

Are we there yet? The journey towards defining our professional identity during time of crisis – the APCP COVID-19 Survey

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‘Not everything that counts can be counted, and not everything that can be counted counts.’

WB Cameron 1963, Attributed to A. Einstein

Introduction

Traditional healthcare roles, interactions and provisions have undergone unprecedented and rapid transformation as a result of COVID-19. Findings from this National APCP survey report highlights a myriad of changes experienced by paediatric physiotherapists, affecting clinical practice, education, research activity and physiotherapists’ personal lives. Survey responses have shown that widespread redeployment destabilised teams, altered service provision capacity, team interactions and professional development, which largely moved to virtual platforms (detailed in sections by [Bell 2020](#), [James 2020](#)). Concerns around compromised patient care, research projects, educational activity and clinical placements were felt across the profession (detailed in sections by [Evans 2020](#), [Hebda-Boon 2020](#), [Knight-Lozano 2020](#)). There were many health service inequalities relating to the impact and response to COVID-19, exacerbated by feelings of isolation, disparities in access to digital solutions and capability gaps. On the other hand, some aspects of virtual communications and digital innovations were welcomed changes for healthcare delivery and development (detailed in sections by [McGarrity 2020](#), [Walsh 2020](#)).

Despite the challenges of these unprecedented times, paediatric physiotherapists shared positive accounts of opportunities for self-development and supporting others, whilst striving to maintain integrity in practice. Against the odds, many shared examples of advancement of their professional practice and the profession itself, described across all sections of this report.

This final section of the APCP COVID-19 survey series is intended to bring together findings across all domains of the survey, consolidating learning and reflecting on key elements of our professional identity that faced change during the initial period of UK COVID-19 pandemic.

Professional identity at glance

Professional identity is defined by Schein (1978) and summarised by Ibarra (1999) as a “relatively stable and enduring constellation of attributes, values, motives, and experiences in terms of which₁₀₀ people define

themselves in a professional role.” (p764-765). Yet, we are not the sole creators of our professional identity. Although a self-concept constructed at an individual level, it is shaped by interactions with the work we do, the people we connect with and the communities in which we belong (Wald 2015). It is to be distinguished from ‘professionalism’, a concept constructed by society and regulatory bodies that govern our profession (Ibarra 2007, Wilson 2013, Warren and Braithwaite 2020). In practice, professional identity links an individual’s motivations and values of a chosen profession. It helps to establish an ethical compass and allows critical examination of our professional behaviours whilst developing attributes through experiential learning as physiotherapists (Holden 2015, Wilson 2013).

Although professional identity is considered relatively stable, its formation is an active process (Holden 2015). It is believed to develop at the undergraduate level and to continue to evolve throughout our professional career under exposure to contextual factors and events (Ibarra 1999, Kyratsis et al. 2017 Lindquist et al. 2009, Hammond et al. 2016). In times of imposed and unprecedented transformation, clinicians are thought to be at risk of experiencing detachment between professional identity and work (Chen and Reay 2020). Understanding of, and reflection on the components that underpin our identity, can help us remain responsive to the dynamic needs of the population and create new ways of working (Chen and Reay, 2020).

The Professional ‘I’ Identity model

Through continuous framework analysis (methodology described in detail in the [Introduction and Methodology section](#)), embedded in a grounded theory approach (Denzin and Lincoln 2011, Ritchie 2014) and collective mapping across this powerful body of data, patterns of association and reoccurring characteristics across the survey domains were revealed. These are summarised and presented in the form of a Professional ‘I’ Identity model, offering a visual representation of the survey findings (Figure 1).

The model illustrates five core dimensions identified *across* the survey domains: Competence, Collaboration, Adaptability, Authenticity and Ethos. Each dimension is represented by four inner ring components that convey findings *within* the survey domains, corresponding to the Caseload, Role, Research and Education and Continuing Professional Development sections. Dimensions and components were agreed with confidence and underpinned by respondent data. Dimensions are discussed below in detail, accompanied by supporting ‘I’ questions that are included to aid reader’s own reflection. Several of the components are interlinked and appear across multiple dimensions. To avoid repetition and support reader clarity, each component appears within the framework once, underpinning one core dimension. The circular diagram has been chosen to emphasise that dimensions and their corresponding components are not graded or ranked.

The model aims to guide the critical reflection, both individually and collectively, on fundamental elements of professional identity, including potential drivers and threats to this complex concept imposed by COVID-19.

