

Faculty from Marginalized Groups in the Health and Social Service Professions: Challenging “Expected Academic” Identity and Roles

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Résumé de l'article

Les universitaires ont toujours été membres de groupes socialement dominants – blancs, cisgenres, hétérosexuels, hommes, des classes moyennes à supérieures, qui s'identifient comme personnes aptes physiquement et mentalement. Les membres d'autres groupes sont souvent désavantagés. Dans deux études, des entretiens semi-structurés ont été menés avec des professionnels issus de groupes marginalisés. Nous explorons les récits de 16 participants qui ont explicitement discuté de leurs expériences dans des postes de professeurs dans le domaine de la santé et des services sociaux. Les rôles universitaires ne convenaient pas parfaitement aux participants, se heurtant aux attentes auxquelles ils étaient confrontés en raison de leurs identités marginalisées. Les normes et les attentes de l'université exigeaient que les professeurs marginalisés sacrifient leur temps et leur identité pour répondre aux exigences du travail. Les effets de ces conflits de rôles sont omniprésents, affectant de nombreux domaines du travail universitaire.

FACULTY FROM MARGINALIZED GROUPS IN THE HEALTH AND SOCIAL SERVICE PROFESSIONS: CHALLENGING “EXPECTED ACADEMIC” IDENTITY AND ROLES

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Abstract

Academics have historically been members of socially dominant groups—white, cisgender, heterosexual men, from middle- to upper-classes, who identify as able-bodied and able-minded. Members of other groups are often disadvantaged. In two larger studies, semi-structured interviews were conducted with professionals from marginalized groups. Here we explore the narratives of 16 participants who explicitly discussed their experiences in faculty positions within the health and social service professions. The *expected academic* roles of teacher, researcher, and colleague/administrator did not neatly fit for participants, clashing with the expectations they faced by virtue of their marginalized identities. Within the health and social service professions, the norms and expectations of the academy required marginalized faculty to make sacrifices of their time and sense of self to meet job demands. The effects of these role conflicts are pervasive, affecting many areas of academic work and beyond.

Keywords: professional expectations, academia, marginalization, equity

Résumé

Les universitaires ont toujours été membres de groupes socialement dominants – blancs, cisgenres, hétérosexuels, hommes, des classes moyennes à supérieures, qui s’identifient comme personnes aptes physiquement et mentalement. Les membres d’autres groupes sont souvent désavantagés. Dans deux études, des entretiens semi-structurés ont été menés avec des professionnels issus de groupes marginalisés. Nous explorons les récits de 16 participants qui ont explicitement discuté de leurs expériences dans des postes de professeurs dans le domaine de la santé et des services sociaux. Les rôles universitaires ne convenaient pas parfaitement aux participants, se heurtant aux attentes auxquelles ils étaient confrontés en raison de leurs identités marginalisées. Les normes et les attentes de l’université exigeaient que les professeurs marginalisés sacrifient leur temps et leur identité pour répondre aux exigences du travail. Les effets de ces conflits de rôles sont omniprésents, affectant de nombreux domaines du travail universitaire.

Mots-clés : attentes professionnelles, milieu universitaire, marginalisation, équité

Introduction

Recent years have seen a trend toward post-secondary institutions increasing commitments to equity, diversity, and inclusion. Aligned with this, health and social service pro-

fessions acknowledge a need for a professional workforce that represents the populations which they seek to serve (Kabene et al., 2012), necessitating diversity in recruitment and retention for post-secondary health and social service professional programs. To date, the need to increase di-

iversity has focused on the student population, yet there is a growing realization that there is a connection between the ability to increase, recruit, and retain diversity in post-secondary health and social service professional programs and the diversity of faculty and staff within those programs (Canadian Association of University Teachers, 2018a; Mohamed & Beagan, 2019; Stone et al., 2013). Members of non-dominant groups have historically been excluded from teaching and research in academia, and those who entered have reported experiencing discrimination and a lack of belonging (e.g., Ahmed, 2012; Stone et al., 2013; Mohamed & Beagan, 2019; Vaccaro, 2012; Waterfield et al., 2018). This means that members of non-dominant groups have had their rich perspectives and diverse ways of knowing not taught or represented within the academy. Herein, we argue that attracting and retaining diverse faculty and staff would not only result in subsequently enticing a diverse cohort of health professional trainees, but it would also strengthen the overall experience of health professional training.

