

Five Trends in Public Thinking about Care Work



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How we talk and think about care in the United States has significant bearing on how care is organized in our society—impacting families, communities, and the economy. If we are to continue to challenge the status quo of work and care work in this country, we need a significant public shift in thinking.

Care work improves the quality of our lives, but is often taken for granted. Though the COVID-19 pandemic put a spotlight on care, and [people still see care as important](#)¹, at the moment only some forms of care work are widely considered “work.” Those that are, remain undervalued. Over the past year, we have seen significant, strategic advocacy efforts, along with some promising political shifts to prioritize care workers—but there are still gaps in access to care, and more support is needed for people caring for their own families. There are also missing links in how we think and talk about care work for different groups and ages, as we often don’t think about care for older people, care for people with disabilities, and child care in a holistic way.

Through in-depth research with a cross-section of the American public, including 50 two-hour interviews and three large national surveys, we have learned that:²

- People often assume that being caring, not being skilled, is what is most important for quality care. Because caring is viewed as a feminized trait, people often think that it’s natural that more care workers are women.
- People view care work as essential for our society, but outside the economy. Even if people think care work is important, it doesn’t necessarily lead to systemic understanding about care work or care workers.
- Family caregiving is seen as its own reward—because love, not money, is what makes caregiving rewarding. Paid care work, however, is seen as a job of last resort.
- When people think about structural factors impacting care work, this is usually limited to gender inequities, *not* racism.
- People are increasingly able to link the quality of care to pay and working conditions. People can also see that government and unions are part of the solutions we need—even if they aren’t clear on what exactly the government can do, or how unions can help care workers improve their situations.

The notion of care as a natural, feminine trait can obscure the role care work plays in our economy, and the need for structural changes to care work. However, communicators also have significant opportunities to highlight the context surrounding care, and to build the understanding that care work is skilled, dignified, necessary, and worthy of proper compensation.

A [detailed report](#) outlines emerging insights and how communicators might progress framing strategies in this direction. As we continue the project, we will explore how people's thinking shifts in response to how issues of care work are framed. Until then, here are five important trends to inform your narrative strategies.

About this project

This is one of several reports emerging from the first phase of the FrameWorks Institute's multi-year WorkShift program (see accompanying reports on [cultural mindsets of work and labor](#) generally, and on thinking about manufacturing). Through this project we will develop a strategy for reframing work and labor that builds public support for the restructuring of our labor systems needed to counter exploitation and create a just and sustainable society—with a particular focus on care work and manufacturing.

FINDING #1

Multiple—Sometimes Contradictory—Mindsets about Care Work

What We're Finding

As we find in our wider research on work and labor,³ mindsets on work tend to fit into two concurrent, competing, and available clusters:

1. **Individualist, Naturalistic, and Reactionary.** These mindsets center on the role and responsibility of individuals in determining their own success, and see features of society as natural and inevitable. This upholds the status quo, and tends to preserve existing power relations between groups.
2. **Collective, Structural, and Designed.** These mindsets take a wider lens, recognizing how collective actions and decisions shape outcomes, and bringing into view how structural factors shape work (like structural racism or sexism). This set of mindsets enables contestation of the status quo and recognition of the need for and possibility of structural change.

Both clusters are available to all members of the public, and people move back and forth between them, seeing things sometimes from within one perspective, sometimes from within the other. They describe ways of thinking, not sets of people.

While both clusters are available when thinking about care work, the dominant mindsets on care are deeply naturalistic: That a caring personality is innate, and that the quality of care work is dependent on how caring a person is. In addition, the very term “care work” can evoke a tension between perceptions of “care” as feminine, familial, and private, and perceptions of “work” as masculine, impersonal, and occurring in public. This tension can make it hard for people to think in deeply structural ways about care work and care workers—for instance, to fully recognize the systems of oppression that shape the workforce.

