Is It Care, Or Is It Work?

Public Thinking about Care Work in the United States

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FRAME WORKS

WORK/SHIFT

Contents

Introduction

The future of care work is at a crossroads where new frames and narratives have huge potential to shift public thinking. During the COVID-19 pandemic, care was in the spotlight, and with that came an increasing recognition of its importance. This has been a relatively enduring effect, as we still find that care work remains salient in public thinking.[1] Alongside this shift in attention, we have recently seen promising political shifts to prioritize care workers[2]—shifts that can, hopefully, lay the groundwork for deeper structural changes.

In 2023, President Biden signed an executive order to "expand access to affordable, high-quality care, and provide support for care workers and family caregivers," to fulfill his promise to invest in the care sector.[3] Spurred by this order, the Department of Health and Human Services, through the Administration for Community Living, launched multiple initiatives to address the shortage of direct care professionals. These initiatives were designed to help states improve their training infrastructure and would be an opportunity to provide a national hub for resources about best practices in the direct care workforce. While these advancements are important, they only focus on increasing pay and resources for direct care workers. There are still gaps in access to care and in the provision of support that's needed to change the working conditions of other types of care workers, including those who are caring for their own families.

All of us need care from others at different points in our lives, so the way we organize care in our society has implications for us all. How we talk and think about care affects families, communities, and the American economy. At the moment, only some forms of care work are widely considered "work," and even those that are considered work are undervalued. Care work improves the quality of our lives, but it is often invisibilized and taken for granted—even though this work requires a great effort from a person with considerable skill. 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.[4]

If we are to continue to challenge the status quo of care work in this country, we need significant shifts in public thinking. To achieve this, we must first dive deep into how people are thinking right now.

This report shares our findings from in-depth research on the public's mindsets, including the deeply held assumptions and understandings that shape their thinking about care and care work. These deep patterns of thinking offer opportunities and challenges for progressive communicators who advocate for systemic change. By identifying the possible obstacles to communicating about change and finding the windows of opportunity, this research offers communicators a map of the way forward, through the following sections:

- **What are we trying to communicate? Three target ideas:** A summary of the content that needs to be effectively conveyed, based on interviews with experts in the field.
- **How are members of the American public thinking about care work?** Existing cultural mindsets about care work that were uncovered through in-depth interviews and nationally representative surveys.
- **How is the field communicating now?** Trends in how advocates are currently communicating, based on an analysis of communications materials.
- **Emerging recommendations:** A concluding summary of what this research means for advocates who are communicating for a more just vision of care work.

We have found that "care work" as a concept cues a strong tension between mindsets of "care" and "work." Care is thought to be personal, natural, inherently selfless, and familial. Work, on the other hand, is external, impersonal, and happens outside the home. This seeming contradiction is based on a long history of devaluing the labor that women and marginalized groups carry out—where labor is made invisible because it is framed as a "natural" part of life. These naturalizing mindsets also support the idea that care work is unskilled labor because it is assumed to be innate and performed purely out of love. Care work then becomes thought of as its own reward. When care work is paid work, people can assume that it should not be paid *too* well because that might attract people who are less naturally caring. These mindsets can justify the exploitation of care workers and support patriarchal thinking about the value of "women's work."

These challenges in public thinking can help inform a new narrative strategy. It is important to find narratives that advocates can coalesce around, whether they are focused on the care of children, people with disabilities, or older adults. Framing recommendations for specific types of care work will differ, but there is power in drawing upon unified framing strategies that can work across the broad field of care work. Narrative shifts can happen when multiple organizations use the same framing strategies.

About This Project

This is one of several reports that have emerged 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.

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What Are Cultural Mindsets and Why Do They Matter?

Mindsets are deep, durable patterns of thinking that shape how we think, feel, and act. Cultural mindsets are those patterns of thought that are broadly available to people living within a shared context, like American society.

Cultural mindsets can lead us to take for granted or call into question the status quo. So, for example, a mindset like "health individualism," which holds that people's health results from lifestyle choices like diet and exercise, leads people to place responsibility for health on individuals, not society. In contrast, more systemic mindsets about health, which understand health as a result of the environments and systems we live in, lead people to ask how society needs to change in order to support health for everyone.

An important feature of cultural mindsets is that we all hold multiple, sometimes competing, mindsets. Members of the American public have access to *both* individualistic *and* systemic mindsets about health at the same time. What matters is the relative strength of these mindsets and how they are brought to bear on the issues at hand. Good framing efforts are often about bringing a helpful existing mindset to the fore—for instance, in offering explanations that strengthen and extend systemic thinking about health.

While not everyone in American society endorses the same mindsets to the same degree, we can identify a mindset as shared when we have evidence that it is accessible to people across our national culture. We focus particularly on mindsets that emerge from common, national social practices and institutions. It is important to note, however, that different people and groups will engage with common mindsets in different ways. A mindset can be more frequently drawn upon by one group than another. Further, cultural subgroups within American society also have access to distinctive mindsets that emerge from institutions and practices specific to these groups.

How Does Cultural Mindsets Research Differ from Public Opinion Research?

Public opinion research examines the explicit attitudes and preferences that people hold about specific issues. Cultural mindsets research explores the deeper, underlying ways of thinking that shape and explain these patterns in public opinion. Where public opinion research examines *what* people think, cultural mindsets research examines *how* people think. For example, public opinion research might demonstrate that people support health education programs more than they support policies that promote access to healthy housing. Cultural mindsets research explains why this is, revealing the role that the mindset of health individualism plays in driving these opinions and preferences. Our 2020 report on mindset shifts contains more on what cultural mindsets are and why they matter.[5]

Method Note

Below, we briefly describe the methods we used for this report. For more detail on these methods, see the method supplement accompanying this brief.

We used several research methods to help us understand how the field is thinking and talking about work:

1. **Stakeholder interviews.** A total of 24 interviews with a range of stakeholders in the field, including academics, policy experts, and worker advocates. The interviews were each between an hour and 90 minutes long, and conducted one-on-one over Zoom, and seven of them focused on care work.

2. **Literature review.** A review of academic and gray literature to support our understanding of current problems and policy solutions.

3. **Field frame analysis.** An analysis of existing communication materials from 11 organizations focused on care work issues, including think tanks, nonprofit advocacy groups, policy groups, and unions.

To map cultural mindsets, we used two methods:

1. **In-depth interviews.** FrameWorks conducted 50 one-on-one, two-hour-long, in-depth, semi-structured interviews with members of the US public from May 1 to July 5, 2023. Twenty of these were about work and labor in general, whereas 15 focused on care work and 15 on manufacturing. These interviews were then analyzed to identify the cultural mindsets used to think about care work in the United States. We selected participants to resemble a cross-section of the general public, with particular attention paid to achieving representative quotas of income, political ideology, gender, and education levels. To ensure that our findings would enable us to attend to differences in thinking based on the racial identity of the participant, we slightly oversampled Latine and Black participants.

2. **Descriptive surveys.** Following the interview analyses, researchers designed and fielded three descriptive surveys, with a total of 3,741 participants, that examined cultural mindsets on work, including care work and manufacturing. We mapped the relationships of mindsets to each other and to target outcomes, including a range of policies on care work and care provision. The purpose of these surveys was threefold:

    a. *Measuring levels of endorsement.* These surveys supplement the interviews by giving us a more precise and fine-grained measure of how strongly people endorse different mindsets. While people hold multiple mindsets simultaneously, some mindsets more strongly and consistently shape public thinking. Understanding the relative dominance of cultural models of work helps us understand their relative importance and impact on thinking.

b. *Mapping relationships between mindsets.* The surveys also enabled us to examine whether and how strongly mindsets are related to one another and to a range of policy outcomes. This helps us understand more deeply the way people think and the impact of that thinking. It gives us more information about which mindsets are the biggest obstacles to the pursuit of a more just labor system and which mindsets best support this pursuit.

c. *Attending to group differences.* The surveys allowed us to analyze whether and how the endorsement of mindsets differed based on demographic variables, such as race and gender, or psychographic variables like political affiliation. This analysis provided critical information about the extent to which cultural models are shared between groups.

I. What Are We Trying to Communicate? Three Target Ideas

Below, we summarize the core ideas that emerged from interviews with stakeholders in the care work field and our literature review. These represent the content that needs to be effectively communicated and the solutions that the field wants to build support for. They are not framing recommendations but rather the target content to communicate, or the untranslated content, that we hope, through the course of this project, to help advocates convey in their communications. These core ideas are complementary and can be considered in the context of the broader ideas about work and labor and policy directions discussed in the overarching report for this project.

TARGET IDEA #1

Care is necessary for human life.

Care work encompasses the paid and unpaid labor required to feed, clothe, nurse, house, touch, love, bathe, and provide conditions of safety for people. Whether paid or unpaid, care work is a form of labor that is a foundational part of human life. For example, parenting is care work, but so is teaching and the practice of medicine. Care work is a *collective* good (not just a private good) that both sustains and improves the quality of life. Different forms of care come with different working conditions and challenges, but care workers also share similarities in their experiences as workers. As care is necessary for sustaining life, all people should have access to the care they need, including care workers themselves.

TARGET IDEA #2

Care work is gendered and racialized, and so it is devalued in American society.

Until the 1970s, Black women were largely restricted to employment in low-wage agriculture and domestic care.[6] Then, when white women began to enter workplaces outside the home in large numbers, work that was previously performed by these women within the home began to be outsourced to domestic workers. As of 2019, nearly a third of Black women were employed in the service industry broadly as compared to one-fifth of white women.[7] Black women are still overrepresented in the care sector, particularly in nursing and home health care, domestic work, and child care. Immigrant women of color also comprise a large segment of in-home health care and domestic work.

