# Public Thinking About Care Work in a Time of Social Upheaval

## Findings from Year One of the Culture Change Project

October 2021

FRAME WORKS

# Contents

# Introduction

In March 2020, the novel coronavirus (COVID-19) became a pandemic in the United States, leading to widespread stay-at-home orders, the shuttering of countless businesses, and, of course, a sudden, overwhelming strain on the US healthcare system as hundreds of thousands became sick and tens of thousands began to die. Many of those who have become ill or died are care workers, including people working in hospitals, nursing homes, other healthcare settings, and homes.

Nursing homes proved to be particularly vulnerable, and both workers and residents have been at high risk of catching and spreading the virus. As of September 2021, at least 186,000 residents and staff of nursing homes and other long-term care facilities have died of COVID-19.[1]

This unprecedented event has put the spotlight on care work. Stories about nursing homes and hospitals have included discussion of the risks that workers in these places, including care workers, must take. A type of work that is usually out of sight and out of mind for most people has come to the forefront of national discussion, and working conditions in nursing homes and hospitals have become front-page news.

This sudden increase in issue salience and closer public scrutiny of care work has the potential to shift people's thinking about care, who provides it, where it happens, and how we support or—too often—devalue care work. Increased visibility has the potential to foster a revaluing of care work and could lead Americans to push for better pay and protections for care workers across care settings.

To what extent is this unprecedented pandemic shifting thinking about care work? The FrameWorks Institute is exploring this question as part of our empirical study on culture change during a time of upheaval. The broader project is examining whether and how the upheavals that began in spring 2020 and continue today are shifting thinking about social issues—the economy, health, racism, government, and other issues.[2] As part of this project, we have dedicated a strand of research to exploring how Americans are thinking about care work during this time. The research goes below the surface of public opinion, looking not to identify *what* people think about care work but rather *how* they reason—the deep cultural mindsets that the public uses to think about care work as well as top-of-mind associations with the issue.

Below, we outline findings from the first 15 months of the project (May 2020–August 2021) and lay out questions for possible future research.

# Methods

To understand how Americans understand care work, we collected data using both qualitative and quantitative methods.

## Peer Discourse Sessions (May–June 2020, December 2020, April 2021)

We conducted 13 peer discourse sessions (a form of focus group) in May and June 2020, nine sessions in December 2020, and nine more in April 2021. These sessions explored participants' thinking about major issues in American society, including health, the economy, government, and racism.

In the sessions conducted in May and June 2020, we asked participants to think about these issues in the past, present, and future in an attempt to collect information about broader mindsets rather than just thinking about the pandemic.[3] The sessions then turned to lengthy discussions about a specific topic—the economy, government, or health. In the final five of the 13 sessions, we added a dedicated set of questions on the racial justice uprisings following the murder of George Floyd, which were just beginning to happen at the time, to understand how participants were making sense of the protests and the issues at stake in them.

In the sessions conducted in December 2020 and April 2021, we revisited the same issues, with three sessions focusing on the economy, three on government, and three on health. We wove questions about racism throughout all sessions. We dedicated the first half of the sessions to questions we had asked in May and June 2020. This allowed us to look at whether the same questions were eliciting similar conversations or whether different patterns were emerging. In the second half of the sessions, we designed activities to deepen our understanding of findings that were emerging in the project.

In the December 2020 sessions, we explored thinking about the connection between health and place in the context of COVID-19; about health and racism in the context of COVID-19; about the idea that the economic system is "rigged"; about racism and the economy; about the meaning of democratic representation; and about elections and the American voting system. The sessions concluded with a brief discussion of lessons people were drawing from the pandemic.

In the April 2021 sessions, we designed activities to better understand patterns that had emerged in earlier analyses. Specifically, we explored people's understandings of social and economic class; an emerging ideal around the possibility of truly responsive government;

the idea of "unity" and different understandings of it; and individualism vs. systemic thinking. We also explored how people were making sense of the January 6 insurrection and how, nearly a year later, people were thinking about the racial justice uprisings that followed the murder of George Floyd.