What It Tells Us

People who strongly endorse individualist mindsets are more likely to denigrate unions as corrupt, blame government for being anti-business, and reject certain policies (e.g., those that would increase funding for child care). People who endorse collective mindsets are more likely to support policies to protect workers, increase paid leave and public child care, and strengthen unions.

Since both mindsets are available to people, there is an opportunity to widen the lens from an individualist understanding of care work to a more productive, collective and structural understanding, in order to help people understand the importance of contextual factors—such as pay and working conditions—in shaping the quality of care.

FINDING #2

Innate Traits and Relationships—Rather Than Skills and Context

What We’re Finding

While care work is seen as hard work, it is not seen as particularly skilled work. People often assume that being a caring person is the most important factor in determining quality care. When focusing on caring as a personality trait, people can assume that people go into care work because it aligns with their natural abilities—rather than thinking about the many structural inequities that determine who is part of the care workforce. People can also reject the idea of raising pay for care workers, because that can risk attracting the “wrong sort” of person who has mercenary motives rather than caring motives.

Caregiving is also widely seen as a natural part of family relationships, rewarded by love and reciprocity, even if it’s challenging. On the flip side, professionalized care work is seen as difficult and demanding, but does not come with the same benefits of love and reciprocity. This, combined with the perception that care work is unskilled, makes care work appear to be both undervalued and open to anyone—in other words, a job of last resort.

What It Tells Us

Communicators need to make the case that care is a social good that requires public solutions. Although people perceive care work as hard work, there are deep, unproductive assumptions that make it harder for them to see care work as attractive, valued, and skilled work. Communicators can highlight the skill and abilities care workers need to develop in order to provide quality care, and showcase the wide range of jobs that constitute care work. They should expand beyond the word “valuable” in describing care work, which doesn’t necessarily lead people to embrace improved pay and conditions and can lead instead to acts of gratitude, like gifts and baking cakes. Instead, its value should be defined in collective human terms, as a public good that forms a basic part of all of our lives.

FINDING #3

Care Work Is Women’s Work

What We’re Finding

The most common line of thinking about factors shaping care work is rooted in the assumption that care workers are women, because women are “naturally caring.” This aligns with previous research demonstrating that people see men and women as biologically and psychologically suited to different jobs: women in more nurturing roles, and men in more physically involved roles.⁴

When people do consider systemic factors underpinning care work, they usually limit that thinking to gender, not racial, inequities. For instance, people sometimes point to structural sexism to explain the under-valuation of care work and low pay of care workers, but do not spontaneously connect those same outcomes to racism. This tendency aligns with people’s general unwillingness to link race and racism to work. When the connection between racism and care work is explicitly asked about, people (particularly white participants) tend to draw a blank, or push back with various forms of racism denial, drawing on mindsets like “*Gender Not Race*” and “*Class Not Race*”. Both of these mindsets can serve to diminish the role of racism in exploiting care workers, by pointing to another identity or characteristic (gender, class) as being more important than race.

What It Tells Us

There is an opportunity to guide people through the ways in which gender, race/ethnicity, and immigration status collectively shape the care workforce. Importantly, these inequities need to be explained, with tangible examples, not just stated as facts. When facts are presented without explanations, people can easily default to unhelpful naturalistic explanations, such as women are overrepresented in care because they are naturally caring.

Since many people do not connect structural racism with work at all, communicators must find effective ways to build understanding of how policies and institutions perpetuate racial injustice, which shapes the work people do and how it’s valued. Those explanations should explain specifically how patterns of occupational segregation have resulted from design—rather than accident or nature—as well as how they have been perpetuated, and how they can be disrupted.

FINDING #4**Important to Society but Outside the Economy****What We're Finding**

People view care work as essential for our society. But that doesn't necessarily lead to systemic understanding about care work, or its role in the wider economy. When thinking about the value of care work, people draw on mindsets that see care work, as a) filling in for family care and b) enabling other “real” work. The underlying assumption of the former is that care really should be within the family, but we need workers to fill in for those who can't or won't care for family members. When care work is valued for freeing up people to pursue their careers, it is valued instrumentally, and not seen as real work or productive economic activity in itself. These mindsets lead people to see care work simultaneously as essential to society and as secondary to and existing only to support what *really* matters—the family or “real” work. Because these mindsets lead people to see care work as valuable only in its connection to something else, they lead people to deprioritize steps to support care work in comparison with other priorities.

