdsell Bauer, 2018) 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 we conduct these activities to promote equity and the fulfilment of human rights. Therefore, 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). 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 a position 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 (see above). In this line graph, we demonstrate the volumes of workload over time, relative to our sense of what is sustainable.

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 promote equity and human rights. 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 a 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 public health precautions. 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 affects 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 support. 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 the promotion of equity and human rights through 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 difficulties with our organisational conditions 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 exposed the pre-existing weaknesses of pre-pandemic structures (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 of 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 (van Barneveld et al., 2020).

Innovative aspects of this exploration

To our knowledge, we are the first collective of physiotherapist academics to conduct a collective biographical analysis 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 an analysis that is specific to physiotherapists. Physiotherapy has 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 valid approach to inquiry, 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 with 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.

With respect to our overall approach to this collective biographical analysis, we have approached this as an academic exercise to a practical issue. As academics, we felt that this response was an appropriate way for us to use our skills and hopefully contribute to a discussion among colleagues. Of course, by devoting time to the collective biographical analysis, we further added to our workload. Like much of what we do, it remains uncertain as to whether the stakeholders to which we are accountable recognise this work as academic productivity. Although we are qualitative researchers with interests in social theory, we will note that this collective biographical analysis is not overtly grounded in a specific theoretical framework. Given the "organisational conditions" of this exercise, we believe that a structured practically oriented analysis was appropriate. In parallel, we welcome additional analyses from colleagues who are well positioned to engage with a more intensive use of theory.

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 and clarifying the ways that these contexts are in tension with practice that promotes equity and human rights.

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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Wenche Bjorbækmo (bjorbaek@oslomet.no)
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