The overwhelming majority of professors have historically been members of socially dominant groups—notably white, cisgender, heterosexual men, from middle- to upper-classes, who identify as able-bodied and able-minded. The expectations for academics have come to reflect the values of this privileged group. These include race, class, gender, sexuality, and able-bodied norms which shape the way the role of academic is expected to be embodied and performed, thus terminology denoting the *expected academic* is used. Norms are constructed and maintained as a method of reinforcing power structures and limiting opportunities for resistance (Foucault, 1980). Social objects such as policies, regulations, and media portrayals indicate role and performance expectations. For example, the frequent portrayal of professors as able-bodied, heterosexual, upper-class, and white creates an expectation that this is how academia should be—this expectation forms the social norm. These socially privileged forms of embodiment in turn create the notion of an *expected academic*, which is a fictional construct that separates the “normative” from the “Other,” reinforcing existing social power relations (Stone et al., 2013; Thorton, 2013). This works to disadvantage those who fall outside normative expectations, making them appear both unnatural, and less than, their normative counterparts.

Research suggests that academics falling outside these racial, colonial, class, sexuality, and able-bodied norms are disadvantaged in academia. In exploring marginalized faculty members’ experiences, Henry et al. (2016) note that

Indigenous and racialized faculty in Canada are paid less than white faculty, yet are found to outperform non-racialized faculty in gaining research grants and publishing. Racialized and Indigenous faculty experience microaggressions that convey messages of not belonging, along with overt racism and colonialism (Mohamed & Beagan, 2019). LGBTQ+ academics share similar experiences to racialized and Indigenous faculty in that they experience numerous microaggressions, while also experiencing isolation, tokenism, and a lack of institutional support, among other things (Beagan et al., 2021; Davies & Neustifter, 2021; Vaccaro, 2012). Academics who come from a working-class or impoverished background are described as feeling like *cultural outsiders* due to possessing cultural capital that does not align with the “ideal” of the academy (Waterfield et al., 2019). Disabled academics are left to deal with accommodations and seek supports without institutional support (LeGier & Owen, 2018; Waterfield et al., 2018). Despite the emphasis on recruiting faculty from diverse groups, they are described as “unexpected workers” in the academy (Stone et al., 2013).

While those identifying with each group have unique experiences, these experiences can collectively be described as exclusion and marginalization in academic work. Post-secondary institutions employ ostensibly neutral, objective guises that negate the existence of biases that favour some groups over others. Often terms like “merit” and “equality” are used to mask institutional biases (Taylor, 2003), leaving out the perspectives of those who do not share the social location of their founders/those in power (Davies & Neustifter, 2021). Although there is a clearly systemic nature to these experiences, they are often individualized, or attributed to a specific marginalized group.

Different disciplines often conceptualize experiences of marginalization differently. For instance, the concept of *misfits* is often used in critical disability studies (Garland-Thompson, 2011), whereas the *outsider within* is often used to capture experiences of race (Wilder et al., 2013), *queering the rules* in the context of LGBTQ+ experiences (McRuer, 2006; Watson, 2020), and *cultural outsiders* in the context of those from working-class or impoverished backgrounds (Waterfield et al., 2019). The concept of *misfitting* highlights the incongruity between certain groups and environments and social spaces that were not built to support their needs (Garland-Thompson, 2011). Originating in critical disability studies, this concept is beginning to receive acknowledgement in other disciplines for its ability to explain how normative expectations create social spaces for normative people, which causes those who deviate from this norm

