



Who Cares? Exploring the Impact of the Isolation Economy and the Care-Giving Crisis on Working Women in South Africa

Kathryn Pillay

Abstract

The Covid-19 pandemic reconstituted daily life in unprecedented ways. This reconstitution has amplified pre-existing inequalities in societies both globally and in already highly unequal societies like South Africa. Organisations for example have had to redesign and rethink how they operate, with most resorting to closure of offices and buildings and shifting to emergency remote working. For working women, due to the gendered nature of care work, this has also meant adopting the roles of caregiver and home school teacher, while still fulfilling the majority of household labour. The pandemic has thus spearheaded society into what has been termed the Isolation Economy. This transformation has meant that many of the collaborative, shared, face to face experiences we engaged in pre-Covid with regard to work, social and everyday activities such as shopping and entertainment is now being experienced in isolation, and some of these activities, like working from home or remote work, are likely to be experienced in this way permanently. This conceptual article aims to examine the consequences of the isolation economy for working women in South Africa, who are already bedevilled by an unequal economy and in the midst of a longstanding care-giving crisis.

Keywords: isolation economy, care labour, covid-19, global south, women

Introduction

The global health emergency brought on by the coronavirus (SARS-CoV-2) pandemic, which causes respiratory disease COVID-19 has reconstituted daily activities in ways many living through it would not have imagined in their lifetime. The rapid spread of Covid-19 across the world has resulted in many countries, including South Africa, implementing lockdown and quarantine measures such as stay at home orders and travel bans to curb the spread of the virus via community transmission within its borders, and to also prevent new cases from entering in. In South Africa particularly, lockdown measures, supported by the military and increased police presence, during level 5 lockdown, meant the closing of all non-essential businesses.

The response by organisations throughout the world, including South Africa, however was swift, resulting in quick closure of offices, and a sharp shift to emergency remote working (Stiegler and Bouchard, 2020). While some people had already established working from home as a normative work practice, quarantine and lockdown conditions did not render this a typical “work from home” environment with employees soon expressing concerns about the added responsibilities of parenting, caring for elderly and/or sick family members, home schooling of children, financial insecurity of spouses, inadequate housing, lack of access to family or friendship support networks, and domestic responsibilities (Pillay, Ruggunan and Leask, 2021). As drivers of the care economy, women in particular experience the challenges of working from home more acutely than their male colleagues (Feder-Stanford, 2020). In addition, in South Africa, the pandemic has exposed the deepening fissures of structural and income inequality which pre-covid provided a grim context for working women, often resulting in women putting in long hours at work and still spending a ‘second shift’ or ‘double shift’ on child care or household duties (Hochschild, 1989; Van Gorp, 2013; Bromwich et al. 2021). However, during a pandemic, where the nature of informal care for family members has meant that working women predominantly have adopted the roles of both caregiver, and home school teacher while increasing the time

spent on household labour, the pandemic has created the 'double-double shift' (Sandberg & Thomas, 2020).

The pandemic has therefore spearheaded society into what has been termed the Isolation Economy (Mehta, 2020). This transformation means that many of the collaborative, shared, face to face experiences we engaged in pre-covid with regard to work, social and daily activities like, gym, shopping and entertainment are being experienced in isolation presently and some of these activities are likely to be experienced in this way permanently. In this present moment, where human interactions with colleagues, extended family and friends are mediated by technology, how do working women manage both home and work emotions and deal with what has become not so much working from home, but "living at work" (Gwyther, 2020)?

Method

This is a conceptual article; therefore this study adopted a desk review of existing scholarship composed of articles, books, policy reports and other relevant documentation pertaining to women and care labour, caring during isolation and covid-19, and organisational responses. An electronic search of Web of Sciences, Google Scholar, SCOPUS, EBSCO Host, SciELO, PubMed, and JSTOR databases was conducted for relevant articles published in English. In addition, the search engine Google was used to search online newspapers and blogs. The literature search was carried out using the following keywords and combinations between them: remote work, social isolation, care, gender inequality, organizations, work from home, COVID-19, global South, South Africa. No restriction was imposed regarding the year of publication. The Boolean operator AND was used to connect search words in the searches of the databases. The sourced literature was reviewed and organized for presentation in this paper. In addition to peer reviewed scholarship, grey literature in this area was also consulted. Based on the analysis of the literature, the contribution of this paper is threefold. Firstly it examines the consequences of the isolation economy for working women in South Africa - a society already bedevilled by an unequal

economy and in the midst of a longstanding care-giving crisis. Secondly it provides a critical discussion of organisational responses to the isolation economy and the caregiving crisis, and finally, it proposes a feminist political economy framework using the lens of care for understanding the realities of working women in the global South.

Background and Context

The ramifications of the global coronavirus pandemic has rendered it a unique crisis in modern times, and the full extent of the physical, mental and emotional consequences for working women remain to be seen. United Nations (UN) secretary general António Guterres has described the pandemic as “...an economic crisis. A social crisis. And a human crisis that is fast becoming a human rights crisis” with the UN referring to it as the worst humanitarian crisis since World War Two (Guterres, 2020). The volume and scale with which it has restructured daily activities, including the world of work, is unprecedented. In South Africa, the pandemic has laid bare longstanding structural and income inequality (Francis et al., 2020). In such a profoundly unequal society, these inequities are reflected in its workplaces, and is evident during this radical shift in the world of work which requires remote work, from home (Matli, 2020).