The devaluation of care work leads to material impacts on care workers. Workers in the sector are largely underpaid and face challenging working conditions. For example, the average hourly wage of child care workers ($13.51) and home health care workers ($13.81) is roughly half the US national average ($27.31). And, similarly, the percentage of home health care workers and child care workers who have employer-sponsored health insurance is less than half of the national average.[8]

This devaluation has its roots in patriarchal and white supremacist norms: Care work is devalued in the economy *because* it has primarily been done by women, particularly women of color. This devaluation is a direct result of structural racism and sexism.

TARGET IDEA #3

Care work is skilled, dignified work that deserves proper recognition and compensation.

Both inside and outside the private home, care work is undervalued, and paid care workers are consistently underpaid and overworked. This needs to be addressed, both so that care workers get the recognition they deserve and so that we as a society can deliver a higher quality of care—because people receive better care when their caregivers are also adequately supported and resourced.

Beyond pay, there are other improvements that should be made to improve the working conditions of paid care workers. For example, paid care workers often do not have access to adequate, accessible, and affordable training,[9] and they also typically work long hours, which takes them away from their own loved ones. Support for care workers must come from all sides—employers, local and state governments, and the federal government—and should include significant monetary redistribution and labor protections. State and national governments should increase labor protections, such as working condition regulations, mandatory severance pay, and paid sick leave and family leave. Care workers should also have access to unions.

For care workers who provide unpaid care work in their home, there should be support for these choices—for instance, through paid family leave, and in the form of public investment in child care infrastructure that allows people the choice about whether, and how much, they step out of the paid workforce to provide care.

There should also be support that enables people to choose when and how to care for their loved ones at home. For instance, the need to expand paid family leave and public investment in care infrastructure that enables people to choose whether, and how much, they step out of the paid workforce to provide care.[10]

II. How Are Members of the American Public Thinking about Care Work?

In this section, we describe the key mindsets that members of the American public use to think about care work and how they help or hinder communication efforts. All of these mindsets are available across racial, partisan, and other identities, though there are—as we discuss— some differences in the relative salience of mindsets by group. Importantly, these findings overlap with and expand on the findings from FrameWorks' Culture Change Project, which has explored Americans' thoughts about care work since May 2020.[11]

Seven Findings on American Thinking about Care Work

1. Thinking about care work is both shaped by—and in tension with—general mindsets about work and labor.
2. People often assume that innate traits, not skills or context, are what is most important for quality care.
3. People tend to assume care workers are women because women are naturally caring, though they *can* think about sexism as a structural factor.
4. Racial inequities are almost wholly absent from public thinking about care work.
5. People view care work as essential for our society but as ultimately secondary to what *really* matters.
6. People think familial love and obligation, not money, are what make caregiving rewarding, whereas professional care work is seen as a difficult and undesirable job.
7. People can link the quality of care and care workers' wellbeing to the context surrounding them—and see the government and unions as part of the solution.

FINDING #1

Thinking about care work is both shaped by—and in tension with—general mindsets about work and labor.

As we describe in greater length in our accompanying report on cultural mindsets about work and labor in general, many of the cultural mindsets that members of the US public draw upon to think about work—and adjacent areas like the economy, racism, and the role of government—fall into two big clusters:

1. **Individualist, Naturalistic, and Reactionary.** These mindsets center on the role and responsibility of individuals in determining their own success and treat the way society is set up as natural and inevitable (e.g., gender roles or economic relationships are seen as the natural way of things). This set of mindsets 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 for society and individuals. These mindsets foreground the role of collectives like unions in achieving change, bring into view how structural factors shape work (like structural racism or sexism), or highlight the role of political choice and design in shaping the economy. This set of mindsets enables contestation of the status quo and recognition of the need for and possibility of structural change.

It is important to stress that both clusters of mindsets are available to all members of the public and that people move back and forth between them, seeing things sometimes from the context of one perspective, sometimes from another. These describe ways of thinking, not sets of people.

We can think of these clusters as providing competing ways of thinking about work and related social issues. While thinking about care work is distinctive in some key ways, these clusters of mindsets play a critical role in shaping thinking about care:

— **The two clusters of mindsets lead to fundamentally different judgments about responsibility and solutions around care.** When people draw on *Individualist, Naturalistic, and Reactionary* mindsets, they see individuals as being primarily responsible for improving their own situations and tend to reject expansive roles for unions and government. In the context of care, endorsement of these mindsets is associated with the rejection of key care policies (for example, policies that would increase government funding for child care and community-based care services[12]). People who endorse *Collective, Structural, and Designed* mindsets, on the other hand, are more likely to support policies that protect workers, increase paid leave and public child care, and strengthen unions.

— **Both clusters are available to people**. Both types of mindsets are available in American culture, so people can (and often do) hold them at the same time. In general, we find that *Individualist, Naturalistic, and Designed* mindsets tend to be more dominant in thinking about work, including care work, but that *Collective, Structural, and Designed* mindsets are also present and available.

— **Both clusters are available to all but are endorsed to different degrees, depending on political party, gender, and race.** We find some differences in the strength of endorsement of mindsets. Republicans and men tend to endorse *Individualist, Naturalistic, and Designed* mindsets to a greater extent than Democrats or women, respectively. We also find that white participants are less likely to endorse the *Collective, Structural, and Designed* mindsets compared to other racial groups—although several foundational individualistic mindsets (such as the idea of the self-made individual) are endorsed equally across racial groups.[13]

— **These clusters shape thinking about care in critical ways, but not all mindsets about care fit neatly into one of the clusters.** Qualitatively, the mindsets about care that we found seem to fit into one cluster or another. The most deeply held assumptions about care and care work are naturalistic: that a caring personality is innate and that the quality of care work is dependent on how caring a person is. We also find more contextual and systemic mindsets—most critically, people sometimes see how contextual factors like pay and working conditions shape the quality of care. While these mindsets seem to fit into the two clusters, our quantitative analysis of survey data paints a more complicated picture, as we discuss at greater length below. We find that naturalistic thinking about care can be compatible with both *Individualist, Naturalistic, and Reactionary* and (more weakly) *Collective, Structural, and Designed* mindsets.

Two Available Clusters of Mindsets about Work

Individualist, Naturalistic, and Reactionary Mindsets

Individualism—What happens to an individual in life is primarily the result of the choices they make.

Self-Makingness—It's good to work hard. If someone works hard enough, they can succeed. The economy provides enough opportunities for anyone to succeed through hard work.

Born to Your Work—People have natural traits (e.g., personality) that explain why they are in their jobs, and how good they are at them.

Gender Essentialism—Men and women are biologically different and suited to different jobs.

Gender is Binary—There are two discrete gender categories, and everyone belongs in one of them: man or woman.

Market Naturalism—The jobs we have available are the jobs that the market naturally creates.

Reverse Racism is the New Racism—Society has overcorrected on race, such that white people now face disadvantage at work.

Cultural Differences in Work Ethic—People from some communities and cultures don't value hard work (often anti-Black).

System Is Rigged (conservative version)—The system is rigged by elites (e.g., liberals), against the people (e.g., white working class Americans).

Government Is Anti-business (manufacturing)—Corporate tax and government regulation hurt American manufacturing businesses and jobs.

Unions as Corrupt—Unions are self-interested and get what they want through coercion and fear.

Collective, Structural, and Designed Mindsets

Ecological Thinking—How we do depends on the resources available in our neighborhoods.

Structural Thinking—How successful people are in life is determined by how our society is structured.

Opportunity Structures—Class, race, and location can shape your opportunities and constrain work prospects.

Designed Economy—The laws and policies we make determine how our economy works.

Designed Labor Systems—Government decisions determine what kinds of jobs are available and how much they pay.

Care Work as Context—The quality of care work depends on the conditions of the job (pay, training etc.).

Sexism Shapes Care Work—Sexism explains the under-valuation of care work and low pay of care workers.

Structural Racism Shapes Work—Racism built into our society's laws and institutions shapes how much jobs are valued and paid.

Environmental Racism—People of color are disproportionately affected by pollution from industry.

Profit Motive Drives Exploitation—Corporations prioritize profit at the expense of workers.

System Is Rigged (liberal version)—The system is rigged by elites (e.g. wealthy corporations), against the people (e.g. families trying to make ends meet, Black and brown Americans).

Government as Protector (manufacturing)—It's the government's role to protect manufacturing workers.

Stronger Together—Workers are more powerful when they come together through unions.

Mindsets on care work are, in some important ways, in tension with mindsets on work and labor in general.

This is at least in part because the cultural juxtaposition of the terms "care" and "work" affects patterns of thinking in ways that aren't present when people think about other jobs or work more generally.

When people hear "care work," it brings together two concepts that people tend to view as opposites. People tend to see *care* as innate, familial, feminine, and happening in the home. People tend to see *work* as skilled, impersonal, masculine, and happening in public. The work/care dichotomy underpins much of what we explore in the findings on public thinking below. The following patterns in thinking about care are grounded, to a significant degree, in assumptions about how care is *not* like other work—or not truly work at all:

- Caring is understood as innate, and something caregivers do naturally out of love.
- The quality of care is assumed to depend more on how caring and loving someone is than their skills and work conditions.
- Care workers are seen as a necessary but inferior replacement for loving family care.
- Care work is not thought of as *really* being part of the economy—as opposed to other types of work like manufacturing.
- The gendered makeup of the care workforce is taken to be natural and inevitable.

The tension between assumptions about "care" and "work" can make it hard for people to think in deeply structural ways about care work and care workers. For instance, it can be difficult to fully recognize the systems of oppression that shape the workforce, which is a challenge communicators need to address.

In the following findings, we dig further into these patterns of thinking and the potential implications for communicators and future research.

FINDING #2

People often assume that innate traits, not skills or context, are what is most important for quality care.

As we have found in previous research, there is a widespread assumption that the quality of care that people provide depends on how innately caring they are rather than on any skills they may have intentionally developed or context and resources that support quality care.[14] Caring is widely thought to be a natural trait that one either has or doesn't — and these traits, not structural inequities, are thought to determine who is part of the care workforce.

