

COMMENTARY

# Applying an intersectional lens to consider disparities in historically marginalized women's access to caregiving resources

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We wholeheartedly agree with Gabriel and colleagues' (2023) call to increase support for women academics as they seek out pregnancy, postpartum, and caregiving resources (hereafter referred to as *caregiving resources*). We aim to extend their arguments by applying a cross-cultural lens to the realistic, moral, and financial cases they presented and consider the unique experiences of women from historically marginalized groups (HMGs) who have faced disparate barriers and outcomes, such as being racially discriminated against in hiring processes and wage gaps between races. Although racioethnic minorities are protected from formal discrimination (1964 Civil Rights Act), women from HMGs still face burdens related to identity (in)visibility and stereotypes. We argue that these experiences contribute to barriers in accessing caregiving resources and potentially unequal health and work outcomes for women from HMGs. Women with intersectional identities may not benefit equally from these caregiving resources if institutions fail to consider cross-cultural and racial differences in caregiving needs, expectations, and outcomes. Hopefully, our suggestions for how the academy can effectively research and incorporate the necessary structural support will encourage more thoughtful conversations about workplace culture, specifically surrounding caregiving resources and the additional barriers for women from different races, ethnicities, and cultural backgrounds.

## Positionality statement

This commentary stems from our lived experiences. As doctoral students who identify as people of color (East Asian American), our experiences inform our perspectives regarding what it means to be a person of color in academia. We acknowledge that neither of us has experienced childbirth, raised children, or been primary caregivers. Despite these limitations, we agree that this is a pressing issue that needs to be addressed in the academy and commend the call to action made by Gabriel and colleagues. We focus on women from HMGs who wish to have children. However, in line with the focal article, we recognize that caregiving roles are not limited to any gender, race, ethnicity, sexual orientation, or any other underrepresented identities.

## Realistic case

The reality of academia is that the higher up the chain one goes, proportional representation of women decreases. This number becomes exponentially smaller when considering the number of

Note. Both authors Carmichael-Tanaka and Kang contributed equally and are listed alphabetically.

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women who come from HMGs (e.g., McDermott et al., 2018; Muradoglu et al., 2022). Just as women have a disproportionate amount of caregiving responsibility at home that merits extra support, faculty from HMGs disproportionately carry the burden of dealing with departmental DEI issues and providing mentorship and support to students from similar backgrounds (e.g., Aguirre Jr., 2000; “cultural tax,” Griffin, 2019, p. 307). These efforts are often not rewarded (i.e., have financial benefits) despite taking significant time and energy. With higher demands and less time, we posit that women from HMGs may have less time to learn about and access caregiving resources than their White counterparts.

In addition to these extra responsibilities, faculty from HMGs also have the burden of navigating stereotypes. It is not uncommon for individuals to make decisions that disconfirm negative ones. For example, Black women may refrain from raising concerns to avoid perpetuating the stereotype of the “angry Black woman” (Motro et al., 2022). In the case where individuals do speak up, they may be more likely to face backlash due to stereotype violations stemming from the marginalization and/or invisibility of their identity (Bhattacharyya & Berdahl, *in press*). Other experiences, such as microaggressions and imposter syndrome, can discourage these women from giving input.

This is important when considering the degree to which the policies outlined by the focal article are equally accessible and relevant to *all* women. In other words, does intersectionality with other HMGs differentially influence the utility and efficacy of these policies? If so, several concerning questions arise: Do women from HMGs feel comfortable voicing their opinions about these policies, as well as the additional barriers that may prevent them from using them? Do women from HMGs have the necessary visibility and/or representation to advocate for policy changes? Is there a culture in place that allows women from HMGs to *feel* like they can take advantage of them without backlash?