In addition, the gendered nature of informal care for family members has also meant that women during the pandemic have predominantly adopted the roles of both caregiver and home school teacher. Non-waged socially reproductive activities, or caring labour, of domestic work, child care, and family care is still overwhelmingly undertaken by women (Folbre, 2014; Power, 2020). Caring labour is connected closely to emotional labour (Hochschild, 1983; Ho et. al, 2019). As Abel and Nelson (1990, p.4) argue, “...caregivers are expected to provide love as well as labour, ‘caring for’ while ‘caring about’”. Ho et. al (2019) adds further that there is an expectation of emotional labour in care work, as it is crucial to demonstrating compassion. Caring labour and the decisions to care for and about that women make, are not value neutral but are also influenced by their access to resources and culturally prescriptive

ideas of what constitutes 'women's work' (Hennessy, 2009; UN Women, 2020). In addition, organisations too contribute to the gendered construction of "work-life balance", with the notions of the "ideal worker" linked to masculinity, and where activities of 'life', in the work-life balance construction, is considered women's care work which is an idea tied closely to the notion of the "good mother" (Lewis and Humbert, 2010, p. 10; see also Gloor et. al, 2021). Even though women have increasingly entered into formal employment, men's participation in housework, raising children and unpaid care work has not increased to the same extent (Sullivan et al., 2018). A reason for this, according to Sayer et al. (2009, p. 538) is that, "When women change their time use in a non-traditional direction, adding employment, men do not change in a non-traditional direction by adding housework" (see also Cerrato and Cifre, 2018). In addition, historically men have not had to account for their contribution to family duties to the same level that women have had to (England and Folbre, 1999; Cerrato and Cifre, 2018).

Prior to the pandemic, globally, women took on 76.2% of unpaid care labour, and spent, on average, 201 days on unpaid work annually, in comparison to 63 days spent on unpaid labour by men (International Labour Organization, 2018). In a study conducted amongst 1,060 parents in the United States in May 2020, it was discovered that 70 percent of home schooling was undertaken by women, and among those couples who did not have an even distribution of labour before the pandemic, the absolute quantity of women's work and their relative share of family labour significantly increased (Petts et al., 2020; see also McKie, 2020). In addition, studies conducted in the United States, the United Kingdom and Germany during the COVID-19 pandemic reveal that women spend more time on home schooling and caregiving of children, than men (Adams-Prassl et al., 2020). These circumstances are not unique to these developed countries, as globally the weight of caregiving is disproportionately borne by women (Robinson, 2006). This however has multiplied under conditions of lockdown and restrictions (International Labour Organization, 2020a). For instance, in the global South 70% of

women in urban areas in Nairobi are spending more time on unpaid work, with 50% of urban poor and marginalized women in the Philippines contributing to increased care work in the home during the pandemic (Oxfam, 2020). In a survey conducted by Deloitte South Africa (2021) amongst 5000 women from ten countries, including 500 participants from South Africa, it was reported that 81% of women surveyed indicated an increase in their workload as a result of the pandemic. In addition, participants revealed further that they have taken on greater responsibilities for managing domestic and caregiving duties, with 57% of South African women feeling less optimistic about their career trajectories presently than they did prior to the pandemic (Deloitte South Africa, 2021). This is higher than the global average of 51% of women who are less hopeful about their career paths now than they were before the Covid-19 outbreak (Deloitte South Africa, 2021).

Prior to the pandemic working mothers globally put in long hours at work and still spent a 'second shift' or double-shift on child care. In developing countries, in particular, Sen (1990) noted that women are unable to conceive of themselves as independent entities with interests specific to themselves and distinct to the rest of their family, because as Jayachandran (2015) notes, women in developing countries have much less power over their lives than those in developed nations. Freedom of choice is limited for women in India, the Middle East, and North Africa. In addition, women felt that motherhood had to remain hidden or else they would be perceived as less committed to their work (Hochschild, 1989; Herman et al., 2012; Gloor et al., 2021). However, the pandemic has eroded the boundaries that once existed between the workplace and home for women in both developed and developing nations (Fisher et al., 2020; Roy, 2021). Bedrooms and kitchens have turned into offices, and personal phones have become office lines. In addition, research suggests that employees are spending more hours working now than prior to the pandemic as well as being faced with an increased workload (Couch et al., 2021; Osborne, 2021; Islam, 2021). Employees, and working women in particular, therefore, face myriad psychological and emotional consequences as a result of this

crisis as they attempt to juggle the multiple roles across their work and personal lives within the context of a global care-giving crisis – an urgent social issue which forces women into participating in both the unpaid care economy and the formal economy and does not normalise the participation of men in care work (Craig, 2020; Parry & Gordon, 2021).