In all three sets of sessions—May–June 2020, December 2020, and April 2021—we included a dedicated module about care work. Participants were asked what they think of when they hear "care work" and "caregiving"; what they think care work and caregiving entail; where they think care work and caregiving occur; and how they think care workers and caregivers could be supported. In the May–June 2020 sessions, we found that participants didn't always have a clear understanding of the terms "care work" and "care workers," so in the subsequent sets of sessions, after asking some initial questions to get top-of-mind associations, we provided a short definition of the term before asking further questions.[4] In April 2021, we added some additional questions to probe patterns that emerged in earlier analyses, including people's tendency to associate care work with institutional settings and individualistic vs. systemic understandings of the quality of care.

All sessions were held virtually using Zoom, with six participants per session, and were recorded with the consent of participants. The participants were recruited to represent variation across demographic characteristics, including race/ethnicity, gender, age, political identification, residential location (urban/suburban/rural), geographical location (city/region), and education. Sessions were demographically mixed, including participants from different groups in the same sessions.

## Culture Tracking Survey

Since August 2020, we have conducted a regular, nationally representative tracking survey to quantitatively measure and track cultural mindsets—both foundational mindsets (for example, individualism) as well as mindsets on specific issues (for example, economy, health, race and racism, government). The survey asks a series of questions to gauge levels of endorsement of specific mindsets. It also includes questions to gauge support for key policies (for example, a jobs guarantee, Medicare for all, paid family leave, reparations), allowing us to look at the relationship between the strength with which people hold certain mindsets and their support for specific policies. In October 2020, we added a set of questions to measure mindsets around representation, democracy, and voting. The survey was conducted monthly from August through December 2020, then bimonthly beginning in February 2021 through August 2021, with regular surveys continuing into the future as well.

Like the peer discourse sessions, the survey includes a dedicated module on care work. In this section of the survey, respondents are asked questions about which occupations they consider to be "care work" and where care work happens; what jobs they consider "essential"; and what jobs they consider "important." After gathering top-of-mind associations with "care work" and "care workers," the survey—like recent peer discourse

sessions—briefly defines "care workers" for respondents to make sure they have an accurate sense of the term in mind, then asks a set of follow-up questions to understand how they think about care workers.[5] This includes a set of questions to gauge levels of endorsement of different cultural mindsets about care workers.

In this report, we focus on results from the most recent survey, from August 2021. Survey results have been relatively stable across time, so for convenience and simplicity, we use the August results to illustrate patterns.

## Cultural Models Interviews (August–September 2020)

To deepen our understanding of how mindsets might be evolving in response to the upheavals of this year, we conducted 20 in-depth, one-on-one interviews with participants from diverse backgrounds. (See the description of peer discourse sessions above for demographic factors we made sure to vary.) Interviews were conducted virtually using Zoom and were recorded with the consent of participants. These interviews allowed us to dig more deeply into how people are applying cultural mindsets in this moment. We asked similar questions as in peer discourse sessions, but in the one-on-one context, we were able to probe more fully to understand the ways in which mindsets are shifting and to develop some ideas about how the current social reality might be prompting such shifts.

These interviews included a section that focused specifically on care and care work. As in the survey, we asked a set of questions designed to elicit top-of-mind associations with the idea of care work, then introduced a definition of care work (the same one used in peer discourse sessions and the survey) and asked additional questions, probing with follow-ups as necessary to understand mindsets around this type of work.