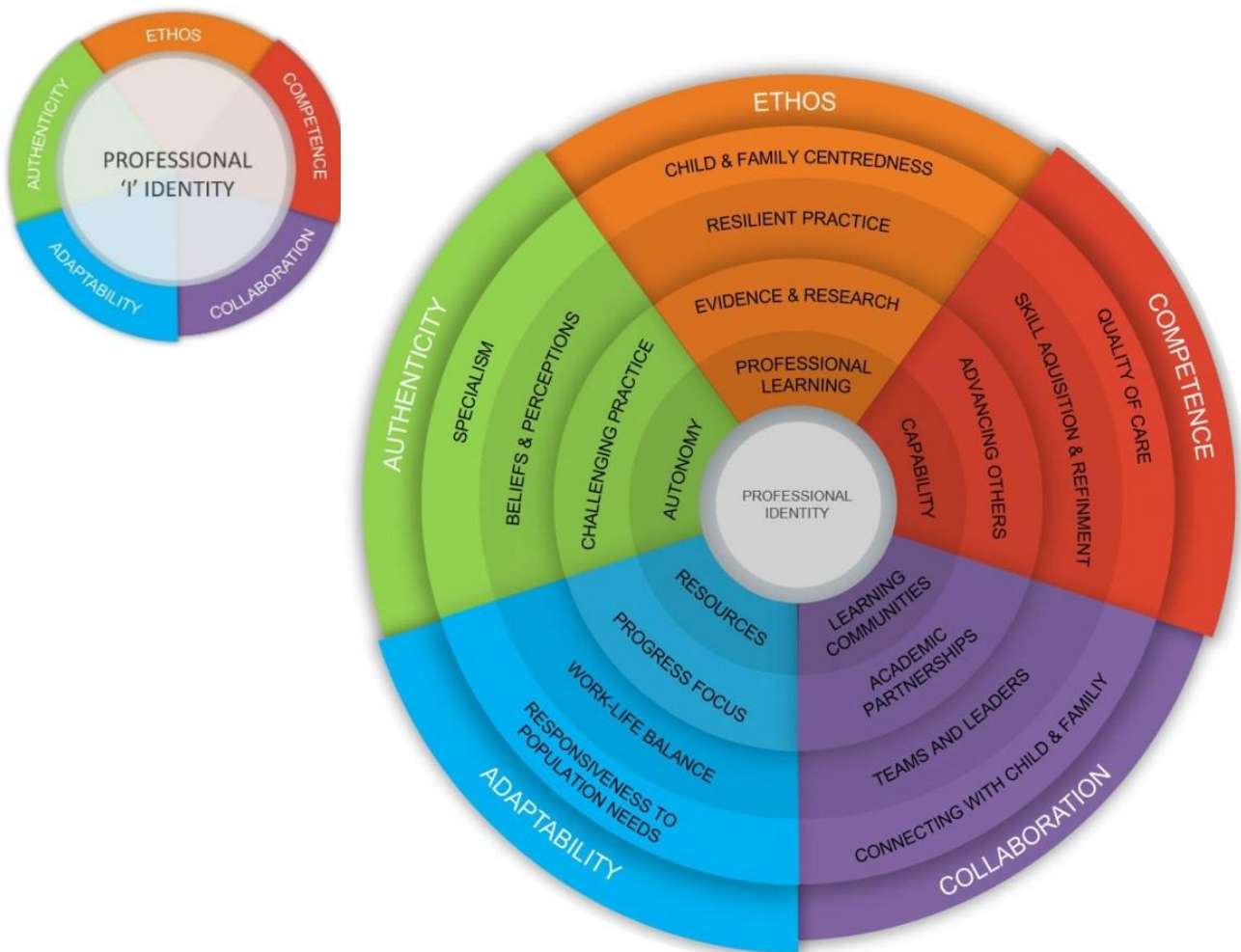


Figure 1 **The Professional 'I' Identity model** – a visual representation of the findings. The outer ring conveys the **Dimensions** ethos, competence, collaboration, authenticity and adaptability. The inner four rings convey the **Components** focused on caseloads, roles, research and education, and professional development aligned within Dimension.

Competence: How do 'I' do this successfully and safely?

Competence here follows the CSP definition of competence as a set of knowledge, behaviours and attributes that enables physiotherapists to work safely, effectively, and legally within their particular scope of practice at any point in time (CSP 2011a). Implications of COVID-19 initiated a number of changes that destabilised professional competence across physiotherapy. The rapid implementation of digital solutions raised concerns about safety and effectiveness of practice, particularly towards vulnerable patient groups requiring continuous physiotherapy input. Furthermore, concerns regarding an unknown impact of virtual therapy provision was emphasised in respondents accounts of practice challenges during COVID-19.