The Cost of Isolation and Caregiving

Consequences of Caring in Crisis

Participation of working women in the unpaid pandemic-related care economy therefore contributes to what has now been termed the ‘double-double’ shift for women (Sandberg and Thomas, 2020). For instance, stay at home and work from home orders during the global pandemic have shown that while employees are joined by their common vulnerability during this crisis they are unique in their circumstances. While some have the added responsibilities of parenting and home schooling, these families vary in terms of the number of people in the household, number and ages of children, and their living arrangements which includes adequacy of housing, as well as access to domestic help. Existing scholarship in this area has revealed that larger family units and having more children are linked to a heavier care load for women as they are expected to fulfill multiple caregiving roles simultaneously, and additionally, the age of the children affects the care burden as younger children require more intensive care and attention (Crosnoe et. al, 2014). The amount of care that women are required to provide can also vary depending on their living conditions, including whether they live with a spouse, their parents, or alone as they may have less support in sharing caregiving responsibilities (Chung et. al, 2022). Also, having access to domestic assistance, such as hired domestic help or unofficial family support, can alleviate some of the care burden on women by reducing the time and effort required for caregiving tasks (Bünning and Hipp, 2022). However, the availability and affordability of such assistance vary between different contexts and socio-economic

groups, which can result in further inequalities in the care burden experienced by women. In addition many working women have taken on caring for elderly and/or sick family members, while some are burdened by lack of access to family or friendship support networks resulting in social isolation (Barbieri et al., 2021). This highlights the unequal impact of the pandemic on women relative to men. Navigating both formal paid labour and non-waged household and familial responsibilities, leads to role juggling and work-family conflict (O' Driscoll et al., 2004; Ibrahim et al., 2009).

Work has thus infiltrated the private sphere at a critical moment in time which requires herculean effort to navigate a deadly global pandemic, while attending to caregiving of family, domestic responsibilities as well as work related demands. Research has shown that this has contributed to the rise in mental health issues amongst workers such as anxiety, depression and stress (Kang et al., 2020; Vaziri et al., 2020; Wang et al., 2020; Yu et al., 2021). Kim et al. (2020, p. 3) argue that globally "...life under forced confinement, including the limited physical mobility, emotional distress, and for some, extreme threats to survival, have substantially increased risk for mental distress and illness". In a study conducted by the University of Johannesburg and the Human Sciences Research Council (2020) among South African adults to determine the social and economic impacts of the coronavirus pandemic, it was discovered that the emotion most commonly experienced was stress (57%), with depression being mentioned by 32%, sadness by 25%, and only 13% described feeling "frequently happy". This study was based on 12,312 completed questionnaires, and the distribution by gender was even. Work-family conflict then leads to increasing demand on cognitive capacity in order to fulfill different requirements of work and family life thus resulting in psychological strain and distress as women role-juggle (Williams et. al, 1991; Delanoije and Verbruggen, 2019). As early as 1970s, Gove and Tudor (1973) argued that women are more likely to experience mental health crises in comparison to men, as a result of juggling multiple roles which lead to role conflict. When productivity and

health declines, this does not only affect the employee but has a knock on effect on school going children, the economy, and society (Donthu and Gustafsson, 2020). These forced work from home orders, in addition to creating mandatory additional work for women has thus also had an impact on women's mental health.

Role conflict then, has been exacerbated by the resulting lockdowns and stringent measures to curb the virus, launching the workforce into the isolation economy (Mehta, 2020). According to Nigel Wilson, group chief executive of Legal and General, "The Isolation Economy is a new feature of our daily lives and now encompasses some £13bn a year of the consumer economy. As the hub of the Isolation Economy, the home is becoming a more flexible space, doubling-up as a place for schooling, work, fitness and entertaining - and we can expect changes to the way we think about and design homes for future homeowners." (Legal and General, 2020). Unlike the sharing economy, isolation only serves to worsen role overload experienced by women, as social connection which is a foundational human need, is lost resulting in psychological stress reactions such as anxiety, negative self-esteem, loneliness, higher levels of depression, lower levels of psychological well-being and fear, and is also linked to lower life satisfaction (Harasemiw et al., 2018; Brooks et al., 2020; Gómez et al., 2020; Huang and Zhao, 2020; Mehta, 2020; Shevlin et al., 2020; Tang et al., 2020; Torales et al., 2020; Zheng et al., 2020).

Consequences of Isolation

Prior to the pandemic research on work from home arrangements revealed that social isolation in addition to lack of support from the organisation was a critical factor that would affect workers' quality of life (Shamir and Salomon, 1985; Bryant, 2000; Cooper and Kurland, 2002; Mann and Holdsworth, 2003; Whittle and Mueller, 2009; Morganson et al., 2010; Ruppel et al., 2012;; Spinuzzi, 2012; Johns and Gratton, 2013; Cacioppo and Cacioppo, 2014; Coutin and Knapp, 2017; Harasemiw et al., 2018; Lee and Cagle, 2018; Usher et al., 2020). Further to this Ruppel et al. (2012, p. 19-20) argue that onerous tasks, once borne by the organisation becomes the