### **Moral case**

Women of color suffer the worst health outcomes compared to most other intersectional identities. Chronic health conditions such as diabetes, hypertension, and cardiovascular disease are more prevalent for Black women than for White women (Chinn et al., 2021), and Asian women are 1.3 times more likely to be diagnosed with diabetes than White women (CDC, 2020). These conditions can lead to severe complications during childbirth. The maternal mortality rate for Black women is almost three times the rate for non-Hispanic White women (Hoyert, 2022). Although these health disparities stem from broader societal issues, institutions are uniquely positioned to help alleviate some of these adverse outcomes. By ensuring that caregiving resources are equally accessible and equitable, institutions can lessen the burdens faced by women predisposed to more chronic health conditions.

### **Financial case**

Diversity is becoming increasingly prioritized in recruitment and selection. Given the resources allocated to these processes, institutions must ensure that their caregiving policies attract women from HMGs. If prospective candidates and incumbent faculty are put off by institutional practices (e.g., ineffective childcare policies), the targeted efforts toward recruitment and selection of faculty from HMGs to meet diversity goals could be wasted.

Along with recruitment and selection, reducing absenteeism and turnover of faculty from HMGs is equally crucial for saving costs associated with diversity-related goals. Women from HMGs are more likely to experience pregnancy complications (Chinn et al., 2021) and, therefore, may be particularly sensitive to inadequate caregiving policies. Institutions could avoid potential costs from absenteeism and turnover by ensuring sufficient caregiving resources are in place

(Payne et al., 2012). Concerning the attractiveness of institutional policies, we present the following questions: Is there a system in place to measure the utility of these policies? Are there other policies and practices that are missing but would be valuable for caregivers? With the realistic, moral, and financial case in mind, we provide the following recommendations for discussing and implementing caregiving policies and practices.

## Recommendation

### **Department heads**

Although it is vital to know whether current caregiving policies are helpful for all future and current mothers, we focus on women from HMGs as they likely face additional work and caregiving responsibilities compared to their majority-group counterparts. To better understand how women from HMGs perceive these policies, we recommend that department heads (DHs) administer surveys to gauge perceptions surrounding the accessibility and utility as well as culture and climate of institutional caregiving policies (see Table 1 for recommended items).

#### *Accessibility*

The accessibility portion of the survey gauges the degree to which faculty are aware of the available caregiving benefits and how to access them. If the formal communications about these resources are poorly articulated, we may see disparities in use between faculty, regardless of how beneficial the policies may be. Thus, gauging the level of informational knowledge and accessibility is crucial in understanding how to improve access to caregiving resources for all faculty, which may be especially helpful for women from HMGs.

#### *Utility*

In addition to communicating policies well, their degree of usefulness also matters. This is particularly important for women from HMGs because of the additional issues related to childbirth and social stigmas they may be subject to. DHs should also inquire whether current policies and practices genuinely benefit faculty by using open-ended questions.

### **Department heads and faculty colleagues**

One caveat to the above recommendation is that eliciting responses via a survey may not guarantee honest input from the participants if they feel unsafe. This would be especially apparent in places with low representation of women from HMGs, as anonymity would be challenging to ensure. This makes it more crucial to guarantee that any responses provided would not be used for other decisions (i.e., promotion) or lead to social backlash.

As such, our first recommendation is contingent upon our second: establishing and maintaining a supportive and inclusive culture. Because organizational culture starts from the top and is maintained by current members (Schneider, 1987), a department head plays a significant role in creating an environment where individuals are comfortable voicing their opinions and experiences. Surveys eliciting feedback and recommendations are one way to signal to faculty that their input is valued. Additionally, they are good opportunities for getting a sense of any interpersonal or departmental cultural issues that may deter individuals from feeling like they can use these resources. For example, if faculty are worried about being judged by coworkers or DHs for “taking advantage of” the available benefits or if the department culture informally penalizes individuals for taking time off related to caregiving or pregnancy, faculty may be less inclined to use these resources. However, feedback is only as useful as the changes that follow. In this way, it is crucial