The survey observed many paediatric physiotherapists redeployed from areas of specialist knowledge and skills to areas of immediate clinical priority. This urged respondents to embrace this new way of working, drawing upon their transferable physiotherapy skills and demonstrating flexibility in their professional competencies. This was typically supported by access to redeployment-specific training and support from new teams in which they were redeployed to. Many of the respondents continued to engage in professional development opportunities, maintaining self-awareness, self-motivation and a desire to learn and progress.

These respondents demonstrated resilience towards building competence, in the face of uncertainty and change. This is not just evident in this survey but portrayed across the CSP profession, through sharing redeployment stories on the CSP website and UK-wide prevalence of webinars.

The concept of digital competence was represented in all domains of this survey. Clinicians, educators and researchers portrayed a universal shift to virtual platforms, describing significant learning curves and variable technology capabilities, with limited access to digital training. Traditional strategies to enhance competency and advance others through educational events, mentorship and supervision were also delivered virtually. Furthermore, virtual platforms were imposed upon children, young people and their families who were perceived to experience similar challenges around resources and capabilities. Due to these unprecedented and often unmet digital competencies, respondents questioned the 'value' of virtual platforms and raised significant concerns about the safety and effectiveness of practice, particularly towards vulnerable patient groups requiring continuous physiotherapy input. Furthermore, unknown impact of virtual therapy provision was emphasised in respondent accounts of practice challenges during COVID-19. It is important to consider how digital competence influences the perceived digital 'value' and highlights essential universal training needs to embrace digital physiotherapy in collective perception of professional identity.

Collaboration: Where do 'I' belong?

Collaboration here is defined as the process of building and maintaining links between individuals and within communities (Walters 2016). It was broadly perceived that collaborations and interactions were important for individual's professional identity, including collaborations with children, young people and their families. These relationships were often regarded as facilitating the trajectory of service delivery and practice re-development. Communities of practice (with team members and team leaders) and learning communities (supervisors, peers and mentors) were found to be important and often interconnected. The shift to virtual environments of practice and learning provided an opportunity to engage with wider networks, often beyond teams and departments, opening broader access to national and international collaborations. It gave the opportunity to broaden communities of practice, widen professional learning groups and research networks. The latter highlighted the importance of strengthening academic-clinical partnerships to ensure academic contribution is driven by clinical need and facilitating the research-to-practice knowledge transfer.

The pursuit of staying connected with colleagues through technology posed serious challenges for many respondents. Challenges to collaborate contributed to destabilisation of teams and informal communities of practice and learning, posing a threat to professional identity and a broader sense of belonging. Moreover, the analysis revealed that connections with other paediatric physiotherapists, with patients and their families, and other learners were valued beyond their driving impact on developing practice, skills and delivering care, but were important to well-being and self-esteem of paediatric physiotherapists as individuals.

Adaptability – How do ‘I’ adapt?

Adaptability here is defined as the ability to adjust to new conditions (CSP 2011b). Transformation of practice, learning and research conditions were posed by the major unprecedented change to service delivery, health policy and workforce strategy mediated by technology and enforced in an extremely short period of time. The survey respondents reported various ways that rapid change impacted on paediatric physiotherapy practice: it was often considered a challenge to service provision and reorganisation of practice; yet it has given rise to unique opportunities for innovation and advancement. Paediatric physiotherapists’ have demonstrated adaptability, driven by their responsiveness to population needs (whether within paediatric service redesign or transferability of skills into other practice areas including adults) and negotiation of work-life balance. The flexibility of the latter has been unanimously shown to be an important factor contributing to physiotherapists’ wellbeing and enhanced the ability to adapt to changing practice demands.

Whether the changes were positive or negative in nature the professionals still had to show capacity to adapt, regardless of the effect on professional identity. The magnitude of changes posed discord between respondent expectations of practice, professional standards, and workplace reality. Encouragingly, findings indicated that paediatric physiotherapists were predominantly progress focused. Practice gaps and barriers were not only recognised, but frequently already addressed with suitable methodologies and tools (including educational, research, practice-specific techniques). The importance of focused and compassionate leadership was recognised as a strong facilitator of adaptability which resulted in acceptance of new ways of working. The question of sustainability of this change posed by paediatric physiotherapists cannot be ignored. The ability to adapt and seek new ways of working must not only be celebrated and promoted, but supported by policy, investment and training for change to be sustainable. Sustainability will require more than just willingness of frontline staff but will have to be supported by investment, policy, training to support professionals.

Authenticity – Am ‘I’ a real practitioner?