to misfit these expectations (Beagan et al., 2021). Similarly, the idea of the *outsider within*, taking a critical race perspective, highlights how oppressing social norms create insiders, who embody the normative expectations of a social space, and outsiders, who do not (Wilder et al., 2013). Simply being in a space as an outsider does not change the norms of that space, creating the experience of the *outsider within*. As well, the concept of *queering the rules* brings to the fore the social rules and expectations of gender and sexuality norms, because those who break these rules become visible by not following them (Watson, 2020). While each term was created to conceptualize exclusion across different lines of oppression, they are also strikingly similar.

Although originating from distinct perspectives, each of these conceptualizations of marginalization demonstrate how norms cast some people as belonging, and some as not, along lines of privilege and oppression. Each on its own may illuminate norms that are ableist, racist, heteronormative, or classist. What is lost in this separation is the ability to expose norms that function across marginalized identities to construct an ideal academic that is white, upper-class, able-body/minded, and heterosexual, in ways that similarly convey to those who are not that they do not belong and cannot fulfill academic role expectations. Each conceptualization may highlight where one line of exclusion is drawn, but may miss the idealized shape they create together. While there has been some research examining the experiences of those with different marginalized identities in academia, there has been very little that examines experiences across multiple identities.

This manuscript explores the experiences of faculty who identified as Indigenous, racialized, LGBTQ+, working-class origin, and/or disabled, and who teach and conduct research within the health and social service professions. The health and social service professions were chosen in particular given their rigorous processes for licensure and rigid norms that structure the professions. These norms involve not only particular types of professionalism, but also expectations of competence and caring within their academic role (Davies & Neustifter, 2021; McEnroe-Petite, 2011; Thomas et al., 2019). These rigorous processes for licensure and rigid norms are continuously operating at the same time as the health and social services professions are grappling with calls to recruit and retain a more diverse workforce. Exploring the experiences of marginalized faculty in these programs will illuminate tensions between the values expressed by the professions and how and if these values are being taken up systematically. We argue that the faculty experience in

these instances is valuable, as these are individuals who are educating the next generations of health and social service professionals. If these professions are reportedly in support of diversity and inclusion, yet the experiences of marginalized faculty in these programs is largely negative, we note that the health and social service professions are not bringing these values to fruition in educational contexts. The consequences of this mismatch impact faculty, students, and these professions broadly in their pursuits to meaningfully include, value, and consider diverse ways of knowing, being, and doing.

Methods

This manuscript draws on subsets of data from two national-level studies exploring the everyday experiences of inclusion, exclusion, belonging, and marginalization within law, social work, and academia (Phase 1) as well as in the health professions (nursing, medicine, and occupational therapy—Phase 2). Both studies included participants who self-identified as disabled, working-class origin, racialized, ethnic minority, and/or minority sexual/gender identity (LGBTQ+) working in these fields in Canada. Experiences of Indigenous professionals were included in Phase 1; Indigenous health professionals will be included in an upcoming third phase as part of a student's PhD research, and so is not reported here. Recruitment for both studies was done through professional networks of the team members, as well as shared through social media and professional newsletters of relevant organizations and governing bodies. Those who expressed interest were emailed by a team member to confirm eligibility to participate, and consent forms were sent. To be eligible to participate, participants were required to have a minimum of five years of work experience in their field within Canada, as well as self-identify with at least one of the groups mentioned above. The total sample for both studies included 140 participants. This article focuses on 16 participants who explicitly discussed their experiences working in faculty/teaching positions within the health and social service professions.