**Table 1.** Suggested survey items

Response type and aspects of survey	Item
<b>Likert</b>	
Accessibility	My department has good communication about caregiving issues that affect me. <sup>a</sup> Information about caregiving resources is always brought to my attention by my department head. <sup>a</sup> Meetings are periodically held to inform all the employees about the latest caregiving resource policies at my university. <sup>b</sup>
Utility	How satisfied are you with the caregiving policies and practices of your university?* <sup>c</sup> How satisfied are you with the on-campus childcare?* <sup>c</sup> How satisfied are you with the current disability leave policy?* <sup>c</sup> The childcare policies allow me to perform my job well. <sup>c</sup>
Climate	I feel that I have been treated differently here because of my use of caregiving resources. <sup>d</sup> Department chairs interpret the use of caregiving policies (such as parental leave) fairly for all faculty. <sup>d</sup> The university spends enough money and time on caregiving resources. <sup>d</sup> The university makes it easy for caregivers from diverse backgrounds to be accepted. <sup>e</sup> The university makes efforts to improve working conditions for caregivers. <sup>f</sup> The university treats caregivers and non-caregivers equally. <sup>f</sup> Caregivers are valued by my university. <sup>f</sup> My suggestions for resolving caregiving-related concerns are listened to. <sup>a</sup> At my university, the prevention of caregiving-related stress involves all levels of university leadership. <sup>a</sup>
<b>Open-ended</b>	
Accessibility	What is hindering you from using caregiving resources? Are the policies for using caregiving resources unclear?
Utility	What additional caregiving resources would you like to have? How could existing resources be changed to benefit you more?
Climate	Do you feel that your colleagues support the use of caregiving resources? Do you think that the department values caregivers?

*Note.* The Likert items in this table were adapted from validated measures for this commentary and have not been validated. We suggest that the Likert items be assessed with an agreement scale (except for the items marked with \*). Department heads and faculty should use these items to develop surveys to assess perceptions of caregiving resources. Pairing the Likert-scale items with the open-ended ones will allow department heads to gauge overall utility and understand how caregiving resources could be improved. The open-ended items have not been validated and should be used for gaining qualitative insights into policies and practices.

<sup>a</sup> Adapted from Hall et al. (2010);

<sup>b</sup> Adapted from Perez Lopez et al. (2005);

<sup>c</sup> Adapted from U.S. Office of Personnel Management (2008);

<sup>d</sup> Adapted from Buttner et al. (2012);

<sup>e</sup> Adapted from Pugh et al. (2008);

<sup>f</sup> Adapted from Poghosyan et al. (2013)

that DHs not only create opportunities for individuals to voice opinions but also *listen* to and *enact* behaviors that engender change.

Although DHs are significant in setting the tone of a department's culture, faculty colleagues who act as allies can play a role in maintaining that culture through their attitudes and behaviors. Allyship involves anything from being a part of an informal support network to advocating for the needs of faculty from HMGs in formal spaces (i.e., planning committees, and faculty administration groups), all of which contribute to the overall culture. Thus, we refer to Table 4 in the focal article (Gabriel et al., p. 45) for suggested allyship behaviors. Although our recommendations primarily target DHs, we recognize this position may be limited in enacting policy changes. Thus, we

also strongly encourage faculty and administrators (i.e., deans and provosts) who participate in DEI-oriented planning committees or faculty senates to advocate for better caregiving resources and vocalize a commitment for establishing a supportive culture. Given the formal authority and collective power that these positions hold, we feel that these groups are in a unique position to enact meaningful change.

### Concluding thoughts and future directions

Most academic institutions will have some combination of the recommended policies and practices mentioned in the focal article. Still, we posit that women from HMGs may be less likely to use these resources due to issues stemming from (in)visibility of identity and managing identity stereotypes. Expanding on the focal article, we have outlined the realistic, moral, and financial case for why focusing on the experiences of women from historically marginalized groups can help improve institutional outcomes related to diversity goals and more successful implementation of caregiving policies. We also encourage future research to continue to expand the field's understanding of who is doing the caregiving and who is being cared for. We echo Gabriel and colleagues' call to department heads and faculty and encourage graduate students to join the effort in making the academy more inclusive of all kinds of caregivers.

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