responsibility of the employee when working from home, citing specific tasks mentioned by participants in their research “..... there are some things in the office environment that – you know - you don’t have to clean the office. ... It doesn’t happen at home that way. ... I’ve got to empty my own trash. When I worked from the office, you can get up and turn the air-conditioner down or way up so it wasn’t running all day long while you weren’t there, and you can turn the lights off so part of that cost [the company] pushed away, landed in my lap... So if I’m home now, and I am working on my printer (and I am not technical at all) - and that printer breaks”. Ruppel et al. (2012) further noted the seemingly interminable list of tasks that employees had to complete yet were still in favour of working from home. As researchers they questioned whether “... when a manager has to be reminded that they should stop working while at the deathbed of a parent, when workers look up from work only to notice four days have gone by and they have not been outside, when they exercise while on conference calls, when they forget to shower because of work demands, and when they look to the TV for companionship, have their boundaries become too permeable and does the necessary socio-technical balance exist to facilitate optimum performance?” Ruppel et al. (2012, p. 22). Research undertaken during the pandemic has also highlighted how social isolation has been detrimental to quality of life for employees indicating that increased social isolation was related to lower satisfaction with work (see for instance Smith and Lim, 2020; Usher et al., 2020; Clair et al., 2021).

Clark et al. (2019) argue that work constitutes a social activity for many employees, in that it functions as an important conduit for connection between people (see also Gely and Bierman, 2007). This is especially true for employees who do not have opportunities for social interaction outside of the workplace. Work therefore becomes the locus of community ties. Quarantine and lockdown during the pandemic resulted in social isolation for some employees for whom the workplace was a critical mode of connection, and means of social interaction. As Gilbert (2019) notes, people desire interpersonal connection which provides validation, material or psychological

help when needed, and a sense of security. Additionally, being aware that you could be of help to others serves as a reminder of your worth. Gilbert (2019) argues further that the community offers these benefits along with other meaningful contributions. Studies show that communities provide a protective function and that people with social support are happier, live longer and have significantly less mental and physical health issues (see Berkman and Syme, 1979; Ruberman et al., 1984; Ozbay et al., 2007; Umberson and Montez, 2011). As Crosina (2020) suggests, crises can be difficult because of the psychological impact it has on employees, as their sense of safety is eliminated. In addition, there are significant negative consequences relating to the capacity of employees to fulfill their job functions.

In addition, as working women transitioned from emergency remote working to adapting to “working where you live, and living where you work” within the context of a global pandemic, new realities were created. Contributing to this most organizations did not have a formal work from home policy and were thus ill prepared for the emergency shift to remote working (Carnevale and Hatak, 2020; Rudolph et al., 2021). Blunt and Dowling (2006, p. 15) argue that the “home is a key site in the oppression of women. For many women, home is a space of violence, alienation and emotional turmoil”. Arguing further that “capitalism produces inequality in tandem with patriarchal relations and ideologies that position women as inferior to men” (Blunt and Dowling, 2006, p. 16). Socio-political ideologies that govern society and the workplaces, also pervade private spaces. While this was normative pre-pandemic, the isolation economy exacerbated the infiltration of the public into the personal, dismantling any semblance of a distinction that existed between the outside and the inner home sphere. In addition, this overlap between work and home lives results in the reduction of the restorative effects of home (Hartig et al., 2007). Home which may have been viewed as a space to replenish and restore is now a site where work and home activities commingle and this too may impact well-being (Grant et al., 2013). Working women are thus emotionally

exhausted but also disconnected and isolated which perpetuates a cycle of burnout, revealing that the protective curtain between work and home, which was partly shredded pre-pandemic is now completely torn, and looks likely to remain permanently unrepaired.

The ‘great resignation’ taking place currently, and in addition, the hidden resignation for people who cannot afford to resign, is testament to the growing dissatisfaction of employees in the world of work and a stark consequence thereof (Sheather and Slattery, 2021; Buthelezi, 2022). It also means that organisations are being left with low or no engagement levels from employees. According to a Gallup survey in the second half of 2021 only 34 percent of workers in the United States indicated that they felt engaged (Harter, 2022). According to data obtained from Microsoft, approximately 84% of their employees globally have indicated that they are not engaged (Business Tech, 2022). Employees then, in attempts to protect their well-being when faced with crises respond with resistance and refusal. Colin Erasmus, director of modern workplace and Security at Microsoft South Africa, has argued that workers in South Africa in 2022 are not the “same people” from early 2020 stating “Employees in South Africa are rethinking what they want from work and voting with their feet when these new expectations aren’t met” (Business Tech, 2022). Data from Microsoft reveals further that employees have a new “worth it equation”, in other words, asking themselves if certain work-related habits pre-pandemic are worth keeping and using this equation to prioritise their health and well-being over work in order to achieve a work-life balance (Business Tech, 2022). Microsoft reveals further that more than fifty percent of their employees in the Middle East and North Africa are placing increasing importance on seeking new employment in 2022 (Business Tech, 2022).