The *Caring Is Natural* and *Care Work as Character* Cultural Mindsets

Two intertwined naturalistic mindsets are dominant when people think about care and work:

- **The *Caring Is Natural* cultural mindset.** This mindset is grounded in the foundational assumption that caring itself is an unalterable personality trait and that some people are simply more caring than others.
- **The *Care Work as Character* cultural mindset.** This related mindset comes into play when people think about both care and work *together*. The central component of this mindset is the connection between care work and individual character. Because care and empathy are perceived as personality traits, people assume that those who are naturally empathetic become care workers and that good care workers have to be naturally caring. In addition, this mindset can carry the assumption that people find it rewarding to do work that aligns with their natural abilities. So, if someone is naturally caring, then it's good for them to go into work that requires their natural strength.[15]

With both of these naturalistic mindsets, the quality of care is assumed to depend entirely on the individual care worker's nature, not skills or contextual factors like workplace safety. Often in our research, people spoke of care workers as "angels." When people rely on naturalizing mindsets about care, they assume that the conditions of care work are less important than finding the "right" naturally caring people to fill care worker roles. People also frequently assume that improving compensation will *decrease* quality of care by attracting workers who are more interested in pay than caregiving.

> *I think it is something they may have always loved. They had an interest in taking care of people. Just like teaching—it is something they are destined to do or they just have that strong interest and they follow it. That nurturing personality.*
> Asian American woman, Democrat, 43 years old

Survey evidence: Naturalistic thinking of care work is compatible with both individualistic and structural thinking

While both *Caring Is Natural* and *Care Work as Character* conceptually fit in with the *Individualist, Naturalistic, and Reactionary* clusters of mindsets described in Finding 1, these two mindsets also correlate with some mindsets from the *Collective, Structural, and Designed* clusters of mindsets. For instance, when people more strongly endorse *Caring Is Natural* and *Care Work as Character*, they are also more likely to strongly endorse *Individualism*—the mindset that what happens to an individual in their life is primarily the result of the choices they make. However, they are also more likely to strongly endorse *Designed Economy*—the mindset that laws and policies determine how our economy works. These examples highlight a broader pattern: that naturalistic thinking on care is compatible with both clusters but more strongly and more consistently with mindsets in the *Individualist, Naturalistic, and Reactionary* cluster. As table 1 demonstrates, correlations with *Designed Economy* (part of the *Collective, Structural, and Designed* cluster) are positive but small.

Table 1: Naturalistic thinking on care is positively correlated with *both* individualistic and structural thinking

	Individualism	Designed Economy
Caring is natural	r = 0.27**	r = 0.17**
Care work as character	r = 0.37**	r = 0.16**

Key:
Blue: Positive, statistically significant correlation
Red: Negative, statistically significant correlation
* = p < .05, ** = p < .01
0.10–0.29 = small correlation, 0.30–0.49 = moderate correlation, 0.50+ = large correlation

In addition, both naturalistic mindsets on care are correlated with a structural mindset on care—*Care Work as Context*—which, as we discuss below, recognizes the role of wages and working conditions in supporting quality of care. The more people endorse the idea of caring being natural, the more they *also* endorse the idea of caring being context dependent. So even though these mindsets seem, conceptually, to be in tension, people can and do hold them at the same time (see table 2).

Table 2: Naturalistic thinking on care is positively correlated with structural thinking on care

	Care work as context
Caring is natural	r = 0.36**
Care work as character	r = 0.19**

Key:
Blue: Positive, statistically significant correlation
Red: Negative, statistically significant correlation
* = p < .05, ** = p < .01
0.10–0.29 = small correlation, 0.30–0.49 = moderate correlation, 0.50+ = large correlation

We find a similar pattern when we look at the relationship between mindsets on care and policy outcomes. Both *Care Work as Character* and *Care Work as Context* tend to be positively correlated with progressive jobs policies (such as implementing a federal jobs guarantee).[16] This is another way in which naturalistic thinking on care does not function like other naturalistic mindsets, which generally are not positively correlated to target policies. While positive, the relationship with target policies is considerably weaker for *Care Work as Character* than it is for *Care Work as Context*.

What can explain these unexpected correlations? Why are these naturalistic mindsets about care positively—if relatively weakly—related to structural thinking and progressive policies? The compatibility of these naturalistic mindsets on care with both clusters of mindsets could be partially explained by generally high agreement across the sample with *Caring Is Natural* (average score out of 100 = 81.9). This level of agreement suggests that the *Caring Is Natural* mindset captures a fundamental, ubiquitous way of thinking about care. In other words, regardless of people's propensity to think individualistically or structurally in general, most people share the idea that caring is natural.

A second explanation could be that higher endorsement of mindsets about care is, at least in part, a way of expressing that care matters to people. In other words, when care as an issue has greater salience for someone, they may be inclined to more strongly agree with *all* statements about care in the survey than when care is less salient for someone. This would mean that even when someone tends to think more structurally across other issues, endorsing mindsets in the *Collective, Structural, and Designed* cluster as well as progressive policies, if they attach importance to care as an issue, they're inclined to agree not only with the contextual understanding of care but also naturalistic ones.

Implications for communicators. Naturalistic mindsets about care can obscure the role of training, compensation, and worker protections in quality of care work by keeping people focused on individuals rather than the systems. However, these mindsets are also compatible with more productive structural thinking. This suggests that there is potential for moving mindsets in more structural directions without having to deemphasize caring as a personal trait. The trick will be finding effective frames that can build the understanding of the importance of working conditions and job quality.

FINDING #3

People tend to assume care workers are women because women are naturally caring, though they *can* think about sexism as a structural factor.

Assumptions about gender differences and women's "natural" ability to nurture and care deeply shape thinking about care. However, a more systemic mindset about sexism *is* available. When thinking about systemic inequities, people focus almost entirely on gender inequality and downplay the importance of race. This echoes what we have found through our years of research on public thinking on care: that participants are very unlikely to spontaneously talk about issues of race and racism.[17] Further, we find that people often push back when the connection between care work and race and racism is raised.

The *Work Gender Essentialism* Cultural Mindset

As we've seen in previous research, in line with a large body of academic research, *Gender Essentialism* is a foundational mindset for thinking about gender.[18] This is the assumption that there are two discrete genders and that women and men have certain innate and distinct traits. *Work Gender Essentialism* applies this mindset to the workplace: People see men and women as biologically, psychologically, and emotionally suited to different jobs. Women are viewed as more caring or mothering, for instance, and men are more physically strong. When drawing on this mindset to think about the role gender plays in work, people explain an overrepresentation of women in the caring industry as natural—women are caring, and therefore care work is a feminine activity.

> *Women give life, so that nurturing aspect is natural for a woman versus a man.*
> Native American man, Independent, 31 years old

> *I think women tend to be more caring, [so they] go into social service jobs.*
> White man, Republican, 42 years old

The *Sexism Structures Care Work* Cultural Mindset

A more systemic mindset about the factors that shape care work is available to people: *Sexism Structures Care Work*. When this mindset is active, people can link sexism to the makeup of the care workforce and relatively low pay for this work. However, this mindset does not come with a deep understanding of patriarchy or the ways in which structural sexism dictates pathways to particular types of work. People cannot easily weave together a coherent picture of how and why so many care workers are women and why care work is both economically and socially devalued.

> Researcher: *Why do you think they don't pay very well for these jobs?*
> Participant (White woman, Independent, 55 years old): *Because they're primarily women that do the jobs. I think if men were doing these jobs, they'd get paid a whole lot more.*

Survey evidence: Gender and political affiliation affect endorsement of *Work Gender Essentialism* and *Sexism Structures Care Work*

In our quantitative analysis, we find significant differences in levels of endorsement of both of these mindsets, depending on the gender and political affiliation of participants. As tables 3 and 4 below show, these differences are particularly pronounced for political affiliation.

Table 3: Endorsement of *Work Gender Essentialism* and *Sexism Structures Care Work* among Republicans and Democrats

Mean score (out of 100)	Democrats	Republicans
Work gender essentialism	46.2	63.8
Sexism structures care work	60.7	44.5

Note: The items were on nine-point Likert-type scales (see the methods supplement for items). Means have been transposed to a 100-point scale, so 50 represents the midpoint of the scale ("neither agree nor disagree"). As scores get closer to zero, this indicates an increasingly stronger rejection of the mindset. As scores get closer to 100, this indicates and increasingly stronger endorsement of the mindset. Republicans endorse Work Gender Essentialism significantly more than Democrats ($t = 11.59$, $p < .001$), whereas Democrats endorse Sexism Structures Care Work significantly more than Republicans ($t = -10.71$, $p < .001$).

Table 4: Endorsement of *Work Gender Essentialism* and *Sexism Structures Care Work* among men and women

Mean score (out of 100)	Women	Men
Work gender essentialism	51.1	58.4
Sexism structures care work	57.5	47.2

Note: Means have been transposed to a 100-point scale, so 50 represents the midpoint of the scale, and higher scores indicate greater agreement. Men endorse *Work Gender Essentialism* significantly more than women ($t = -7.38$, $p < .001$), whereas women endorse *Sexism Structures Care Work* significantly more than men ($t = 7.03$, $p < .001$).