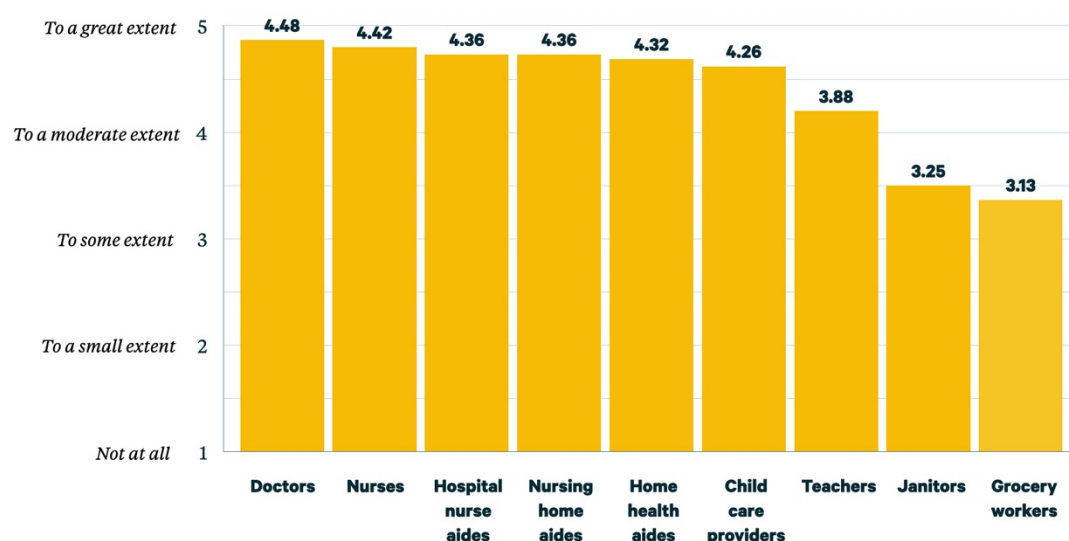**Public Thinking About Care Work in a Time of Social Upheaval**

# Findings

## "Care work" is understood to mean healthcare.

Across all methods, we found that people tend to have, at best, a loose understanding of the term "care work," an understanding that centers on healthcare. In particular, when people hear "care work," they tend to think about skilled healthcare work in hospital settings.

In cultural model interviews and peer discourse sessions, when participants were asked what comes to mind when they think about care work and care workers, they consistently brought up doctors, nurses, emergency medical technicians (EMTs), and paramedics. Participants were less likely to think of health aides, such as home health aides, hospital nursing aides, and nursing home workers, although when they were asked explicitly about these types of jobs, they generally considered them to be types of care work.

Survey responses back up these patterns. Across the months the survey has been conducted, when respondents were asked to what extent they considered different jobs to qualify as "care work," they consistently rated doctors and nurses most highly, followed by different categories of health aides (see Figure 1 for results from August 2021, which are representative of the general pattern).

**Figure 1: "To what extent would you say that each of the following jobs qualify as types of 'care work'?" (mean score)**



**Public Thinking About Care Work in a Time of Social Upheaval**

The focus on doctors and nurses almost certainly stems from the greater visibility and prestige of these positions within our culture. When people think of healthcare, they think first and foremost of doctors and nurses rather than other critical healthcare jobs, such as different types of health aides. And since people think of healthcare when they hear "care work," their thinking goes to these jobs first.

Because most people have only a loose sense of what "care work" means, people sometimes consider care provision outside of healthcare contexts to be care work as well. As Figure 1 shows, on average, people thought of childcare providers as engaged in care work to a greater extent than teachers, janitors, and grocery workers—other jobs that are similarly not health jobs. This indicates that people's loose sense of the term centers on healthcare but extends to some degree to care provision that is not related to health.
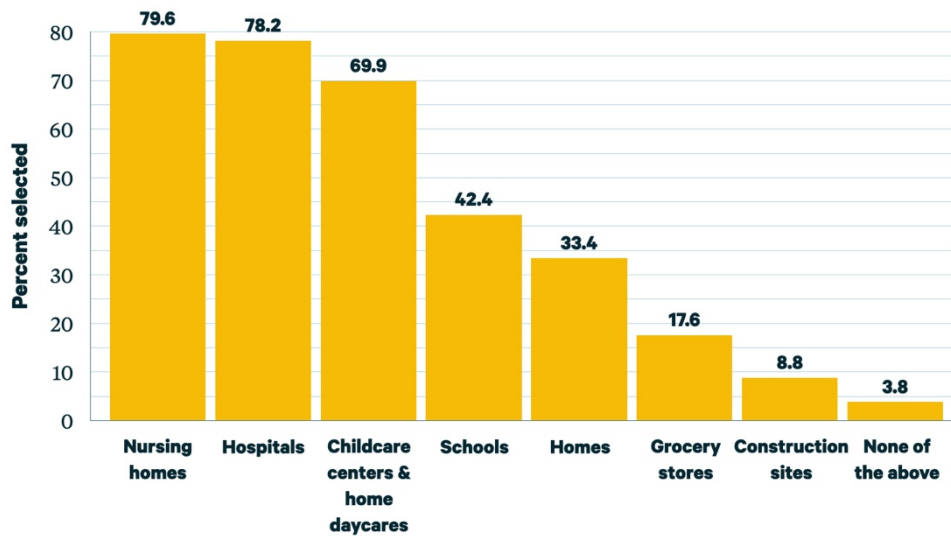
## People assume care work happens primarily in institutions, not homes.