Organisational Responses

The scholarship cited above thus reveals that isolation has rendered the pandemic as more than a medical emergency it has fast become a mental health emergency. COVID-19 has caused an irrevocable shift in the makeup of society and the world of work globally, and

yet employees are expected to continue on with the everyday activities as if untouched by these events (Roy, 2021). Calls for 'work-life' balance by HR pundits in organisations at times seem performative, when employers seem completely out of touch with work-life realities of employees (Pillay, Ruggunan and Leask, 2021). For example, general wellness mantras and activities sent out to all staff on "How to deal with the office chatterbox", while women are drowning, as the literature above suggests, attempting to navigate contentious waves of work, childcare, marriage, domestic duties and familial care all the while dealing with tasks once the purview of the organization is tone deaf and superficial. Such counsel does not reduce work allocation. Attention should however be focused on organisational practices and policies that provide structural solutions instead of placing the onus on the employee to "wellness" her way out of structural oppression (Pillay, Ruggunan and Leask, 2021). Performative messages from management who are in some cases complicit in the commodification of wellness, serve to uphold patriarchal systems, by ignoring the structural issues that contribute to women employees' un-wellness. It is not enough to convince employees that breath work, meditation, and bath salts are a sufficient antidote to the seismic upheaval to their work-life balance caused by remote working during a pandemic.

The inherent problem is that capitalism and patriarchal work cultures promote work as the priority whether home or office, and make no provision for who the carers are in the home space. What the pandemic has revealed is that the concept of 'care', once marginal, has now been afforded a higher status in psycho-social research. The pandemic has therefore provided possibilities for a workplace culture shift from historically encouraging individual efforts to now calling for institutional change. In other words, instead of promoting self-care, the question to be asked is what of the organisation's duty of care towards employees? Workplace culture is thus critical to employee well-being, and affects employee experiences and whether or not they merely survive or thrive.

In South Africa mental illness is still highly stigmatised (Mahomed and Stein, 2017). In addition, the health care system, as a result of apartheid, is skewed in favour of those who can, not only afford private medical care, but whose private medical aid benefits include mental health assistance. Black people in particular, oppressed under apartheid, are forced to contend with subpar healthcare from the public health system in South Africa presently. The intersection of race and gender cannot be ignored in the South African context as these intersections determine who will be disproportionately disadvantaged by structural systems and workplace and government policies during a crisis (Lokot and Bhatia, 2020; International Labour Organization, 2020b). Even working women, and mothers in particular, from middle income households are disadvantaged due to lack of resources including finances to support the activities they undertake in their various roles (Jasrotia and Meena, 2021). In addition, studies conducted pre-pandemic show that single mothers have significantly higher levels of psychological distress in comparison to mothers with spousal/partner support (Dziak et al., 2010). The pandemic has therefore exposed and further entrenched racial, gender, and class inequalities (Ahmed et al., 2020).

Organisations therefore need to focus their attention on what a future re-architected world of work could look like which considers the 'life' of women workers when discussing work-life balance and the structural constraints that continue to hinder women in the home/workplace. The following section discusses a framework to consider in this debate.

Towards A Feminist Framework of Care

In an economy fuelled by isolation and run on the backs of women research, especially in the global South, needs to be informed by a feminist political economy approach (Lokot and Bhatia, 2020), which conceptualises and frames the issue of gendered inequalities using the lens of care. Care is a feminist framework that has been used to dislodge dominant assumptions of Western/Eurocentric sociological thought which has been criticised for excluding the marginalised, including Africa and African, identities (Tronto and

Fisher, 1990). To understand inequality in the global South it is important to identify the ways in which gender and care intersect. Such an approach offers a critical analysis of how gender inequality may be sustained through gendering mechanisms of social institutions, and how gender intersects with other power hierarchies and identities such as race and class (Risman, 2004). It emphasizes how the economic system, individuals, family, organisations and society in a multi-level contract, perpetuates intersecting inequalities, including how labour is valued. It is thus critical to consider these multiple axes of oppression when researching the well-being of working women. While the existing scholarship which focuses on work-life balance in the west and well-developed nations highlight inequality it does not engage in any meaningful analysis of these intersections even though racism and socioeconomic status are the fundamental causes of the disparities in dealing with this crisis. Research on gender equality should not obscure how women's subordination differs within and across nations, and along racial and class lines. While research in the global North should not be ignored, it is vital when researching the global South to, as Ratele (2018, p. 251) posits, "... develop world-centred psychology... inclusive of the majority on the margins of the global and national economies..." The current approaches on care do not take into consideration what can be done to change societal expectations of care and care labour and as Badgett and Folbre (1999, p. 314) argues it is also unclear as to "... what overall level of care can be sustained in an economy that rewards the individual pursuit of self-interest far more generously than the provision of care for others".