Given that we live in a society that tends to give men more power than women, it makes sense that women are more attuned to structural problems relating to sexism and that men are more likely to endorse mindsets that justify existing gender roles as natural. However, it's interesting that differences by political affiliation are even stronger than differences by gender identity.[19] We might explain this with reference to how mindsets about gender are woven into key political battles, such as abortion rights and trans rights.[20]

Implications for communicators. *Care Is Character, Work Naturalism, Gender Essentialism*, and *Work Gender Essentialism* comprise a bundle of mutually reinforcing mindsets that affirm and reaffirm that care work should be done by women. With these mindsets, care workers are thought to inevitably be women, and women are assumed to make far superior care workers than men. This perpetuates unrealistic expectations of women who are caregivers, both paid and unpaid. It can also lead people to justify low pay, as it is assumed that women want to go into this work out of natural selflessness and that focusing on pay seems antithetical to this motivation. Because these mindsets allow people to justify unequal pay and working conditions, simply talking about gender inequities in care work can, inadvertently, actually reinforce these naturalizing mindsets. Communicators need to use framing strategies that build on a structural understanding of sexism so that people understand gender disparities in structural terms rather than making sense of them with this bundle of unhelpful mindsets.

The *Sexism Structures Care Work* mindset provides a positive foundation for building people's understanding about gender inequities in care work and raising support for solutions at the macro level. However, communicators have a lot of work to do to expand this type of thinking and connect sexism and gender inequality to institutionalized patriarchy.

FINDING #4

Racial inequities are almost wholly absent from public thinking about care work.

In general, members of the public are unable or unwilling to link race and racism to work. As we describe in our report on general mindsets around work and labor, unless specifically prompted, research participants rarely brought up race or racism when talking about work, and this was also the case in our interviews on care work. We found that, in fact, participants frequently drew on two mindsets that actively *deny* the role of race or racism in shaping care work.

The *"Gender Not Race"* Cultural Mindset

When the *"Gender Not Race"* mindset is active, people focus on the gender of care workers as being much more relevant than their race in shaping how care workers are treated and, in particular, why care workers are often exploited. When talking about care workers being unfairly treated or exploited, people associated this exploitation with their gender, not race—even while acknowledging that more people of color are doing care work. This mindset confines perceptions about inequality and exploitation to gender and excludes race as a factor.

Notably, *"Gender Not Race"* can interact with naturalistic thinking on care in a problematic way. Because care is seen as a natural trait, when we asked open questions about the connection between race and care work, people occasionally took this in the direction of considering whether there are biological racial differences in how caring people are. Naturalistic logic is regularly applied to the overrepresentation of women in care work, along the lines of "women go into care work because they are more naturally caring than men." So, a similar logic, applied to the overrepresentation of people of color, would be "people of color go into care work because they are more naturally caring than white people." When people reached for this logic, they would reject it on the grounds that "no racial group is more or less caring," which in turn led to a general dismissal of race being an issue in care work, which in turn excluded consideration of a role for racism. Communicators need to be aware of this being a possible misinterpretation, and backlash, to communications that connect care work to race.

> Researcher: *Do you think there are certain groups that are more likely to be exploited in care work than others?*
> Participant (Black woman, Republican, 26 years old): *No. Because I feel like they're prominently women, so it's all prominently women that are being exploited.*

> Researcher: *Does someone's race affect whether or not they become a care worker?*
> Participant (White woman, Independent/Democrat, 56 years old): *I wouldn't think so, no.*
> Researcher: *Does someone's gender affect whether or not they become a care worker?*
> Participant: *I don't see any reason it should, but I think it must because I see so many more women in the profession than men. So, I think it does. I don't think it needs to, but I think it does.*

The *"Class Not Race"* Cultural Mindset

"Class Not Race" is a mindset that people apply not just to care work but also to work generally and other key social issues like residential segregation[21] and the criminal legal system.[22] When drawing on this mindset, people assume that differences in income, not race, influence outcomes. In this case, class is assumed to be the primary determinant of who goes into care work, obscuring the role of structural racism. Like *"Gender Not Race"*, this mindset asserts another dimension of identity as being more important than race and thus often functions as a form of racism denial.

> Researcher: *Does someone's race affect whether or not they become a care worker?*
> Participant (Asian American woman, Democrat, 43 years old): *No. I don't think so. I don't think race goes into that. I can see it is who you are as a person that wants to go into that profession.*
> Researcher: *Do you think that someone's class background might affect whether or not they become a care worker?*
> Participant: *I do think that, I do. It does seem like [care work] is more of a middle or low [class job]... I don't see it as a—I think it is middle class. I see it from a class view.*

Implications for communicators. The *"Gender Not Race"* and *"Class Not Race"* mindsets are highly problematic, as they actively thwart understanding of how racism structures care work and the ways in which race, class, and gender intersect. These racism denial mindsets pose a major challenge that advocates across the workforce spectrum will need to address together.

FINDING #5

People view care work as essential for society but as ultimately secondary to what *really* matters.

Although the term "essential worker" is not as common as it was during the COVID-19 pandemic, the perception that care work is critical to our society is still dominant.[23] While this is, of course, positive, this perception does not automatically lead to better understanding about who care workers are or what needs to be done to support them and the people they care for.

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. These mindsets lead people to see care work as simultaneously essential to society and secondary to and existing only in support of 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.

This thinking comes up specifically in connection with care work rather than other types of work and is another illustration of how "care" is understood in ways that are in tension with "work."

The *Care Work Fills Gaps* Cultural Mindset

At the center of the *Care Work Fills Gaps* mindset is the assumption that everyone needs care at some point in their lives, and therefore care workers—familial or unrelated, unpaid or paid—are a necessary feature of our society. Underneath this reasoning is the moral imperative to care and the assumption that while care work is ideally done by family, inevitably some people cannot or will not care for their family members. People draw on this mindset to understand why we need care workers: to fill the gap created by family.

When thinking in this way, people talk about care workers with gratitude and respect for doing a job that needs to be done, but sometimes also as a poor substitute for family; there is an assumption here that family members should look after each other. These different roles—*worker* and *family member*—sometimes appear to be mapped onto each other, such as, for instance, when people project motivations more commonly associated with family ("doing it for the love") onto care workers. This mapping does not happen to anywhere near the same extent with other types of work—not even medical jobs like doctors, which seem to belong, in public thinking, much more clearly in the "work" sphere than in the "family" sphere (as the quote in the *Care Work Enables Productivity* mindset below illustrates).

> Researcher: *When you think about care work as compared to other jobs, would you say that care work is more or less important than other types of work?*
> Participant (White woman, Independent, 56 years old): *Having people like this who are able to step in and take care of a family member, whatever is necessary because everybody has their own work that they have to do and their own things, and it's just not moral to sit back and let somebody die who's not getting the care they need.*

The *Care Work Enables Productivity* Cultural Mindset

A related mindset assumes that care work is important because it allows other people to do what is perceived as more "real" and valuable forms of work. When thinking like this, care workers' value to the economy is indirect, because it is by filling in for family members that care workers allow other people—particularly women—to pursue careers. This implies a hierarchical modeling of what types of work are most valuable to the economy. Work like manufacturing, for instance, is considered the very backbone of the economy because it provides the material structure of society, whereas care work is positioned as essentially being outside, or a support to, the economy.

The hierarchy of value here relates to how patriarchy has shaped the economy. While people widely assume that both industries are needed, manufacturing (traditionally "men's work") is seen as more central to society's functioning than care work (traditionally "women's work"). While care work may be valued because it frees up women to enter the workforce, it is still devalued as a profession because it is associated with familial, and largely female, labor. This mindset reflects people's perceptions of the current structure of the economy and workforce but (importantly) does not lead to a critique of it. Instead, it naturalizes the current capitalist economic system and reinforces the idea that care is not a "real" part of the economy.

> *Care workers allow everybody else to do their jobs. If you're a doctor, but your mother needs care, you can't just leave your profession. So, the care worker caring for your mother or whomever allows you to continue being a doctor.*
> White woman, Independent, 56 years old

Implications for communicators. These mindsets have some productive entailments for communicators but also carry significant risks. They both reinforce the importance of care work and help draw attention to the quiet, undercelebrated, and often invisible role that care work plays in propping up society. This could help support the case for improving care workers' pay and working conditions.

However, these mindsets do not necessarily lead to such support because they lead people to perceive care work as having social importance but not necessarily economic importance. These mindsets lead people to see care work's value as secondary to and derivative of aspects of life and society that are understood to be *truly* important. They do not call into question how the economy is currently structured along gendered and racist lines. Communicators need ways of disrupting these assumptions and care work's secondary importance and of helping people understand and support solutions that would address the structural issues with the care workforce.

FINDING #6

People think familial love and obligation, not money, are what make caregiving rewarding, whereas professional care work is seen as a difficult and undesirable job.

Family members—in particular women—are still viewed as primarily responsible for caring. Caring is 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 and without the benefits of love and reciprocity with one's family members. This, combined with the perception that care work is unskilled, makes care work appear to be both undesirable and open to anyone, making it a job of last resort.

The *Care Is Familial* Cultural Mindset

There is still a strong cultural assumption that care is ideally familial and done in the home (for additional research on this assumption, see our *Communicating about Nursing Home Care* report[24]). The *Care Is Familial* mindset assumes that care for family is both innate—we naturally want to care for family members—and social in that it strengthens the bonds between family members. Even if caring is difficult and taxing, for family members, and in particular women, it is also seen as morally necessary and emotionally rewarding.

> Researcher: *Let's think about caregivers. Who comes to mind?*
> Participant (Latine, woman, Republican, 62 years old): *Daughters—I just met a girl in my building yesterday. She's taking care of her mother and father. She has to do this medicine and that medicine and this bath and that bath. And make sure that they're taking care of each other and doing the important stuff. That's mad love right there.*

The *Caregiving Is Family Reciprocity* Cultural Mindset

A closely related mindset is *Caregiving Is Family Reciprocity*, or the perception that family members care for each other out of a sense of obligation for previous care. This is especially dominant when people think about caregiving for older people—it's seen as important for people to look after their parents in older age as reciprocation for their parents looking after them as children. Using this mindset, people assume that caregiving for family is a two-way exchange and, therefore, should not be remunerated, even if it is difficult. Indeed, the concept of paying for family care was sometimes met with strong disapproval, as the quote below illustrates.