Of the 16 participants, our sample included: six nurses, four occupational therapists, three physicians, two social workers, and one health promotion academic. Seven participants were in their 30s, three in their 40s, four in their 50s, and two of unknown age. Three participants had 5–9 years of experience, four had 10–14 years, seven had 15+ years, and two had an unknown number of years of experience. We also gathered information on region and practice context, with a

Table 1

Demographic Information

Demographic	Number of Participants (total $n = 16$)
Age	
30s	7
40s	3
50+	4
Unknown	2
Years in Practice	
5–9	3
10–14	4
15+	7
Unknown	2
Region	
Eastern Canada	6
Central Canada	6
Western Canada	4
Practice Context	
Urban	10
Rural	2
Unknown	4
Identity Group^a	
Racialized	8
Ethnic minority	7
LGBTQ+	6
Working-class origins	4
Disabled	4
Indigenous	1

^aTotals more than 16 because some people fit multiple categories.

fairly even spread of participants from eastern, central, and western Canada, and the majority ($n = 10$) of participants practicing in urban areas. All these demographics, we envision, play a role in the experiences of marginalized academics in the health and social service professions. Although we have not explored these impacts in detail in this manuscript, we hope to do so in subsequent articles and studies.

Ethics approval for this research was received from three university research ethics boards. Grounded in critical phenomenology, with a commitment to social change, the aim of this study was to interrogate power relations that structure taken-for-granted aspects of everyday life (Ahmed, 2006). Upon receiving informed consent from participants, in-depth semi-structured interviews ranging from 60–90 minutes were conducted, either by phone or in person, depending on the location of the participant. The interviews were completed by members of the team; participants discussed experiences of belonging and marginality as well as methods of coping and resistance within Canadian health and social service workplaces. Interviews were recorded and transcribed by a professional, and then checked by the initial interviewer for errors and deidentified. Coding took place using ATLAS.ti, qualitative data analysis software. On occasion, the team all coded the same transcript to enhance consistency across coding and identify any differences in interpretations that required further discussion. The project team lead reviewed the coding of all transcripts. Analysis was conducted using an iterative analytic approach, which moved repeatedly between compiling coded data, re-reading full transcripts (Boyatzis, 1998), moving back to theory, then returning to transcripts and codes. This analysis focused on experiences within academia and teaching, and centred on codes such as job security, institutional barriers, challenging the institution, extra effort/work, mentors/role models, and supports/lack of supports, as well as belonging, toll of marginalization, and overt hostility/exclusion. Quotations were organized into themes as they were identified, then cleaned by removing any false starts and filler words such as “um” and “ah.”

Results

Participants experienced clashes between their expected roles as health and social service professionals in academia, and the expectations they faced by virtue of their marginalized identities. The expected academic roles of teacher, researcher, and colleague/administrator in the

health and social service professions do not neatly fit with those often expected of faculty identifying with marginalized groups, such as advocate, ally, and role model. At moments when these roles aligned, participants described the value they can bring to all of their expected academic roles, but this was often hindered by the structural barriers and normative expectations of academia with which they did not easily fit.

The Marginalized Teacher

Marginalized health and social services professionals working in academia described the benefit their identities bring to teaching and their experiences of role coherence with the expected role of the marginalized academic as advocate, ally, and role model. Participants described how students with marginalized identities often sought them out for support:

I think it probably does help them to feel safe in terms of knowing that if there's an issue, that I'm there. And often, I notice they make the connection with me. I don't reach out to them to make a connection. But they'll make a connection to me. [OT20]

Because of shared social locations, participants described being able to relate to students' experiences and being able to respond in ways that met these needs [DP15c]. Participants described efforts to forge connections between students, including starting community groups and holding events to support marginalized students. Being a role model in the classroom by using inclusive language, bringing examples from different cultures, and including diverse role expectations were ways that marginalized health care providers working in academia strived to not only make the curriculum safe for students, but also ensure future health and social service professionals had the skills to work with diverse clients. However, dominant expectations of what it means to be a teacher in academia meant that by being an advocate, ally, and role model for those from marginalized backgrounds, health and social service professionals in academia faced backlash for transgressing normative boundaries.

