

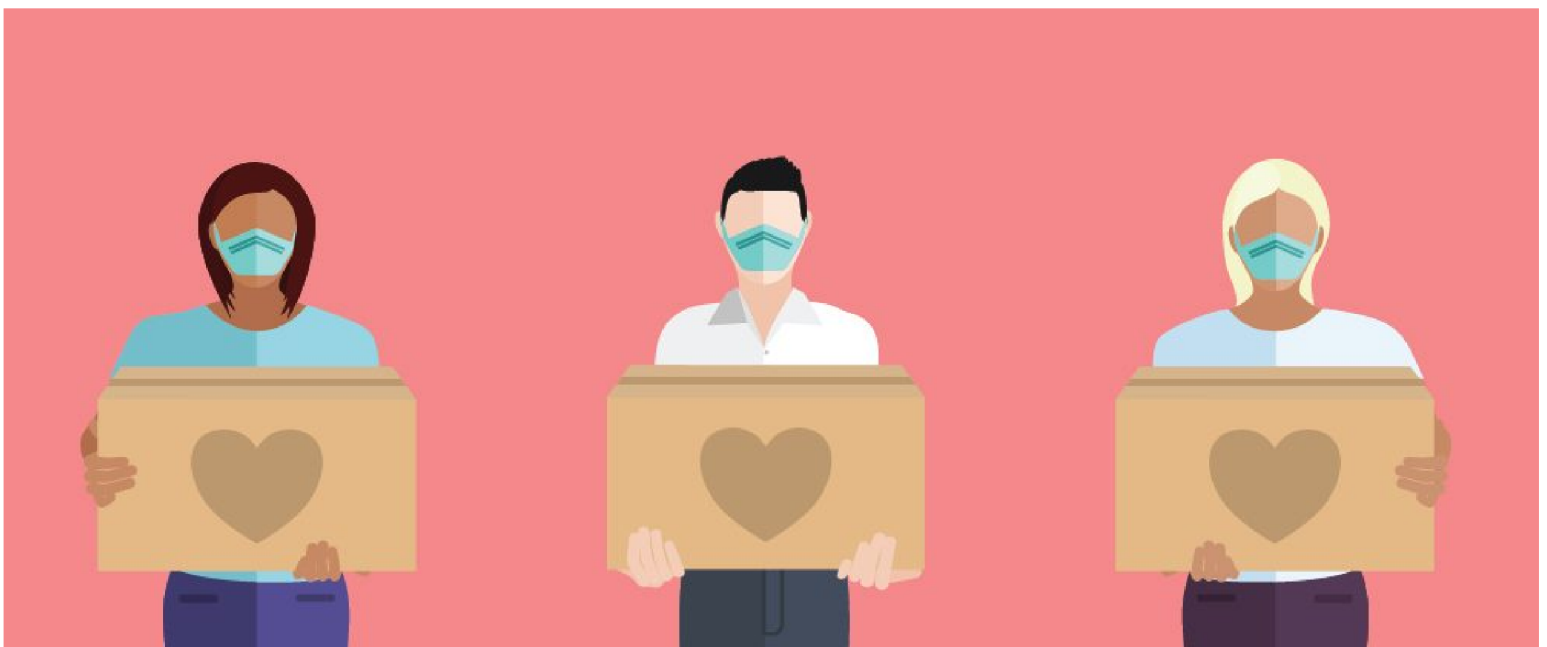
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Caregiving After COVID-19: Where Do We Go From Here?



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This spring marks the 1-year anniversary of our “new normal.” It is a challenging remembrance for those of us who spent the past year juggling caregiving responsibility (<https://www.vox.com/22321909/covid-19-pandemic-school-work-parents-remote>) with full-time work, while feeling socially isolated and/or forgotten by society. Local governments debated capacity limits for restaurants and bars, and we wondered when our children might see their friends and teachers in person. Faculty reimaged courses and programs for students, and clinicians pivoted to telehealth platforms to serve clients and patients, all while pondering who was solving problems on our behalf.

Vaccines are the light at the end of the tunnel. But we look toward the future with clear eyes of the “Before Times”: The good ol’ days were not that good for those of us caring for children, aging parents, and relatives with disabilities. Limited paid leave and restrictions on work hours and locations meant frequent and stressful scrambling for unplanned caregiving needs. The “mommy penalty” (https://www.forbes.com/2008/05/07/equal-mothers-day-oped-cx_dba_0508equal.html?feed=rss_news&sh=28c0c66dc23c)” meant reduced pay, passed-up promotions, and repeated questions of whether women took their jobs seriously. Even under these conditions, many of us “made it work” through tightrope walks of before- and aftercare, exquisitely timed caregiver handoffs, complex networks of babysitters and activities, and delaying our own self care for another day. But how can these extreme measures be the norm for society? And how susceptible are these fragile arrangements to disruptors like COVID-19?