Just as people associate care work with healthcare, their first assumption is that care work occurs in *institutions*, in particular hospitals and nursing homes. This was clear in peer discourse sessions and interviews as well as in survey data.

In the survey, we ask respondents what places come to mind when they think about care work. As Figure 2 shows, in the August 2021 survey, nursing homes and hospitals were chosen by over three-fourths of respondents, followed by childcare centers and home daycares, which was selected by over two-thirds of respondents. Notably, only 33 percent of respondents chose homes as a location for care work. This pattern was consistent across other months as well.

**Figure 2: "What places come to mind when you think about care work? (Check all that apply)"**



The fact that people typically *don't* think of homes as a place where care work happens is striking since this is, in fact, a central site for such work. What explains this? Data from interviews and peer discourse sessions suggest the answer has to do with how people model the relationship between work and home.
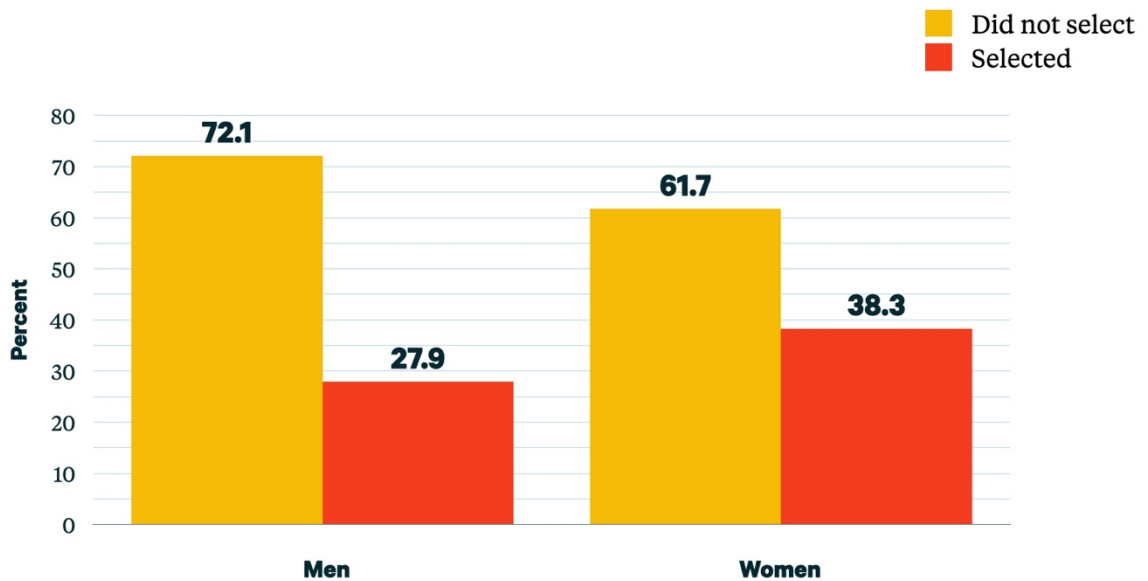
As historical analyses of gender and labor have shown, our culture assumes a basic split between two separate spheres of life: a public sphere, where people (prototypically men) work for money, and the private sphere of the home, where people engage in (purportedly) noneconomic activities and women provide care out of personal affection and concern.[6] We saw this traditional conception of spheres come out during peer discourse sessions in participants' different responses to questions about "care work" and "caregiving." While "care work" prompted talk about jobs that happen outside the home, participants associated "caregiving" with something done in the private sphere of the home, most likely by a woman in the family who provides care for free. So care*giving* is thought of as an unpaid "labor of love" that women provide in the home. By contrast, care *work* is thought of as something you are paid to do and, given basic assumptions about where work happens, this led people to think of it as something that happens in public spaces.