Participants reported receiving nasty comments on formal student feedback for things like using inclusive language, such as OT12, who recalled receiving a comment from a student that stated that they “shouldn't be talking about their sexual orientation in class.” One LGBTQ+ participant even described how a student's mother blamed

them for “converting” the student. Students questioned participants’ authority in various ways—for example, N6 shared that they had a student drop their course because of the academic’s accent, yet the participant felt it had to be something else, as their accent had not impacted their work previously. Participants also described the disrespectful behaviour students felt entitled to show them. For example, one female occupational therapist described an interaction with a male student who asked the participant: “Why don’t you just dance for us?” [OT16]. The expectation that health and social service providers working in academia would be male, white, middle-class, Western, Christian, able-bodied, and heterosexual, meant that participants experienced backlash when they deviated from these norms, often just by existing at the front of the classroom.

The Marginalized Researcher

Participants described how their membership in one or more marginalized groups was often an asset to the type of research they were conducting. For some, it helped build trust with the individuals or communities they were working with. DP2c talked about how their research work “overlapped a lot with the community, right? So, there’s a lot of sense, when I go back, into [my community] for example, and do my work, there’s an, some sense of acceptance.” Others found that they were particularly oriented toward advocacy and justice with their work, which made them passionate about what they were doing. Others strived to produce immediate change within the health care system and oriented their work toward producing that change, often drawing on knowledge they were privy to because of their identities. N13 described how their research focused on filling gaps that they perceived because of their identity: “And it’s like these gaps, like these unmet learning needs of mine, like, were just beautifully illustrated in the gaps in care that 2SLGBTQ populations experienced.”

However, researchers’ roles as ally and advocate often led them to conduct research using community-oriented approaches, which they described as taking longer and producing knowledge less valued in academia than their colleagues’ research. N13 also went on to describe how, “There’s a lot of competition within the academy and I think that my peers don’t understand that the deck is stacked against me.” Another example, as one person argued, “Increasingly, KT [Knowledge Translation] is expected of most of us. And most of us do some. But most of us are not in the situation of ‘You won’t actually be able to do another piece

of research here unless you do this’” [DP2c]. Using a community-oriented approach, a researcher may never gain access again if they “under perform” in knowledge translation; they must devote that time, even though KT is undervalued in the academic sphere.

In some cases, community-oriented research may not have led to producing manuscripts, but other types of work such as policy documents, which are not valued as highly for tenure and promotion or grant competitions:

Because I’m saying things that people have never heard before, I, I don’t fit in the boxes, that work for funding, right? My applications are out in left field. So I’m not going to score within these traditional scoring cards...I’m never going to get as many points as everybody else. [N13]

In addition, the extra work that participants described doing as an ally, advocate, and role model for students took time away from time that could have been spent producing research. This notion of extra work is described nicely by DPc5, when a student noticed the extra work they put in and stated: “If you ever go for full professor, I’m writing a letter about the extra effort and work that it takes you in working with those students.” When quantity of manuscripts is the marker for measuring success in academia, participants described how their commitment to being an ally, advocate, and role model often left them coming up short.

The Marginalized Colleague

Participants described the expectations that others had of them as a colleague from a marginalized group in academia in the health and social service professions. Almost all participants were asked to be on multiple committees to represent members of their marginalized group; for example, when DP2c shared their experience being put on a diversity committee: “They need to have someone sitting on this diversity committee. And so, well, you’re the only one. So you’re going to be the one who’s going to be asked to do it. And, often, you’re not asked; you’re told.” While this aligns with the advocacy role many participants valued, the volume of committees they were part of took away from other valued aspects of their jobs, such as teaching and research. In addition, there was a sense of tokenism, where some participants described being on committees only because of their identities and not being listened to or respected when they actively participated. DP14c noted being invited to

committees “just because You’re Black, and you’re a token. It’s not like they really want to change anything.”