Escalating Caregiving Challenges During the COVID-19 Pandemic

The COVID-19 pandemic spotlighted the fraying seams of society and family lives. The original epicenter of the virus in nursing homes focused our attention on the vulnerability of under-staffed and under-resourced facilities. The sudden and sustained closures of schools and childcare facilities made clear how our prior arrangements depended on societal systems to function effectively. When the systems failed, we literally watched the consequences through our Zoom windows: the unglamorous realities of meeting the daily needs of children and elders, dealing with round-the-clock interruptions to prepare meals, supporting virtual school, and—the least straightforward but still devastating consequence—loneliness. Given these circumstances, the mass exodus of women from the workplace (<https://www.wsj.com/articles/nearly-1-5-million-mothers-are-still-missing-from-the-workforce-11619472229>) is hardly surprising. Yet, it highlights how society solves its problems by imposing less optimal choices on those with less power. The impacts are disproportionate for professions like audiology and speech-language pathology, the majority of which are populated by women. It will take years to recover from this significant loss of female talent.

Ultimately, the COVID-19 pandemic opened our eyes to the values embedded in the systems in which we operate—values that we, most likely, did not fully understand or acknowledge. These values revealed the

extent to which many in our society view employees as capital rather than investments. Also highlighted was the degree to which society views children as the family's responsibility rather than the future of a shared society—and elders as the family's burden rather than the trailblazers who set the stage for us.

COVID-19 as a Catalyst for Systemic Change

The COVID-19 pandemic offers opportunities to ask the hard questions—ones that can pave the way for long-term changes that benefit the many rather than the few. For example, if caring for children, elderly family members, and disabled relatives is a fundamental human experience, how might professional and personal lives achieve better balance if we acknowledge both caregiving and careers as elements of our daily living activities?

We are optimistic that sustainable change is possible. As audiologists and speech-language pathologists, we know that caring for families is a societal investment. When family members take an active role in treatment planning and delivery, patient progress improves. Conversely, progress slows when caregivers'

work arrangements prevent them from attending appointments and individual education program (IEP) meetings. These professional experiences, coupled with our own personal stories, brought to light our responsibility to participate in solutions for longstanding problems in childcare and eldercare.

Systemic changes come in all shapes and sizes. In March, Congress passed the American Rescue Plan (<https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/president-biden-announces-american-rescue-plan/>), which provides families with (a) cash payments to help meet immediate needs and (b) tax credits to support children and other dependents. The bill also incentivizes employers to offer paid sick leave and family care leave, reframing the narrative around work–life balance. Rather than paying employees solely for their billable hours, this plan recognizes that supporting workers' families allows for more effective job performance. Employees are less likely to be burned out from making impossible choices (e.g., "Should I stay home with my sick child or go to work?") or to spread communicable illnesses to colleagues. In this way, paid sick leave is an investment in a healthy and loyal workforce.

Sustainable change arose in own backyard. As members of the University of Maryland College Park (UMCP) community, the authors recognized that the patchwork arrangements developed around the COVID-19 pandemic provided uneven support to students, faculty, and staff. Some departments showered caregivers with support, whereas caregivers in other departments felt woefully ignored. The authors leveraged an email listserv of parents at UMCP and conducted an informal survey

(https://docs.google.com/document/d/1DnnzpZuZVwks_-Pe-QUcU3tVrsjhPpmTexnEvjFTNbc/edit) (246 respondents), the findings of which appeared in our student newspaper

(<https://dbknews.com/2020/09/14/umc-survey-child-care-support-staff-faculty>). The university president

(<https://wbknews.com/2020/09/14/umc-survey-child-care-support-staff-faculty>). The university president then convened a workgroup to explore university-level solutions to COVID-19-related challenges around childcare and eldercare. A detailed needs assessment among students, faculty, and staff (with more than 2,000 respondents) revealed that caregivers from all segments of the university were unhappy with their current care situations. About one third experienced a change in their ability to afford dependent care due to the COVID-19 pandemic.

The results of the needs assessment identified areas that required university-level support. Rather than negotiating work–life balance individually with their supervisors, employees wanted university leaders to create workplace norms that nurture talent in the long term; this level of commitment required investment in the workforce. In March 2021, UMCP proudly announced a new suite of family care benefits (<https://today.umd.edu/articles/family-care-resources-expand-faculty-staff-and-graduate-assistants-39c01fcf-50ce-4e8d-9dc0-fd96d5b05a19>), including subsidized backup childcare and eldercare, a website (<https://uhr.umd.edu/benefits/family-care/>) dedicated to caregiver resources, and a human resources staff to support family needs. These changes will outlast the pandemic, and we hope that they provide a model for long-term caregiving solutions.

Final Thoughts

In sum, the COVID-19 pandemic exacerbated many existing caregiving challenges, but it also created an opportunity for positive change. COVID-19 showed us the many ways that technology facilitates flexibility about when and where we do our work—we can attend meetings remotely, and patients can receive medical care via telehealth. The COVID-19 pandemic also demonstrated that a “one-size-fits-all” strategy is inadequate for addressing employees’ diverse work–life needs; “because we’ve always done it this way” is no longer an acceptable rationale for maintaining inadequate policies. We are eager to return to in-person workplaces, and we hope that the positive changes and increased support for working caregivers are here to stay as part of our “new normal.”

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