Blunt and Dowling (2006, p. 27) argue that, "home as a place is a porous, open, intersection of social relations and emotions. As feminists have pointed out, home is neither public nor private but both. Home is not separated from public, political worlds but is constituted through them: the domestic is created through the extra-domestic and vice versa". In South Africa for instance, centuries of colonialism and decades of apartheid have shaped the racialised and gendered nature of South Africa's labour markets. Thus, global racial capitalism which is the foundation of contemporary society

globally, is ultimately the central cause of COVID-19 disparities in the world. Poor and marginalised groups continue to encounter interdependent capitalist and racist systems that persist in devaluing and bringing harm to their lives (Clarno, 2017). Access to flexible resources during this pandemic which include social support, personal networks, access to knowledge, and finances, all of which can alleviate the consequences of responding to the crisis, are constrained by racial capitalism (Gage-Bouchard, 2017). In addition, Himmelweit (1995) argues that when activities not part of the formal economy such as care labour is construed only as a form of unpaid “work”, the emotional complexities and contradictory dimensions of caring responsibilities (that of care work being both labour and love) are obscured. Emotional labour has long been regarded as a form of exploitation, and Covid-19 has exacerbated this ongoing crisis (Hochschild, 1983). Women's labour during the pandemic therefore, is constrained by structural discrimination based on race and gender which determines who survives and who dies (Chotiner, 2020). While the false narrative perpetuated during the pandemic that ‘we are all in the same boat’ continues to circulate, research shows how women, especially black women, and middle to low-income earners are disproportionately affected.

In addition, patriarchy entrenched in economic, societal and organisational culture perpetuates notions that women have a bigger role to play in the care labour of children and family, than men. These societal and cultural norms that connect being a woman to care work is destructive economically for women and contributes to greater gender inequality both within the home and the labour market (Badgett and Folbre, 1999). Tronto (2013, p. 68) argues that although men can and do care, “the image persists that what it means to be a man is not to care, or, at least, not to care well”. She argues further that this ‘privileged irresponsibility’ is upheld by social constructions of masculinity, gender and race (Tronto, 2013) and provides a valuable lens to analyse how privileged groups get to exempt themselves from responsibility (Tronto, 1993). Privileged irresponsibility makes it possible for the beneficiaries in such a hierarchical system to continue to rationalise their position in the system and ignore their complicity in upholding the status quo (Tronto, 2013). Thus the gendered attributes of social norms shape

the division of labour in both the family and the market, and therefore it is expected and often required of women to be the primary care labourers. While women's care labour in the economy is essential it continues to remain invisible.

Thus, it is imperative that organisations recognise the imbalance in caring labour and shift their policies. As Zembylas et al. (2014, p. 8) notes, "Breaking these inequalities will require a sense of our collective social responsibility for care". The responses from workplaces, in absence of government policies/legislation, are thus critical. Care and the recognition of care labour needs to become the organising principle of workplace cultures and policies. It is increasingly necessary for organizations to not only consider the differentiated effects of remote working on men and women, but the differential circumstances that their employees find themselves in. The pandemic, by highlighting the inequality in care labour, has thus provided cause for organizations to reevaluate their management practices, to focus not only on performance management but also on the quality of workers' well-being and life. For instance, Williams (2000), contends that if men's duties at work have to be undertaken in such a way as to prevent them from contributing to their household responsibilities then workplace culture must shift to accommodate for care labour from men. For example implementing, progressive paternity and shared parental leave policies (Carlson, 2013). Colin Erasmus argues that in South Africa organisations need to accommodate the changing priorities of employees in addition to navigating the unpredictable economic climate and not only focus on the latter (Business Tech, 2022).

Well-being and quality of life should become central aspects that managerial models must be based upon. De Simone (2014, p. 121) argues that social well-being at work includes, "feeling embedded in meaningful communities and having satisfying short term interactions and long-term relationships with others". De Simone (2014, p. 121) argues further that employee engagement is higher when leaders express care about them as people and being "embedded in work communities". In addition to this, organisations

then need to adopt a more collectivist culture, as research has shown that, "...social behavior (contingent on culture) may serve as an antipathogenic defense system" (Kapoor et al., 2021, p. 7). Management needs to move away from the argument that in a crisis the onus is on the individual employee to come to terms with responding to the challenges, and that resilience should be developed on their own. Instead, the debate must be opened up to include the importance of creating a culture of shared identity so employees can consider themselves as part of a collective rather than in isolation to enable them to cope with crises (Zhao and Roper, 2011). Research has shown that resilience is a key feature or outcome of inclusive collectivism (Tonkin et al., 2018).

The extant scholarship in this field has also revealed that a sense of belonging and collectivity and shared identity can serve as a preventative measure against isolation and mental illness (see for instance Michalski et al., 2020). For example, research shows that "Retirees who had two group memberships prior to retirement had a 2% risk of death in the first 6 years of retirement if they maintained membership in two groups, a 5% risk if they lost one group and a 12% risk if they lost both groups. Furthermore, for every group membership that participants lost in the year following retirement, their experienced quality of life 6 years later was approximately 10% lower" (Steffens et al., 2016). In addition Ertel et al. (2008) argue that group membership and social engagement is linked to a reduction in depression and increased cognitive health (see also Haslam et al., 2014). Group membership, belonging and shared identity then is critical during crisis to circumvent social isolation and resultant mental health issues like depression.