What It Tells Us

As with any communication about work in America, it is important to emphasize that the economy is designed, so people can understand the general challenges workers face due to structural problems. With that understanding, people can more openly recognize how our systems are not built to value care work, and the changes needed to align those systems toward recognizing and fairly compensating care workers. A bigger framing challenge is to expand the definition of “the economy,” away from narrow conceptions of money and productivity, and towards it being a collective endeavor to meet our needs as a society—including our collective need for care.

FINDING #5**Context Matters—and Government Has a Role to Play****What We're Finding**

Despite an overwhelming emphasis on caring as a personality trait, people are also able to see how the contextual factors around individuals—the conditions of a job—shape the quality of care that care workers deliver, along with the wellbeing of the workers themselves. As we explore further in our [longer report on mindsets about care](#), when asked to choose whether quality care is primarily about the character of care workers or the context of the job, we find that people are increasingly picking context. This is a promising and hopeful shift that we have tracked over the last couple of years. Such contextual thinking has the potential to lead to a wider perspective on how systems and social structures influence care work, and how government and unions can be part of systemic solutions. While the government is not front of mind when thinking about work, people can see the government as being responsible

to protect workers and provide for people, even if they don't know what changes are needed. Unions, too, are seen as having a supportive role to play, but people are similarly vague about what exactly care workers can do through their unions, beyond going on strike.

What It Tells Us

Although people sometimes say that care workers deserve to be compensated and resourced fairly, there is not much understanding about what specific policies and programs could help improve working conditions for care workers. Therefore, communicators should be concrete when describing the government policies and programs that support care workers and improve quality of care. Emphasizing that care workers are stronger when they come together, with clear examples of solidarity-based solutions, can also help people recognize the role of unions in supporting change.

What's Next?

The next step in the WorkShift program will be to develop and test frames that can shift public thinking about work and labor in the United States. We will build upon, and hone, these emerging recommendations, and also test some of the framing strategies currently being used by the field. Our focus will be on diminishing the current dominance of *Individualist, Naturalistic, and Reactionary* mindsets, and instead connecting issues of work and care work firmly with the more productive *Collective, Structural and Designed* mindsets.



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 multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to 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

Endnotes

1. FrameWorks Institute. (2023). Public Thinking about Care Work: Encouraging Trends, Critical Challenges. <https://www.frameworksinstitute.org/publication/public-thinking-about-care-work-encouraging-trends-critical-challenges/>
2. For more detail on our methodology, see the [Methods Supplement](#) accompanying this report.
3. Lyew, D., Gerstein Pineau, M., Sanderson, B., Connolly, N., Volmert, A., John, J. E. (2024) *Is It Care, Or Is It Work? Public Thinking about Care Work in the United States*. FrameWorks Institute. <https://www.frameworksinstitute.org/publication/is-it-care-or-is-it-work-cultural-mindsets-of-care-work-in-the-united-states>
4. Sanderson, B., Volmert, A., Gerstein Pineau, M., Hestres, L. E., Moyer, J., John, J. E., Vierra, K. (2024) *Self-Made Individuals and Just Labor Systems: Public Thinking about Work in the United States*. FrameWorks Institute. <https://www.frameworksinstitute.org/publication/self-made-individuals-and-just-labor-systems-public-thinking-about-work-in-the-united-states/>
5. FrameWorks Institute. (2022). *How is culture changing in this time of social upheaval? Findings from the Culture Change Project*. See Finding 6. <https://www.frameworksinstitute.org/publication/how-is-culture-changing-in-this-time-of-social-upheaval/>



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