Participants also described how they chose to spend time with colleagues who were also marginalized. For those whose departments had multiple marginalized academics, participants described how they could be allies and advocates for each other. This was described both by OT16, who shared that, “So long as I’m connecting with someone who identifies with a community that is marginalized, I feel I am understood,” and P3, who said that, “When I’m spending time with people who think similarly to me, who are also of a similar background, then there’s a real connection.” Participants also stressed the importance of having department and university heads who were marginalized as role models, but few participants had experienced this.

Yet, participants described how they faced discrimination on both micro and macro levels on a daily basis. One participant described how the daily racism they faced in academia was so bad that, were they to go back in time, they would have chosen a different profession [N11]. Others described those in higher ranks making homophobic comments [P12]. Many also described that those with normative identities had the kind of cultural capital that was valued in places like meetings and conferences, which left participants feeling outcast and like they did not belong. N11 noted that they

experience racism on a daily basis, in academia for sure. And that plays out in things like getting passed over for a promotion, being passed over for leadership opportunities within the department, being silenced, having my voice silenced, having my work not recognized. Just every opportunity to push me down is what I feel, what I experience here.

Many avoided social events for the same reason [N13].

The Effects of Role Conflict

Participants described how the conflict between their roles left them constantly trying to navigate how to do what was expected of them and still be themselves while creating the least conflict. Participants described how they often strategically hid aspects of their identities in front of students, which left them feeling unlike their true selves [OT16]. Others described downplaying or hiding anything that could indicate their marginalized identity while being in an academic role [P12, N6]. One participant described how they

needed to “trim” their identities to fit into their academic role, making them feel “less grounded in my roots” [N9]. Not only was this extra effort for participants, but as one participant described it, it involved “giving up my sense of self” [DP2c].

Discussion

It is clear that the prototypical *expected academic* in the health and social service professions does not necessarily align with the roles that faculty identifying with marginalized groups take on or are expected to take on. While groups may experience different degrees of misalignment in different role contexts, there were commonalities that marginalized faculty experienced in their deviation from the expectations and norms of what a typical health and social service provider and educator “should” look, sound, and act like. These commonalities expose what these norms are and how they function to continue to oppress members of marginalized groups in academia.

Many participants discussed their research and noted how their marginalized identities were both an asset and disadvantage in the world of academia in the health and social services professions. For example, some described how their identities allowed them to form meaningful connections with communities with whom they were researching. This often led them to take on advocacy or justice roles, as well as adopt community-informed approaches to their research. Although participants felt their work was meaningful both for themselves and their communities, they highlighted the tensions that doing this work in the academy brings. This is in line with research by Vaccaro (2012) that found that academics using theories from subject areas that aligned with their identities, such as queer academics doing research informed by queer theory, faced greater hostility in institutions. In addition, community-based work takes more time, requires more engagement throughout the process, and often leads to unique knowledge translation strategies that are outside of the typical peer-reviewed expectations. This impacted some participants who were trying to get tenure and promotion, where this kind of research is generally less valued. As the changing research world exposes the inadequacy of current metrics used for tenure and promotion (Cabrera et al., 2018), the consideration of how the metrics used disproportionately disadvantage those who identify with marginalized groups should also be interrogated. Although participants were doing meaningful, needed work,

they were often doing so at a cost to their career trajectories.

This suggests that, despite efforts in academia to appear to diversify, the role expectations of the academic researcher remain aligned with white, Western, cisgender, heterosexual, able-bodied/minded, and middle- to upper-class values. By valuing knowledge production over relationship building and knowledge use, universities convey that researchers are expected to be distinct from the communities they investigate. This highlights an ongoing history of colonial and Orientalist Othering in academic research, as well as reinforcing Western, positivist scientific values. This may be particularly problematic for those identifying with marginalized groups, for whom this ongoing history is personal, as well as political, and highlights the need for community-based and justice-oriented work to which they are committed and which they experience as meaningful. By challenging these academic institutionalized norms, academics identifying with marginalized groups are punished for not measuring up to the normative publication expectations against which suitability for tenure and promotion is measured. This highlights how normative expectations function to oppress those identifying with marginalized groups working in academia.