Authenticity here can be defined as a set of beliefs and perceptions that respondents expressed about themselves as practitioners (Wong and Cummings 2009). Analysis suggested that most paediatric physiotherapists perceive their profession and specialism as a “hands-on” trade, constructed by myriad of psychomotor skills rooted in practical learning and interpersonal physical contact. This perception was found to be deeply embedded in collective professional identity. The shift to virtual environments had an impact on how professionals perceived their roles and the quality of delivered outputs (whether it was patients’ care, clinical education or research). Physiotherapists often challenged the value of the ‘on-screen’ therapist. Discrepancy between perception of self as a hands-on therapist versus practice reality during the pandemic has been a source of strong internal conflict. Analysis has shown that this conflict was amongst the largest threats to the paediatric physiotherapists’ professional identity. The active and favourable engagement with technology during practice change has been noted as a positive driver of identity transformation or realignment within this dimension, emphasising the roles of physiotherapists as facilitators and teachers which extend beyond the ‘hands-on’ treatment sessions.

Another aspect of the authentic practitioner was linked to the paediatric specialism and subspecialties within it. Necessitated by the redeployment or service pressures, paediatric physiotherapists often moved away from their specialist knowledge and expertise in conditions of children and young people, to support areas of clinical need in adult populations, respiratory specialities, and acute hospital settings. This was often perceived as abandoning specialism and was a destabilising factor across the domains. Autonomy of practice and learning was found to be important in maintaining the links with specialism and reiterating the authenticity of self as a physiotherapist and evoking confidence to challenge practice in clinical and academic settings. Efforts to make autonomous learning choices, engage in reorganisation of practice and translate guidance of governing bodies was assuring authenticity in times of redeployment and practice transformation.

Ethos – What do ‘I’ believe are my attitudes and aspirations?

Ethos here is understood as a set of attitudes and beliefs. Analysis has shown that patient-centredness is at the heart of the respondents’ ethos of practice. It forms an internal compass tuned around the principle of caring, regulating and shaping practice. Altruistic aspirations to care for those in need and to go the extra mile in professional actions are inherent qualities of healthcare professions and professional role modelling (Jones 2002). These attributes were restricted in time of the highly contagious pandemic. Physiotherapists’ efforts to continue to interact, understand and respond to children’s needs holistically were underpinned by profound safety concerns at several levels. Firstly, there were concerns about maintaining professional standards for interactions - safety of patients, colleagues, students, but also professional’s own safety, including loved ones. Secondly, there were concerns about the outputs of these interactions i.e. delivery of ‘products’ whether it was patients’ care, educational resources or services of suboptimal quality.

Professional resilience of paediatric physiotherapists was apparent in times of redeployment, cessation of services, understaffing, new learning needs and new service user needs. The role of physiotherapists is often described as encouraging resilience in patients, it is in fact increasingly recognised as a protective factor for population’s health and well-being (Department of Health 2011, CSP 2014). Here however, analysis of paediatric physiotherapists’ accounts identified the ‘resilient professional practice’ that comes from within the profession, motivated by compassion, courage and integrity. It appears that the resilient professional practice is not a concept that emerged over-night, but the ethos that is cultivated within professional identity throughout the lifespan of practice, established on the foundations of research and ongoing professional learning.

The significance of research, clinical expertise and evidence-based practice was emphasised by respondents during times of uncertainty and rapid service transformation. Healthcare population safety, satisfaction and effectiveness of care came under scrutiny by clinicians and researchers alike, accompanied by a desire to reflect on and understand the impact of practice changes. This extended to reflection of oneself, in which a commitment to continuing professional learning was preserved alongside rapidly evolving healthcare transformations.

In summary...

The national survey of APCP members was delivered to explore and further understand the changes, opportunities and challenges that paediatric physiotherapists faced during the time of the COVID-19 pandemic. The authors recognise the generous accounts of personal and professional experiences of these incredibly challenging times and have presented this survey in a series to give due attention to the information shared. Findings document the breadth of COVID-19 impacts on healthcare, education and research settings, professional practice and personal lives of the respondents. Results highlight key drivers (including positive relationships, compassionate leadership that encourages autonomy, training and educational opportunities, sense of work-life balance), aligning with the original values of the APCP network and informing priorities for future direction within this professional community. The results also highlight key threats (like change to usual roles, new work responsibilities, ongoing professional uncertainties), that can lead to considerations of professional retirement or practice cessation and therefore loss of expertise within the paediatric physiotherapy community. The concept of professional identity requires further, scientific investigation to yield findings which can be generalised and validated within the profession and within the paediatric specialism.

Our report concludes with the Professional Identity model, which seeks to convey findings across the survey domains in a systematic and organised way. It can support readers to consider potential drivers and threats to in-practice identity and professional development, at an individual and a collective level. Authors hope that this APCP Survey Report, in its entirety can facilitate reflection of the journey through the COVID-19 crisis and its' impact on our professional identity. Are we close? Are we there yet? Not quite. But we are moving ahead, and we are travelling together.

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