People's thinking about home health aides shows that people's association of care work with healthcare can overcome people's assumption that care work happens in institutions. The term "health" in the title seems to professionalize caregiving done in the home and enable people to see it as "work." People's recognition that these are paid positions overcomes the default presumption that caregiving done in the home is not really work.

There are notable differences in how men and women perceive locations of care work. Women are more likely than men to view home as a place where care work takes place (see Figure 3 for August 2021 results, which are consistent with the typical pattern across

months). This may be a result of women being more likely to engage in domestic forms of labor and to recognize that this labor is work even if it isn't compensated. Women may therefore be more likely to view home as a space where care "work" occurs. Or women's greater recognition of home as a location of care work may be a result of women playing a greater role in arranging for home care for their family members. It is worth noting, however, that while more women than men say care work happens in the home, this remains a minority.

**Figure 3: Percent of men and women who selected "homes" as a site of "care work"**



**FINDING #3:**

# Care work outside a hospital setting is often considered less skilled and less important.

Interviews and peer discourse sessions revealed a commonly held assumption that care work outside hospital settings involves "menial" or "unskilled" tasks like mopping the floor, chatting with the elderly, and checking in on people, whereas care work in hospitals is assumed to consist of or involve supporting highly skilled medical care. Although people recognized that the support care workers provide is essential for older people and people with disabilities, they tended to treat care provided outside hospitals as less valuable for society as a whole. This was particularly true for home-based care, which people thought of as important for those who receive the care but less essential for the rest of society.

The survey data on the overall value of different forms of care work have proven less conclusive. While—unsurprisingly—doctors and nurses are considered more essential than health aides, there aren't statistically significant differences in how essential or important people considered hospital aides to be compared to nursing home or home health aides. Further research that digs into the issue in greater depth is needed to better understand

differences in how people model care work in hospitals compared to homes and nursing homes.

# People sometimes think of care workers as providing critical emotional support.

In a number of peer discourse sessions, people talked about care work as a form of critical emotional and psychological support. Participants drew on this understanding of care particularly when talking about care facilities that are not hospitals, such as nursing homes and hospice centers. In this expanded understanding, care work is seen as involving not just physical care but psychological care.

In these sessions, care workers were sometimes described as replacements for family members. Some of this talk was explicitly linked to the pandemic: Care workers have provided emotional support that family members would ordinarily provide but couldn't because they couldn't visit due to the pandemic. At other times, participants used similar language without explicitly talking about the pandemic, suggesting that, for example, the job of a nursing home aide can be thought of as providing support that family members would provide if the older person were living with them. This way of thinking came out most strongly in the December 2020 sessions, although it also appeared occasionally in sessions conducted at other times.

We suspect that this way of thinking about care work already existed before the pandemic but was pulled forward more strongly by the pandemic when people were unable to visit loved ones in facilities. The emotional care provided by care workers likely became more salient during the pandemic because care workers have, in many cases, been the main people able to provide in-person emotional support. This critical part of care work has come more clearly into view because care workers have played an even more central role in nursing home and hospice residents' support systems.