Participants spoke about how their marginalized identities both hindered and helped their relationship with students. Participants felt that their identities often allowed them to be allies with and advocate for students also from marginalized backgrounds. Being able to support students and form a connection was a way to make meaningful changes at the ground level in academia for marginalized students (Kinsey, 2021). However, it is important to recognize that these supports, and efforts put forward by marginalized faculty, are often not seen as valuable from an academic perspective, and this work is often extra, or invisible, on top of all the other tasks that marginalized faculty do (Ahmed, 2012; Henry et al., 2016). Participants also shared how their marginalized identities did not always provide connection with students, and how, at times, students were discriminatory and disrespectful toward them. In the context of the expected caring relationship within the health and service professions (Thomas, 2019), this was particularly challenging. Participants highlighted their experiences of receiving student ratings of instruction (SRIs) that were incredibly hurtful or lacking the respect granted to non-marginalized colleagues. These experiences are in line with literature highlighting the oppressing function of SRIs for educators from marginalized groups (Boring et al., 2016; Canadian Association of University Teachers, 2016,

2018b; Eidinger, 2017; Esarey & Valdes, 2020; Farr, 2018; Freishtat, 2016; Hativa, 2013; Ontario Confederation of University Faculty Association, 2019; Stroebe, 2016; Uttl et al., 2016). These findings contribute to the literature illuminating how harmful academic norms can be for faculty, especially those who must use SRIs and student feedback as an indicator of job success.

In exploring their role as colleague in the academy, participants again highlighted advantages and disadvantages of their marginalized identity. Participants described experiences of tokenism, discrimination, and one described “experiencing racism on an everyday basis.” This included being passed up for promotion, being silenced and discriminated against, and feeling as though they do not belong. The toll of being asked to sit on every diversity committee or any committee where diversity was needed to “check a box” was evident. Ahmed (2012) notes that universities use “diversity work” to defuse radical potential for change. This has major impacts on those doing this work, as they are constantly met with resistance when trying to make meaningful change within institutions. All of these external “asks” of participants take away from the work they are expected to be doing, which often leads to them getting burnt out or leaving academia altogether (Gerwin, 2021). However, many participants found allies in other marginalized faculty, either at their respective institution or elsewhere if needed. Being surrounded by people who were doing similar work and experiencing similar things allowed for the creation of community—which participants emphasized as important over and over again (Teghtsoonian & Moss, 2008).

What this suggests is that marginalized academics’ value comes from doing work that is less valued, which inherently reinforces a hierarchy in which they are at the bottom. The value of gaining a view from those on the margins cannot be understated (hooks, 2000)—queering, decolonizing, and crippling¹ the academy are topics of discussion right now. Yet when institutions do little to value the perspectives of those doing this work, little is done to address the problematic aspects of institutions for those coming from the margins in the first place. The work of supporting diverse students, continually pushing against normative forces, and forging and maintaining relationships with communities that universities have spent centuries abusing, is work that

1 “Crip” is a reclaimed term in critical disability studies, attributed to Robert McRuer (2006), suggesting a position against the compulsory able-bodiedness of normative life.

universities grounded in white, cisgender, heterosexual, able-bodied/minded, and middle- to upper-class values refuse to reward. Therefore, to succeed, marginalized academics must do this work on top of meeting white, cisgender, heterosexual, able-bodied/minded, and middle- to upper-class standards of value, through striving to perform the *expected academic* who is widely published, highly scored in teaching evaluations, and contributes to supporting the problematic institution through dedicated service on multiple committees. This is a near-impossible ask. Further, there is something profoundly troubling about asking people to participate in bolstering up the very institutions that have continually oppressed them. This allows institutions to look as though they are leading the way in diversity and equity, while continually marginalizing the very people brought in to support these initiatives. The experiences of participants in our study speaks to this issue wholeheartedly.