A framework for the global South therefore needs to resist the hegemonic discourse on resilience and produce new ways of understanding and representing our world. Thus, we need to critically interrogate how the notion of resilience is employed during crises which places the burden on individual responsibility for survival and care. Parker (1999, p. 3) makes a case for critical psychology arguing that it should be "...the systematic examination

of how some varieties of psychological action and experience are privileged over others, how dominant accounts of psychology operate ideologically and in the service of power". This is crucial in order to develop frameworks specifically for the global South that have a social justice component taking into consideration social inequalities. For instance, the African philosophy of Ubuntu (Murove, 2012), is indeed relevant for the global South and elsewhere during the crisis. However, including the concept in workplace policies becomes merely performative if not backed up by practical support and resources from workplaces for women to thrive. Resources include physical, psychological, social, or organizational aspects that according to Demerouti and Bakker (2011, p. 2) assist in "... achieving work goals; reduce job demands and the associated physiological and psychological costs; stimulate personal growth, learning, and development". The perception of being supported by the organisation in managing new ways of working is thus a crucial resource to assist employees to achieve work-life balance that was undermined by the pandemic.

Resources provided by organisations are especially important in places like South Africa where deepening inequalities reveal a lack of personal resources especially by women to enable them to cope with crises or emergency remote working and the radical shift in work practices. As Barbieri et al. (2021, p. 9) argue, health problems or as they put it "the dynamics of dyscrasia" due to the extreme uncertainty caused by the varying waves of the pandemic and the precariousness of what the future holds, have been affected by individual access to resources which would allow employees to recover faster or cope better with the crisis. Jahn et al. (2003) also argue in favour of a work-home culture, a construct similar to organisational support, which can be considered as a type of support offered by the organization. Organisations that have a work-home culture and are supportive of work-home issues have workers who are satisfied with their home life and family well-being (Clark, 2001). Research has shown that promoting job satisfaction and preventing work stress is crucial in terms of nurturing well-being and

promoting quality of life, especially during crises (Terry et al., 1993; Lu et al., 2017; Liu et al., 2019).

Managerial Implications

The above analysis and discussion raise three key managerial implications. Firstly, organisations need to make a commitment to changing organisational culture and character, as even in the climate of a global crisis, employees, and women especially, are being gaslit into believing that hustle culture, and ‘supermomming’ should be idolised, and that slowing down and self-care is lazy. After two years of surviving a pandemic, organizations need to stop enquiring if workers are burnt out, stressed, coping, or “hoping” they are “well”, what they need now be asking especially from a psycho-social point of view, is why are workplace cultures that require employees to bear on as if in a vacuum, continue to be sustained cultures that require employees to work while burying loved ones, while navigating unknown territories of social distancing causing greater isolation, and while families are ravaged, and natural disasters and political unrest is ongoing. Risman (2004, p. 445) asks, “What mechanisms are currently constructing inequality, and how can these be transformed to create a more just world?” Organisations should be asking the same, and should not wait for direction from the state in terms of policy and legislation in order to act in the interests of its employees.

Secondly, the crisis of care requires a multi prong effort from organisations, the state and civil society in order to produce a framework to deal with this pressing social issue. We cannot wellness our way out of issues that are not a matter of psychology or sociology but of historical structures and systemic practices. Gender inequality is not only about personal views of individual employees or management, but rather it’s about systemic practices. In this regard, inequality and patriarchy can be entrenched in both the structure and culture of organisations. The re-architecture of work and work practices is what is required to dismantle existing assumptions based on gender stereotypes and an organisational culture that allows for caring burdens to be acknowledged.

Organisations can no longer afford to maintain the status quo when there are clear advantages to change. Autocratic organisational structures will not be able to retain staff if their ways of operating and their culture continues unchecked. According to Lowe (2018) the culture, climate and good practices of healthy organizations create spaces that can encourage not only employee health and safety but also organizational effectiveness.

Thirdly, to ensure the needs of women are addressed their voices must be included in any solutions proposed. Smith (1974, p. 7) has argued that “sociology....has been based on and built up within the male social universe”. According to Finch and Groves (1983) in this ‘social universe’ female-dominated spaces of caregiving work and domestic work are largely invisible. Women are the drivers of the care economy and in order to provide meaningful solutions to the caregiving crisis it is imperative to capture the complexity of women’s lives and give women a voice and representation in creating a future world of work that benefits women.

Conclusion

Creating a future world of work that benefits women is both an economic and social science imperative especially on the African continent where poverty and inequality is more pronounced among women. We need to analyse how gendered patterns of care and gendered power relations in certain contexts operate to perpetuate women’s subordination. To understand inequality in South Africa and Africa then it is important to identify the ways in which gender and care intersect and understand the impact of caring burdens on women. Central to this is the concern around inclusion of women in the new ‘non-traditional’ workplace which will take into account the caregiving burden placed on women.

Three key areas for future research should focus on firstly, how we can resolve or at the very least mitigate the care-giving crisis that prevents women from fully participating in the formal economy and in so doing create a culture of care that allows women to thrive and not just survive. Secondly, scholarship on examining human and

social dynamics is central to increasing the employment of women, and keeping them active, in the formal economy. Thirdly, ongoing research in these areas in the disciplines of psychology and sociology will thus play a pivotal role in contributing to workplace policies that inform practices that promote gender equality, with a specific focus on supporting and promoting work-family balance and equal sharing of care work.