> *My child needs to be paid to help me? Really? No. I took care of you. I raised you. Nobody paid me to do that for you.*
> Latine, woman, Republican, 62 years old

The *Care Work Is Hard Work* Cultural Mindset

People tend to recognize that care work is physically and mentally challenging. When thinking about care work compared to other kinds of work, participants would note that care was especially demanding. However, perceptions about the type of demands differed somewhat, depending on the recipients of care. For instance, people raised communication challenges (for both children in development and adults with disabilities); physical challenges (for adults, as they are bigger and it can be harder to provide hands-on care like lifting, and for children who can require more energy to look after); and emotional challenges (for all recipients of care, particularly for those who have neurodiversity such that they behave violently). As the quote below illustrates, participants also mentioned how care workers have to regularly do unpleasant tasks that other jobs do not require, such as dealing with bodily fluids.

When thinking with the *Care Work Is Hard Work* mindset, the nature of the hard work is assumed to be the same for family care workers and professional care workers. However, the emotional rewards for this work are perceived differently, and this depends, again, on how people map the roles of *care worker* and *family member*. As above, it is assumed that family members deliver care out of love and reciprocity. When care workers are drawn into the family sphere, and are talked about as being "like family," they can be seen as doing it for love or something approaching love—but not reciprocity. When care workers are seen more clearly in the "worker" realm, they are thought to be doing it for neither love nor reciprocity. This means that care work can be seen as particularly tedious and taxing for paid workers: because they are not receiving the same kind of emotional reward as family. This can, however, also lead people to conclude that paid workers deserve higher compensation, as well as respect for doing a difficult job.

> *It's hard because not everyone wants the potential of dealing with bodily fluids, for one. I can tell you right now, I can deal with my kid puking all day. The second some other kid pukes, it's not happening. My kids—I'll catch their puke. Other people's? No. It takes that massive ability to care about everyone that is in need for you to be in a caregiver field. Their jobs are extremely difficult because they have to have a completely different mindset than any other person that's working just a regular job.*
> Black woman, Republican, 26 years old

The *Job of Last Resort* Cultural Mindset

Care work is commonly viewed as a job of last resort. This is for two reasons. First, several mindsets about care combine to create the perception that care is not "real work" and instead is a form of unskilled labor:

- If *Care Work Is Character*, it does not require skills or training, in people's minds.
- Even if people see that *Care Work Is Hard Work*, it does not necessarily mean that it is *skilled* work.
- The *Care Work Enables Productivity* mindset sees care work as being outside the economy and merely supportive of productivity.

> *I think that most of them do it not in a trained capacity. A lot of the things they do are things that we all already know how to do at home because most people are used to caring for somebody along the way. I think that a lot of times it's employment for people who aren't educated or weren't able to go and get an education but are still very good people who are able to help other people.*
> White woman, Independent, 56 years old

When people think of care work as a job of last resort, they can express concerns about care jobs attracting unskilled and potentially uncaring workers who are driven purely by the motivation of a paycheck.

Second, the *Caring Is Familial* and *Caregiving Is Family Reciprocity* mindsets set up the assumption that care work is harder when caring for non-family members because it is less emotionally rewarding and there is no reciprocity with the people who are being cared for. If care work is doubly difficult and yet also unskilled, it becomes a job of last resort for people who cannot find work in other fields. However, this mindset can also open the door to thinking about worker exploitation because it assumes that the people who become care workers are desperate for work and vulnerable to employers who may take advantage of them.

Implications for communicators. 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, valuable, and skilled work. The dueling conceptualizations of "care" and "work" lead to the assumption that when someone does care work for money rather than love, caring tasks become laborious and tedious. Care workers must therefore be doing these demanding, difficult activities because they are unskilled and

can't get anything better. And, because care workers are doing these tasks for money and not love, the quality of care is thought to be much lower than it would be if it was done by family members who do it for love or, at the very least, a sense of reciprocity. Care workers, people assume, are a necessary but inferior replacement for loving family care. So, while *Care Work Is Hard Work* may initially seem like a productive mindset for building support for better wages and working conditions, it can also lead people to devalue professional care work. Similarly, activating the *Job of Last Resort* cultural mindset might, at times, open space for thinking about exploitation, yet it can also quickly lead to unhelpful and fatalistic attitudes about poor pay and working conditions as the inevitable and even deserved consequence of people failing to garner the skills necessary for procuring a better job.

FINDING #7

People can link the quality of care and care workers' wellbeing to the context surrounding them—and see the government and unions as part of the solution.

In conversations about care work, the dominant cultural mindsets are individualistic and naturalizing, but there is a more contextual way of thinking about care work. In particular, there is a growing understanding that wages and working conditions play a role in care workers' wellbeing and the quality of the care they provide.

The *Care Work as Context* Cultural Mindset

While there is a widespread assumption that personality is primary in care work (*Care Work as Character*), the *Care Work as Context* cultural mindset offers a more structural way of thinking. When drawing on this mindset, people can see that there are contextual factors surrounding individuals—in particular, the conditions of the job (pay, training, support)—that shape the quality of care that care workers deliver. This contextual thinking tends to focus on immediate working conditions, not necessarily structural inequalities, but still opens a wider perspective on how systems and social structures influence care work.

> *I feel like [care workers] deserve more. Because I feel like if they had better work environments, better pay, and were respected more, I feel like a lot of people would put 110% into being a caregiver.*
> Black nonbinary person, Democrat, 26 years old

We found in our survey that this mindset is positively correlated with support for several policies that could positively impact the field of care work: government-provided child care (r = 0.22), paid family and medical leave (r = 0.22), and expanded Medicare funding for home- and community-based care services (r = 0.24).

As we reported in 2023, the more strongly people endorse the Care Work as Context mindset, the more strongly they tend to endorse systemic thinking about the economy and racism.[25] While this doesn't mean people consciously make connections between these mindsets—for instance, in understanding how economic design relates to care work or how racism shapes the experience of care workers—it

does point to the importance of building a systemic understanding of social problems, in general, in order to help unlock productive thinking about care. Communicators will then need to help people draw specific connections.

Survey evidence: Forced to choose? How political party and gender affect whether people endorse *Care Work as Context* versus *Care Work as Character*

We have been monitoring both *Care Work as Context* and *Care Work as Character* for the duration of our Culture Change Project, through a regular tracking survey. We find that men and women score similarly to each other on both of these mindsets—although, as we reported on previously, Republicans and Democrats hold Care Work as Character to a similar extent, but Democrats are more likely to endorse Care Work as Context than Republicans.[26]

When asked to choose between these mindsets, bigger differences between groups emerge

We have for the past year included a "forced choice" item that asks participants to take a position on which mindset they *most* agree with if they have to choose between them. Specifically, they are asked which is the most important for producing quality care: the personality of care workers or pay and working conditions. When these two options are presented side by side, the similarities we see between groups seem to melt away; sharp differences emerge. In a forced choice, Democrats are more likely to choose context over character, whereas Republicans choose character over context. We see a similar, though less dramatic, pattern between women and men: Women choose context over character, whereas men choose character over context.

Figure 1: Forced choice between Care Work as Character and Care Work as Context, in Republicans and Democrats

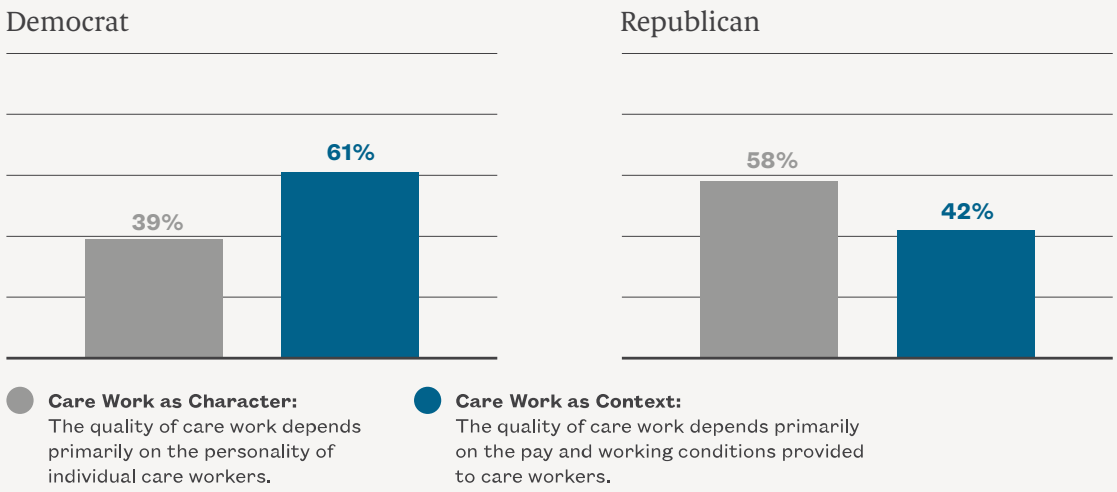
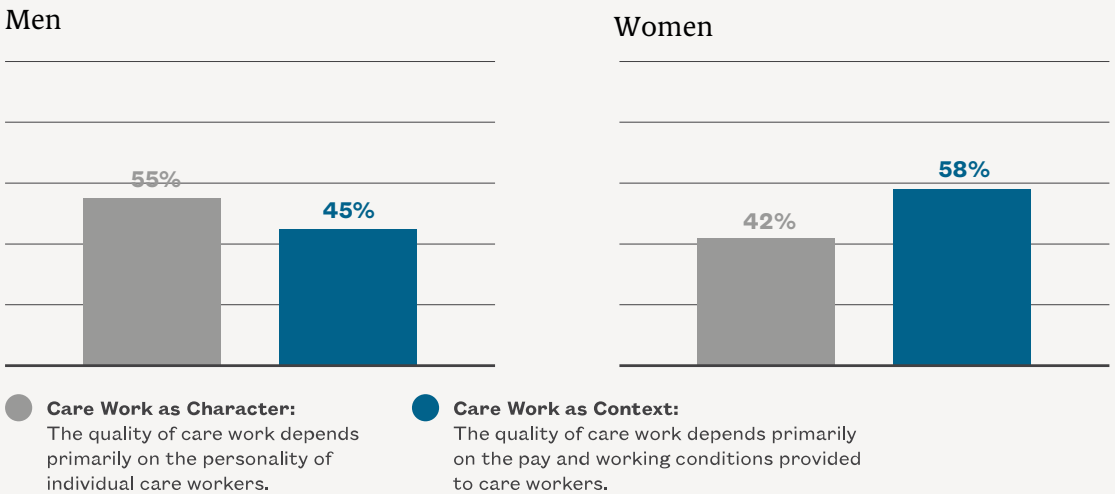