This is an important development with both promise and potential pitfalls. This way of thinking is an important counter to the one described above—care work in this case is valued and recognized as critical. On the other hand, when participants drew on this view of care work, they still didn't think much about people's homes as locations for care work. And this view may reinforce the sense that care work is defined by care workers' personal and individualized capacity to care—a way of thinking we turn to next that can make it hard for people to think about care work in systemic terms.

# Caring is often thought of as a character trait, not a skill.

Americans share a deep assumption about care: Caring is a personality trait, not a skill. When people apply this mindset to thinking about care work, they assume that to do care work well, you have to be the right kind of person—a caring person. This understanding of care appeared across peer discourse sessions and interviews, as participants consistently talked about caring as a feature of individuals themselves. As we discuss in the next finding, the existence of this mindset is backed up by survey results.

This is a highly individualized model of caring that locates the capacity to (provide) care in inherent characteristics of the person rather than context. According to this logic, some people are naturally caring while others are not, and this isn't easily changed. This means that care is not thought of as a skill that can be acquired or supported but rather something that people are either capable of or not.[7]

The assumption that care work depends on the individual's natural capacity to care makes it harder for people to see how systems, supports, and policies can improve care. When participants drew on this way of thinking, they concluded that improving the quality of care work just requires finding the right (caring) people to do the work. And for care work outside hospital settings, where care is already viewed as less skilled and less important, this understanding likely creates an even higher barrier to support for better programs and policies.

# People are able to recognize that context matters for the quality of care.

Although there is a widespread assumption that caring is inherent to the individual and that personal characteristics determine the quality of care work, there is an alternative way of thinking about care work that is also available to people: the idea that context shapes the quality of care. People think caring is rooted in an individual's personality, but they also recognize that context matters.
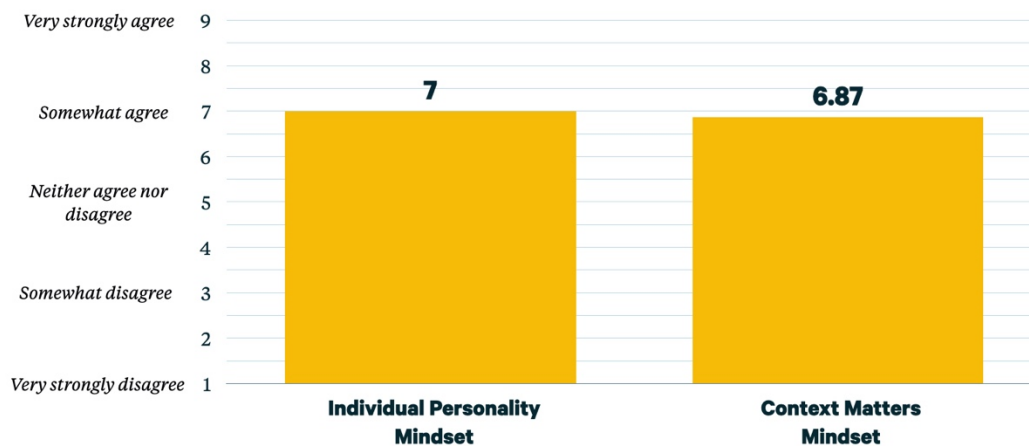
We can see this reflected in survey results. Respondents were asked, in separate questions, how strongly they agreed or disagreed with different ideas about care work, including the following two statements:

— *The quality of care work depends primarily on the personality of individual care workers.*

— *Providing better pay and working conditions to care workers would improve the quality of care.*

Figure 4 shows that in August 2021, on average, respondents "somewhat agreed" with both statements. This pattern held for other months as well, with very small differences in average support between months.

**Figure 4: Support for different mindsets about care work (*mean support*)**

People hold both ways of thinking about care work in mind simultaneously, moving back and forth between the two. While it might seem surprising that people hold these competing mindsets simultaneously, this is not unusual. In making meaning of social issues, people typically have available to them multiple, sometimes contradictory, ways of making sense of issues. They draw on different mindsets at different times. In thinking about care, it appears that Americans, while still highly individualistic, may be increasingly able to recognize the importance of systems and social structures in influencing care work.