Although literature has explored the unique experiences of marginalized groups (e.g., LGBTQ+, racialized), what has not been looked at to date are the similarities among marginalized group experiences in academia. While it is important to highlight that faculty from marginalized groups will have unique experiences dependent on and influenced by their identities, all participants in this study experienced what it is like to challenge norms within the institution. All of them are met with tensions and pushback from students, colleagues, and administrative staff. All of them were expected to perform extra work. This illuminates a glaring issue and requires a critical interrogation of the post-secondary education system and the norms and expectations it portrays to those employed within it. Gaudry and Lorenz (2018) highlight this issue from an Indigenization and decolonization perspective—noting that much of the work occurring in post-secondary institutions is at the level of including diverse voices and curriculum, with little interrogation of the system itself. They describe a tension within these efforts, noting that there are two ways to go about decolonizing institutions—one that creates parallel universities from the ground up, drawing from those who have been purposely excluded from these systems for decades, or creating change within a system that is already set up, illuminating the problematic aspects of these institutions. What is clear is that if we continually diversify our education system without making any changes to the structure of it, we are doing a disservice to marginalized faculty who are entering academia.

The experiences of marginalized faculty in the health and social service professions highlight a broader issue

within post-secondary institutions. Institutions across Canada are aiming to increase equity within both their teaching and student bases, yet very little is being done to address the underpinnings of these institutions (e.g., colonial and class-based) and how these underpinnings continually create disadvantage for marginalized students and faculty (Burm et al., 2022). The targeted hire initiatives for marginalized groups (e.g., Indigenous, queer) are helpful in getting diversity in the door, but do very little to support them once they enter their new roles. This is demonstrated in the experiences of marginalized faculty being tokenized and disrespected (Ahmed, 2012; Mohamed & Beagan, 2019; Beagan et al., 2021; Henry et al., 2016). Notably, it appears that marginalized faculty are desired for the diversity of perspectives they bring but are not able to bring that perspective in meaningfully, given the pervasive norms and status quo of post-secondary institutions (Ahmed, 2012). In the health and social service professions, this is likely to continue to increase as more professions make commitments to equity, diversity, and inclusion. As such, the experiences of marginalized faculty speak to the performative nature of diversity work in post-secondary institutions—where targeted hires are needed to “check a box” rather than meaningfully change the institution and the status quo in a way that is long-lasting. This creates a slew of tensions for marginalized faculty, tensions that will not improve or be mitigated until we are able to truly interrogate and meaningfully change the norms perpetuated within the academy. We must move beyond “quotas to ‘fix’ growing diversity concerns to naming and changing the forces that represent underrepresented groups from feeling safe and supported” (Burm et al., 2022, p. 119).

Conclusion

Faculty positions in the academy typically involve a teacher, researcher, and administrative/colleague role, and the *expected academic* is white, cisgender, heterosexual, able-bodied/minded, and from the middle to upper class, namely—someone who comes from the dominant groups in society. This concept is socially constructed and influenced by power and power relations (Thorton, 2013). Participants highlighted tensions when their expected roles in academia and the personal and political commitments of individuals identifying with marginalized groups do not align. The norms and expectations of the academy mean that participants felt they had to make sacrifices—whether that be on

their time, or their sense of self, to meet the needs of their job. The effects of these role conflicts are pervasive and have impacts in many areas of academic work and beyond. This article adds to the current literature by illuminating the extra work placed on marginalized faculty in the health and social service professions in the context of increased pressure to recruit and retain diverse people in faculty positions in recent years. If we are to meaningfully recruit and retain diverse people and voices, we must first begin challenging the embedded norms and expectations of the health and social service professions to ensure that we are moving past mere *inclusion* toward valuing and conceptualizing different and unique ways of being and doing.

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