Figure 2: Forced choice between Care Work as Character and Care Work as Context, in men and women



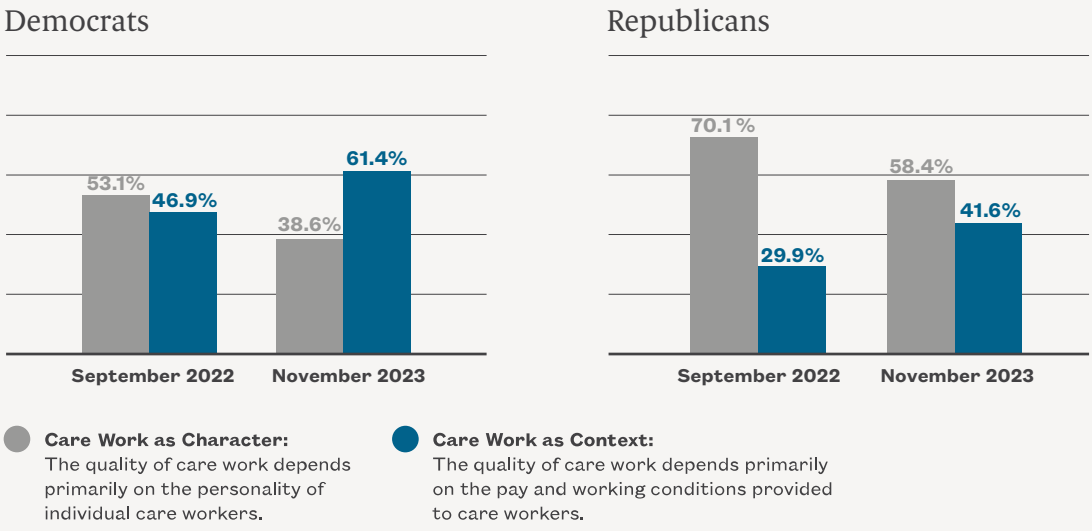
These patterns relating to gender and political affiliation echo what we find broadly when it comes to clusters of mind about work. Men and Republicans are more likely to embrace *Individualist, Naturalistic, and Reactionary* mindsets, whereas women and Democrats are more likely to embrace *Collective, Structural, and Designed* mindsets.[27] However, these differences on care work emerge most strongly when we offer the two mindsets side by side. **In particular, when forced to choose, both men and Republicans seem to come down harder on the naturalistic explanation of *Care Work as Character* than they do when they are considering this mindset on its own.** In line with our previous report, this suggests that it's not necessarily a

good idea to pit these two mindsets against each other, as if they are mutually exclusive, because this might inadvertently strengthen naturalistic thinking in some groups of people. Instead, communicators should focus on building up the contextual understanding, without trying to tear down the belief that personality is important at the same time.

Over time, people—including both Democrats and Republicans—are becoming less likely to pick* Care Work as Character *in a forced choice

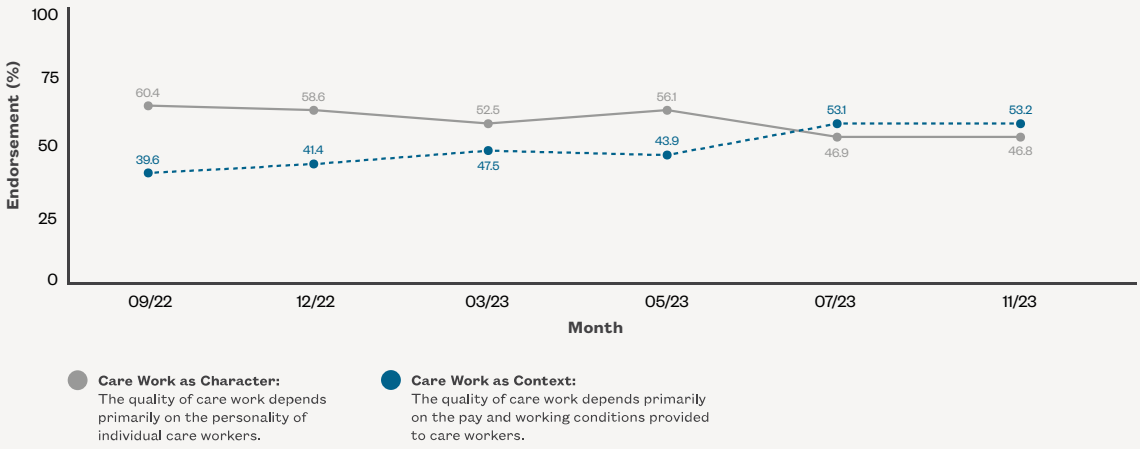
We have been tracking this forced choice question since September 2022 and have noticed an important, and hopeful, trend over time. In September 2022, both Republicans and Democrats tended to choose *Care Work as Character* over *Care Work as Context*. This was much stronger for Republicans, whereas Democrats were more equivocal, but it was still the general trend. In our most recent tracking data, from November 2023, we found that people affiliated with both political parties have shown a dramatic shift in the direction of *Care Work as Context.* While Republicans are still more likely to choose *Character over Context*, there is now a much smaller gap between the mindsets. Democrats, on the other hand, have flipped in their preferences on this forced choice, becoming more likely to choose *Context over Character* (see figure 3).

Figure 3: Changes over time in how Republicans and Democrats choose between Care Work as Character and Care Work as Context



We see this flip play out in the whole sample, as well as among Republicans and Democrats, in the graph below.

Figure 4: Changes over time in how people choose between Care Work as Character and Care Work as Context



While we cannot say conclusively what may have caused this shift, it may be related to the rise in labor action over the last year and the increased salience that it has brought to issues of pay and working conditions across the workforce. Indeed, our data show that the more strongly people endorse *Stronger Together*—the mindset that workers have more power when they come together through unions (see below)—the more strongly they tend to endorse *Care Work as Context.*[28] We could also point to the significant advocacy campaigning and political action taken on care work during this time (for example, the executive order signed in April 2023). Whatever may be responsible for this shift in thinking, it is surely a good sign for communicators who are hoping to strengthen more systemic thinking about care.

The *Government Is Responsible* Cultural Mindset

Systemic thinking about care work is reinforced by the assumption that the government is responsible for providing critical resources and support to its citizens. This mindset of government is often cued when people think about the American system of health care. As we've reported before, people tend to have a close association between care work and health care.[29] Although people are generally unclear on how care work is organized and the policies that would improve care, the association between care work and health care can bring into play the *Government Is Responsible* mindset and the idea that better pay and better working conditions for care workers is part of the government's responsibility.

> *I think it all leads back to the people in charge of our city, our country, our state.*
> White woman, Independent/Republican, 34 years old

The *Stronger Together* Cultural Mindset

When thinking about care work and work in general, people share a strong perception that workers have less power than employers and that it's difficult for individual workers to do much to improve the circumstances of their jobs. One way to build more power, in people's minds, is by coming together collectively in a union. When care workers unite, it is assumed that they can have more influence over their pay and working conditions.

> *I am pro-union for an employee to get paid right, have good working conditions, not exploit the worker, and so on.*
> Latine, man, Democrat, 26 years old

> *If they had [a union] for care workers, I can see how it could help. Most of the time the unions are able to help by putting publicity out there about employers that are not treating their employees well, or following whatever guidelines are mandated for this profession – for care workers. So, if that existed that would be beneficial. It just gives a little bit more power to employees who have very little.*
> White woman, Independent/Democrat, 56 years old

Implications for communicators. Activating these *Collective, Structural, and Designed* mindsets is critical for building the public's understanding about what factors determine the conditions of care work and how to improve them. Each of these mindsets also leaves room for communicators to fill in missing information and build understanding. In particular, communicators should continue to activate the *Stronger Together* mindset by emphasizing the role of collective organizing in improving conditions for care workers; clarify the government's and policies' role in quality of care; and expand thinking beyond wages and working conditions toward the larger economic circumstances and inequalities that structure how we provide care in our society.

III. How Is the Field Communicating Now?

In light of the content that the field wants to convey, we looked at how a range of organizations are actually communicating about care work right now. To do so, we gathered and analyzed public-facing communications materials from 11 organizations that represent a range of areas within the care work field, including think tanks, nonprofit advocacy groups, policy groups, and unions.[30] The process included qualitative analysis to identify themes, trends, and patterns of meaning in the data and interpret those findings against the backdrop of the public's mindsets about care work and the core ideas that the field wants to communicate to the public. Our analysis revealed six trends in framing strategies across organizations' communications materials, as described below.

TREND #1

Definitions for key terms are sometimes missing.

Few of the materials analyzed establish a definition of care work, caregivers, unpaid care work, domestic workers, and other key terms. This omission suggests that the field may assume that audiences understand and have a clear sense of what care work is and who is doing it. Yet our research with members of the public has revealed that the public's understanding of care work is, at best, incomplete. As we have previously reported, the public often assumes that care workers are medical professionals, like nurses and doctors, in health care settings like hospitals.[31] This assumption often obscures other forms of care work and the people providing care in settings like homes.