Systemic thinking about care work is reinforced by the view that government is responsible for providing critical resources and support to its citizens—a view that seems to have strengthened since the pandemic began.[8] While this is only one view of government among Americans, it tended to come out strongly in interviews and peer discourse sessions when people talked about healthcare. Given the close association between care work and healthcare, people are able to see that government can play an important role in supporting care work. People can see better pay and better working conditions for care workers as part of the government's responsibility for ensuring quality healthcare.

In peer discourse sessions we conducted in April 2021, we engaged participants in a conversation about which of these two cultural mindsets—the *individual personality* mindset or the *context matters* mindset—they agreed with more. Notably, participants did agree that contexts and social structures matter, but always with the caveat that the individual character of workers is just as, or even more, important. In other words, while it is encouraging that people are able to recognize the importance of context and structure,

the tendency to revert to individualized understandings of care remains a significant drag on people recognizing the need for systemic changes.

# People see care workers as "frontline soldiers" in the war on COVID-19.

The war metaphor is widely used to talk about society's response to the COVID-19 pandemic.[9] While this metaphor was not widely used to talk about care work in the first round of peer discourse sessions in May and June 2020 or during one-on-one interviews in August 2020, by December 2020 and into April 2021, we saw a lot of talk about care workers as frontline soldiers. It seems that members of the public had internalized the war metaphor by this point and were more readily applying it to care workers.

This particular way of thinking about care workers appears to be highly connected to the context of the pandemic. It is only in the context of the "war" against COVID-19 that care workers are thought of as soldiers. When the pandemic passes and we are no longer talking about fighting a war on COVID-19, the rationale for characterizing care workers as soldiers will likewise disappear.

While this characterization of care workers is presumably temporary, it's possible that it will shift associations with care work in a durable way by leading people to see care workers in a new light. Therefore, it is worth briefly exploring what the metaphor says about care workers.

On one hand, the metaphor valorizes care work, suggesting that care workers have acted heroically in taking on profound risks to care for others during the pandemic. This could help increase the salience of and respect paid to care workers over a longer period. On the other hand, the metaphor focuses attention not on what care workers *do* in their jobs—the work they do and the specific roles they play—but rather on the extraordinary risks they have faced. It is possible that when ordinary life returns and these risks disappear, the increase in salience and respect entailed by the metaphor will fade as well.

# What's Next?

The COVID-19 pandemic has opened space for a widespread revaluing of care work, but this is not a *fait accompli*—not close. People are increasingly able to recognize that care jobs are vital, yet this assessment is uneven, as people tend to value care work in hospitals more than care work done in other places. People sometimes think of care workers as heroic soldiers on the front lines of the pandemic, but it's not clear whether the enhanced respect this metaphor entails will carry over to life after the pandemic. At a deeper level, people are able to recognize, at least in moments, that the context and structures within which care work happens affect the quality of care, yet they frequently fall back on the assumption that quality is determined not by systems but by the individual character of the worker.

These openings are the result not only of circumstance but of the strategic organizing and narrative work done over the past decade by organizations who represent care workers and advocate for systemic change in the sector. And these organizations have responded effectively to the moment in making the case, for example, for treating care work as infrastructure. We offer the above findings in the hope that they can aid in the continuing response to the moment.

Yet shifting mindsets and narratives about care work over the long term will require work that goes beyond this moment, and more research is needed to dig deeper into public perceptions of care work. Our research suggests some specific areas that require deeper investigation:

— How does broader thinking about the economy limit or facilitate recognition of the need for systemic change in the care sector? Our culture change research suggests that people are increasingly able to recognize that government plays a critical role in shaping who benefits in the economy, yet this way of thinking remains somewhat limited, as people assume the government can nudge the economy in one direction or another but don't recognize its role in constituting the economy—and whole sectors—from the ground up. How do these broader economic understandings affect people's ability to recognize the need for policies that would fundamentally change the care sector and rebalance power within it?