The field's hesitance to define terms, settings, and recipients of care may be born from a well-intentioned interest to create a unifying umbrella movement of care workers with shared interests and circumstances and not spend much time distinguishing between groups of people who do care work. However, because the public does not necessarily understand this umbrella, this is likely to create misunderstandings or confusion for a general public audience.

While most of the materials analyzed lacked definitions of key terms, several organizations are doing this definitional work in their communications, and in doing so may be increasing their audiences' understanding of what care work is and who does it:

> *Home care workers are the 2.6 million personal care aides and home health aides (and, in some cases, nursing assistants) who support individuals in private homes.*
> Advocacy organization

> *Care work is central to human and social wellbeing. It includes looking after children, the elderly, and those with physical and mental illnesses and disabilities, as well as daily domestic work like cooking, cleaning, washing, mending, and fetching water and firewood.*
> Advocacy organization

Implications for communicators. Leaving audiences to develop their own definitions of these terms invites them to reason about the issue from preexisting assumptions that may be incomplete, counterproductive, or simply incorrect. Sharing definitions for key terms that refer to types of care work and who is receiving care, and offering examples can expand the notion of care and avoid the risk of some roles becoming invisible. Doing so is an important step in developing unified and inclusive narratives about care across a person's lifespan.

TREND #2

The field is framing care work as work that allows the economy to function.

Many of the communications materials emphasized the instrumental role of care work, stressing that individuals involved in formal or informal care work are allowing others to engage more fully in the economy and pursue their careers. The idea that society's handling of care stands in the way of full participation in the economy is particularly highlighted by organizations focused on child care:

> *Child care is an essential support for parents' full participation in the economy.*
> Think Tank

Organizations focused on domestic workers also use this framing to talk about the role care work plays in society and the economy.

> *In the context of COVID-19, it is unacceptable that these essential workers who are a part of the human infrastructure that makes the work of others possible [...] lack even the most basic labor rights.*
> Advocacy organization

Sometimes, organizational communications combine the practice of framing the invisible nature of care work (see below) with the notion that care work allows others to participate and contribute to the economy:

> *Care work is the "hidden engine" that keeps the wheels of our economies, businesses, and societies turning*
> Advocacy organization

In our research with members of the public, we found that people can view care work as valuable because it fills the gaps in caregiving left primarily by women who work outside the home, thereby enabling greater economic productivity. However, as we discuss above, when people view care work instrumentally, there is a risk that they overlook it, or consider it secondary when compared to the more "real" and valuable forms of work that care work allows others to pursue.

Implications for communicators. In the short term, emphasizing to the public that care work contributes significantly to overall economic productivity could serve as an avenue to garner support for improved wages, working conditions, and protections for care workers. However, advocates and communicators should be mindful that portraying care work as facilitating economic participation might inadvertently suggest that care work exists outside of the economy. Such an approach risks reinforcing the perception that care work, while essential, is less valuable than and secondary to other professions. Moreover, it may undermine the field's long-term goal of broadening people's understanding of the economy to one that is built around care.

TREND#3

Care work is often described as invisible work that goes unnoticed and undervalued in society and the economy.

Many of the communications materials analyzed mentioned the invisible nature of care work and seem to position visibility itself as a solution. However, some organizations talk about how the COVID-19 pandemic raised visibility of the importance of care work, *and* also acknowledged that increased visibility has not led to new conversations about improving job quality, workplace protections, or increased investment for care workers.

Organizations highlight the lack of protections and job quality, the underrepresentation of care work in economic data, and the undervalued nature of care work as evidence of the sector's invisibility both in society and the economy. This is particularly emphasized by organizations focused on domestic workers and on informal care done primarily by women.

> *These essential workers are a vital and often invisible workforce within the health care and broader care economy.*
> Advocacy organization

> *Even though it lays the foundation for a thriving society, unpaid and underpaid care work is fundamentally invisible.*
> Advocacy organization

In our discussions with field experts, they stressed that care work's lack of visibility, its undervaluation, and the difficult working conditions experienced by its workers stem from the fact that care work is gendered and racialized. However, only some organizations are making this connection – between race or gender and the invisibility of care work – explicit:

> *Child care workers have been undervalued throughout history and into the present largely due to the racial and gender composition of the workforce.*
> Think tank

Implications for communicators. By positioning care work as invisible work that is happening within the economy, communicators are addressing the misconception that care work is separate from the economy. This can, perhaps, help expand the public's understanding of the economy to include care work. Yet noticing and acknowledging care work may not necessarily lead to fundamental shifts in how people think about care work and care workers. Further framing research is needed to understand what work this frame does and how it needs to be complemented by other strategies.

Neglecting to explicitly address or include race and gender in communications regarding the importance of shedding light on care work is likely to hinder advocates' efforts to build public understanding of inequities within the sector. This understanding is crucial for advancing policies aimed at creating a more equitable and just care work sector.

TREND #4

When organizations acknowledge race, gender, and intersectionality as important dimensions of the issues at stake, they don't usually explain why race and gender are important dimensions.

The materials analyzed sometimes name gender, race, and the intersection of different systems of oppression that impact the groups of people that provide care in their communications:

> *[Care workers] are predominantly women, people of color, and immigrants—diverse and consistently marginalized workers. These workers are not valued, compensated, or supported at the level they deserve.*
> Advocacy organization

However, when communicators name race and gender, they are not always going a step further and providing thorough explanations for how structural sexism and racism are impacting care work as a sector and the people who have care jobs. In our research with the public, we found that some people understand that there is gender exploitation in care work and consider it to be less valued and poorly paid because it is "women's work." Though the connection between women's oppression generally and the low pay of care work jobs was present in the public's thinking, many participants were not clear how exactly structural sexism has led to the devaluation of care work. The public also generally

does not understand the role of structural racism or how race and gender intersect in the sector, nor do they understand the historical roots of the exploitation of care workers. Here is an example of an organization doing some of this explanatory work:

> *The devaluing of family care work is by design. One of the many legacies of slavery is the shouldering of care responsibilities by the people in our society with the least power and fewest resources. In the early 20th century, white lawmakers excluded care workers, who were overwhelmingly Black women, from fair wages and labor protections in order to preserve the status quo. To this day, our culture and policies continue to undervalue and invisibilize caregiving, leaving caregivers underpaid or unpaid and without the support they need to thrive.*
> Advocacy organization

Implications for communicators. Communicators need to help the public understand how trends and patterns in the care work sector can only be understood with reference to structural sexism and racism.

It seems likely that the historical roots of racial oppression need to be understood if people are to have a better understanding of how structural racism is still implicated in care work today. However, how this historical explanation can be conveyed most effectively is a question for frame testing.

TREND #5

The field is not using values consistently to talk about care work and tends to rely heavily on *vulnerability* framing.

Many organizational materials included in the analysis did not include values, which help orient people to issues. When values are used, the value of vulnerability is frequently utilized to talk about workers, particularly domestic workers. In past FrameWorks research, we have found that vulnerability is often ineffective as a value because of its tendency to disempower people and cue fatalistic mindsets in the public, which typically undercuts support for policy change.

However, folks in the field do sometimes draw on more productive values like the value of shared, future benefits:

> *When child care workers have the resources to thrive, we can be successful in our mission to lift up families and provide the best care for our future generations.*
> Labor union

Implications for communicators. Shared values are important because they help audiences understand why an issue is important and can prime collective thinking and efficacy. The next phase of framing research will explore which specific values are most effective for framing care work and work and labor more broadly.

TREND #6

To explain the nature of care work and its importance, the field is describing it as a public good and using the metaphor of 'infrastructure'.

Across the materials analyzed, many organizations are framing care work as a public good and as essential infrastructure. Communicators emphasize that since we all rely on care and because it positively impacts the wellbeing of our families and communities, it should be treated as a public good. This involves implementing collective policies and making public investments in the realm of care.

> *In the United States, child care should not be a private family matter. It should be a publicly funded good.*
> Advocacy organization

Similarly, some of the organizations in the sample are using infrastructure as a metaphor to explain the importance of care work to families, communities, and our country:

> *We are working together to win bold investments for care across the lifespan, to elevate care as an issue that requires bold policy solutions, and popularize the notion that care is infrastructure.*
> Advocacy organization

Implications for communicators. Describing care work as infrastructure holds potential because of its metaphorical power. Metaphors are useful for explaining how something works and for communicating complex ideas to members of the public. By making a comparison between care work and infrastructure, communicators hope to draw attention to the similarities between the two and highlight the need for public investment in care work. In the next phase of research, we can explore this metaphor to fully understand how it affects public thinking.

The notion that care work should be seen as a public good implies that it should not function through the free market and that the government should play an active role in regulating and funding care work. In our research with the public, we found that people think that the government should be involved in addressing structural issues related to care work but generally do not see the specific ways in which the government can play that role. It is possible that positioning care work as a public good could help lead people to a sense of what can be done to support care workers, though we suspect it is also important to explain more fully what government can and should do and to connect the dots between government action and outcomes for individuals and society as a whole.

IV. Emerging Recommendations for Communicators

Taking into account the core ideas the field wants to get across, public mindsets about work, and current communication trends in the field, several recommendations emerge. All of these are in the service of helping communicators widen the lens from an individualistic understanding of work to a systems approach. These recommendations provide ways of moving away from or backgrounding the cluster of dominant mindsets that can be described as *Individualist, Naturalistic, and Reactionary* and instead connecting issues of work with the more productive *Collective, Structural, and Designed* mindsets. We intend that these recommendations be taken as suggested directions of travel for communicators. In the next phase of this project, we will use them as a guide to help us develop and test specific frames to determine the most effective ways of moving in these directions.

1. **Showcase the range of jobs that constitute care work and highlight the skills and abilities needed to provide quality care.** Members of the public have an incomplete sense of what care work is, the kinds of roles care workers have, and the skills needed to provide quality care. Thinking of care as a natural personality trait, as members of the public often do, can obscure the contextual factors that support good care. In addition, people saw care work as a job of last resort for workers who are underskilled. To build a more comprehensive understanding and better structural thinking about care, communicators should:

    a. Consistently provide key definitions and examples of different types of care roles.

    b. Avoid overemphasizing care workers' sacrifices and their praiseworthy character, as this is likely to reinforce naturalizing mindsets that obscure the importance of contextual factors in shaping care.

    c. Discuss the skills and abilities needed to do care work well.

    d. Point to specific policies and practices that care workers need to train and develop key skills.

2. **When describing the need for care work, don't stop at just using the word "valuable."** Although the word signals that care work is important, previous research on framing the child care workforce suggests that it doesn't necessarily lead people to embrace changes that improve the pay and work conditions for care workers. Instead, it may lead people to focus on interpersonal acts like tipping or gifts. Beyond simply asserting that care work is valuable, clearly define its value in collective human terms. For example, care work can support relationships, lower stress and anxiety, strengthen community connections, and support more effective social systems.

3. **Emphasize how context shapes care and illustrate this connection with concrete examples.** Connected to the idea that care work is best done by naturally caring people is another unproductive idea: If care workers are paid too well, it will attract people with dubious motives to the profession. To push back on this idea, it is important to:

    a. Demonstrate the connections between working conditions, quality of care, and quality of life for both care workers and the people receiving care.

    b. Build on people's perception of *Care Work as Context* through vivid illustrations of how higher wages and safe, healthy working conditions lead to better outcomes for everyone.

    c. Always contextualize individual stories about care workers. Show how care workers and the people they care for are impacted by the conditions surrounding them and what needs to be done to ensure their wellbeing. When you tell an individual story about a care worker, use it as an example of how social, political, environmental, and economic conditions affect their work and wellbeing and how to improve those conditions.

4. **Walk people through the ways in which gender, race/ethnicity, and immigration status collectively shape the care workforce.** Although research participants had some understanding of how systemic sexism shapes care work, they were not aware of how exactly care work is affected by race/ethnicity, immigration, and gender. Such inequities need to be explained and not just stated. While we found that the field often names these dimensions of the issue, thorough explanations were lacking in most of the field communications we analyzed. When we simply assert the disparities between groups in the workforce without an explanation of why that is, we risk inadvertently opening the door for unhelpful naturalistic explanations (like "women are overrepresented in care because they are naturally caring").

5. **Explain how challenges care workers face stem from the ways in which our economic and labor systems are designed.** As with any communication about workers in America, it will be important to emphasize that the labor market is set up and structured through policy decisions, as there is a tendency for people to naturalize work and labor and so believe that there is little that can be done to change things for workers. Being clear about how care workers face challenges because of the way the economy and the labor market are designed through collective decisions, as well as linking these challenges to the experience of other workers, is a key step in building support for changes that can impact workers broadly.

6. **Be concrete when describing the government policies and programs that support care workers and improve quality of care.** Although people sometimes say that care workers deserve to be compensated and resourced fairly, there is still not much understanding about what specific policies and programs could help improve working conditions for care workers. There are also unproductive mindsets that position care work as primarily, and ideally, the responsibility of family members. Communicators need to emphasize that care is a social good that needs to be supported by the government, and they can draw on specific policy examples and metaphors to help make the case for policy change.

7. **Build on the *Stronger Together* mindset and generate thinking about solidarity-based solutions.** Talk about the benefits of collective action and collective bargaining. Provide clear examples of how the policies unions champion can improve work conditions for the care workforce—and how people can access unions in a sector that typically relies on isolated workers, without there necessarily being a clear private employer to bargain with.

V. Future Research and Next Steps

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 for communicating about care work and also test some of the framing strategies that the field currently uses. In particular, we hope to explore:

— How to talk about the value of care in a way that generates more systemic thinking and increases people's sense of collective responsibility for improving the conditions of care (rather than cueing acts of gratitude).

— How to frame care in connection with other economic activity. This means exploring both the framing of care as enabling the *current* economy to function and also exploring how care might be situated in a *re-imagined* economy that is built to meet our needs as a society.

— Metaphors that can help explain how care functions as a collective good that requires public resources to support and maintain. This could include testing iterations and applications of the *infrastructure* metaphor that is currently in circulation in the field.

— Explanatory chains, metaphors, and examples that can strengthen the public's understanding of how structural sexism shapes care work, and unpacking the connections between racism and care work. This will include exploring strategies to short-circuit mindsets that stand in the way of structural understandings of race, such as *"Class Not Race"*, and *"Gender Not Race"*.

— How to best explain the way economic and labor systems are set up through collective choices. This could mean, for instance, exploring how to connect existing design thinking about the economy to the sphere of work and care work. It could also mean exploring different metaphors that convey the concept of design.

— Ways of strengthening the *Stronger Together* mindset, about how workers are more powerful when they come together through unions, and helping people see the role of unions in addressing the specific problems that care workers face.

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.

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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. When we refer to care workers in this report, we mean both paid and unpaid persons providing care for children, people with disabilities, or older adults. We refer to this summary of care work from the International Labour Organization: "Care work consists of two overlapping activities: direct, personal and relational care activities, such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning. Unpaid care work is care work provided without a monetary reward by unpaid carers. Paid care work is performed for pay or profit by care workers." See International Labor Organization. (2018). *Care work and care jobs for the future of decent work*. https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

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5. FrameWorks Institute. (2020). *Mindset shifts: What are they? Why do they matter? How do they happen?* https://www.frameworksinstitute.org/wp-content/uploads/2021/02/FRAJ8064-Mindset-Shifts-200612-WEB.pdf

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11. See note 1.

12. Mindsets in the *Individualist, Naturalistic, And Reactionary* cluster were generally associated with opposition to the following care-related policies, iterated as follows: "Do you support or oppose proposals to create a new system of government-provided childcare for all families?"; "Do you support or oppose a policy to provide all workers paid family and medical leave from a fund that employers and workers must contribute to?"; and "Do you support or oppose doubling federal Medicaid funding for home and community-based care services?" Mindsets in the *Collective, Structural, And Designed* cluster were associated with support for these policies.

13. For more detail on these clusters and patterns of endorsement between different groups see our report on mindsets of work and labor: 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/

14. FrameWorks Institute. (2021). *Public thinking about care work in a time of social upheaval: Findings from year one of the Culture Change Project.* https://www.frameworksinstitute.org/wp-content/uploads/2021/10/Care-work-culture-change-report-Oct2021.pdf; see also note 1.

15. We have seen related mindsets in our research on parenting and education, as people make similar assumptions about parents and teachers—that what shapes the quality of parenting or teaching is whether or not people care enough rather than skills or context.

16. See the Methods Supplement for evidence of these correlations. https://www.frameworksinstitute.org/publication/workshift-methods-supplement/

17. See note 1.

18. FrameWorks Institute. (2023). *Three things to know about how Americans are thinking about gender.* https://www.frameworksinstitute.org/wp-content/uploads/2023/06/CCP-Gender-and-Government-Docs-v2.pdf

19. We utilize effect sizes to quantify the magnitude of differences between groups. The difference between Democrats and Republicans on *Work Gender Essentialism* yields an effect size of d = .776, which is larger than the effect size between men and women (d = 0.305). Similarly, the difference between Democrats and Republicans on *Sexism Structures Care Work* yields an effect size of d = 0.728, which is larger than the difference between men and women (d = 0.448).

20. See note 18.

21. Volmert, A., Lyew, D., John, J., Vierra, K., & Moyer, J. (2023). *The terrain of spatial justice: Cultural mindsets of race and place in the United States.* FrameWorks Institute. https://www.frameworksinstitute.org/wp-content/uploads/2023/09/TerrainofSpacialJustice-Report.pdf

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23. See note 1.

24. Aassar, M., & Volmert, A. (2022). *Communicating about nursing home care: Findings and emerging recommendations.* FrameWorks Institute. https://www.frameworksinstitute.org/wp-content/uploads/2022/04/Communicating-About-Nursing-Home-Care_2022.pdf

25. In our tracking survey, we have seen consistent correlational evidence that people who more strongly endorse *Care Work as Context* are also more likely to strongly endorse items relating to economic design, including: "Economic inequality exists because of choices our society has made about how our economy will work," "Policy choices determine how the economy works and who it benefits," and "How people do in life is mostly determined by how our society and economy are structured." Similarly, the more people endorse *Care Work as Context*, the more they endorse items relating to systemic racism, including: "Racial discrimination is the result of how our laws, policies, and institutions work," "The reason some racial or ethnic groups tend to be healthier than others is because some groups have the resources they need to be healthy and others don't," and "If Black people experience workplace discrimination, it is a result of how their workplaces are run—their general policies and practices." See also note 1.

26. See Finding 4 in note 1. In our most recent data, Democrats endorse *Care as Character* with an average score of 59.8 out of 100, and Republicans with an average of 61. There is no difference between them on this mindset ($t = 0.15$, $p = .883$). However, Democrats endorse the Care as Context mindset significantly more, with a score of 78, compared with Republicans at 74.2 ($t = -5.11$, $p < .001$).

27. See note 13.

28. The *Care Work as Context* mindset is moderately correlated with the *Stronger Together* mindset ($r = 0.39$, $p < .01$).

29. See note 14.

30. To analyze how the field is communicating, we gathered materials from the following organizations: National Women's Law Center, Service Employees International Union, Equimundo, National Partnership for Women & Families, Institute for Women's Policy Research, National Domestic Workers Alliance, Care Can't Wait, Caring Across Generations, PHI, MomsRising, and Oxfam.

31. See note 14.

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Is It Care, Or Is It Work?

Cultural Mindsets of Care Work in the United States

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