— What openings exist in public thinking for helping people recognize how structural racism and sexism shape care work and the sector? In the research discussed above, race and gender were largely missing from people's top-of-mind reflections about care work. Our culture change research suggests that the uprisings of 2020 were successful in helping at least some people—especially younger people and Democrats—access a more structural understanding of racism, though this thinking is typically quite thin. How

can this thinking be mobilized and expanded in and through conversations about care work? And how can sexism be effectively elevated as central to how our society treats care work?

— How does public thinking about worker power intersect with thinking about care work? The findings above suggest that people can, at moments, see that strengthening care workers' wages is both the right thing to do and could help improve the quality of care, but can the public recognize increased worker power and voice as a necessary way to achieve this? How can collective worker power be most effectively situated as part of what is needed to recognize the value of care work and the dignity of care workers?

— How will the eventual return to "normal" as the pandemic wanes affect thinking about care work? How can the more productive thinking born of the pandemic—the greater recognition of the value of care work and of the conditions that shape it—be extended and expanded?

— How can home care be moved onto the public's radar as a key issue? As we note above, the more productive thinking about care work that we have seen applies primarily to institutional settings. What is needed to move care provided in homes into the center of the conversation?

The research we have conducted over the past year to map public thinking about care work in this time of upheaval has yielded a clear understanding of the current openings and challenges that advocates and activists face in shifting mindsets and narratives around care work. By continuing to explore public thinking at this critical time and digging into the specific questions that emerge from this research, we can build on the vital narrative work done by advocates and organizers over the past decade and make the most of this moment of change.

# Endnotes

1   AARP. (2021, September 15). *AARP Nursing Home COVID-19 Dashboard*. Retrieved from AARP website: https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html

2   For a discussion of preliminary findings from the broader project, see:

    FrameWorks Institute. (2021). *Is culture changing in this time of social upheaval? Preliminary findings from the Culture Change Project*. Washington, DC: FrameWorks Institute.

3   We asked questions about past, present, and future to ascertain how the current context is affecting thinking about broader issues rather than just discovering how people are thinking about the pandemic itself. By orienting people toward a time frame that included but went beyond the present moment, we were able to avoid conversations that focused simply on stay-at-home orders, vaccine development, masks, and other pandemic-specific issues.

4   We provided the following definition, which was adapted from Ralph C. Wilson, Jr. Foundation materials in consultation with foundation staff (initially for use in the tracking survey): Care workers are "people who provide hands-on care and support to older people and people with disabilities, such as home health aides and nursing home workers."

5   The survey uses the definition of care workers provided above (see Note 4).

6   Engels, F. (1972). *The origin of the Family, Private Property, and the State* (E. B. Leacock, Ed.). International Publishers Co.

    Vogel, L. (2000). Domestic labor revisited. *Science and Society, 64*(2), 151–170

    Kerber, K. K. (1988). Separate spheres, female worlds, woman's place: The rhetoric of women's history. *The Journal of American History, 75*(1), 9–39.

7   We identified this same mindset in previous research on Americans' perceptions of health and healthcare, which found that people closely associate good healthcare with individual healthcare providers' level of personal concern and their inherent capacity to care for patients. See:

    Fond, M., Volmert, A., L'Hôte, E., & Kendall-Taylor, N. (2017). *Safety is more than caring: Mapping the gaps between expert, public, and healthcare*

*professionals' understandings of patient safety*. Washington, DC: FrameWorks Institute.

8    For more on changing mindsets about government, see:

FrameWorks Institute. (2021). *Is culture changing in this time of social upheaval? Preliminary findings from the Culture Change Project*. Washington, DC: FrameWorks Institute.

9    For a discussion of the war metaphor and its prevalence, see:

Wicke, P. & Bolognesi, M. M. (2020). Framing COVID-19: How we conceptualize and discuss the pandemic on Twitter. *PLoS ONE, (15)*9. https://doi.org/10.1371/journal.pone.0240010.

## About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multimethod, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, build public will, and further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org

# Public Thinking About Care Work in a Time of Social Upheaval

**October 2021**

**FRAME WORKS**