References

- Abel, E. K., and Nelson, M. K. (1990). Circles of care: An introductory essay. In E. K. Mallett and M. K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 4-34). New York: University of New York Press.
- Adams-Prassl, A., Boneva, T., Golin, M. and Rauh, C. (2020). Inequality in the impact of the coronavirus shock: Evidence from real time surveys. *Journal of Public Economics*. 189. doi: 10.1016/j.jpubeco.2020.104245 -
- Ahmed, F., Ahmed, N.E., Pissarides, C. and Stiglitz, J. (2020). Why inequality could spread COVID-19. *The Lancet Public Health*. 5. doi: 10.1016/j.lanepe.2022.100508
- Badgett, M.V., 1999. Assigning care: Gender norms and economic outcomes. *Int'l Lab. Rev.*, 138. doi: 10.1111/j.1564-913X.1999.tb00390.x
- Barbieri, B., Balia, S., Sulis, I., Cois, E., Cabras, C., Atzara, S. and De Simone, S. (2021). Don't call it smart: Working from home during the pandemic crisis. *Frontiers in Psychology*, 12. doi: 10.3389/fpsyg.2021.741585
- Berkman, L.F., and Syme, S.L. (1979). Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. *American journal of Epidemiology*. 109, 186-204.
- Blunt, A., and Dowling, R. (2006). *Home*. Oxon: Routledge.

- Bromwich, R.J., O'Reilly, A. and Fiona, J.G. (2021). Mothers in the legal profession doubling up on the double shift during the COVID-19 pandemic: Never waste a crisis. In A. O' Reilly and F.J. Green (Eds.) *Mothers, mothering, and COVID-19: Dispatches from the pandemic* (pp.131-140). Demeter Press. <https://doi.org/10.1016/B978-0-12-814715-3.00008-4>
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N. and Rubin, G.J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 395, 912-920. doi: 10.1016/S0140-6736(20)30460-8
- Bünning, M., and Hipp, L. (2022). How can we become more equal? Public policies and parents' work-family preferences in Germany. *Journal of European Social Policy*. 32(2), 182-196. <https://doi.org/10.1177/09589287211035701>
- Business Tech. (2022, May 23). It's not worth driving into the office anymore in South Africa, workers say. Available at: <https://businesstech.co.za/news/technology/588966/its-not-worth-driving-into-the-office-anymore-in-south-africa-workers-say/> (Accessed May 30, 2022).
- Buthelezi, L. (2022, January 27). Life's too short: Why SA workers are joining the global trend of quitting their jobs. Available at: <https://www.news24.com/fin24/economy/lifes-too-short-why-sa-workers-are-joining-the-global-trend-of-quitting-their-jobs-20220127> (Accessed May 30, 2022).
- Bryant, S. (2000). At home on the electronic frontier: work, gender and the information highway. *New Technology, Work and Employment*. 15, 19-33.
- Cacioppo, J.T., and Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and personality psychology compass*. 8, 58-72.

- Carlson, J. (2013). Sweden's parental leave insurance: a policy analysis of strategies to increase gender equality. *J. Soc. & Soc. Welfare.* 40, 63-76.
- Carnevale, J.B., and Hatak, I. (2020). Employee adjustment and well-being in the era of COVID-19: Implications for human resource management. *Journal of Business Research.* 116, 183-187.
- Cerrato, J., and Cifre, E. (2018). Gender inequality in household chores and work-family conflict. *Frontiers in psychology.* 9. doi: 10.3389/fpsyg.2018.01330
- Chotiner, I. (2020). The interwoven threads of inequality and health. *The New Yorker*, 14. Available at: <https://www.newyorker.com/news/q-and-a/the-coronavirus-and-the-interwoven-threads-of-inequality-and-health> (Accessed May 1, 2022).
- Chung, H., Hyojin S., Birkett, H. and Forbes, S. (2022). Working from Home and the Division of Childcare and Housework among Dual-Earner Parents during the Pandemic in the UK. *Merits.* 2, no. 4: 270-292.
- Clair, R., Gordon, M., Kroon, M. and Reilly, C. (2021). The effects of social isolation on well-being and life satisfaction during pandemic. *Humanities and Social Sciences Communications.* 8, 1-6.
- Clark, S.C. (2001). Work cultures and work/family balance. *Journal of Vocational behavior.* 58, 348-365.
- Clark, M.A., Robertson, M.M. and Young, S. (2019). "I feel your pain": A critical review of organizational research on empathy. *Journal of Organizational Behavior.* 40, 166-192.
- Clarno, A. (2017). *Neoliberal Apartheid: Palestine/Israel and South Africa after 1994.* Chicago: University of Chicago Press.
- Cooper, C.D., and Kurland, N.B. (2002). Telecommuting, professional isolation, and employee development in public and private organizations. *Journal of Organizational Behavior: The*

- International Journal of Industrial, Occupational and Organizational Psychology and Behavior. 23, 511-532.
- Couch, D.L., O'Sullivan, B. and Malatzky, C. (2021). What COVID-19 could mean for the future of “work from home”: The provocations of three women in the academy. *Gender, Work & Organization*. 28, 266-275.
- Courtin, E., and Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*. 25, 799-812.
- Craig, L., and Churchill, B. (2019). Dual-earner parent couples’ work-family time: An examination of gender, family structure, and country differences. *Community, Work & Family*. 22(2), 137-156.
- Craig, L. (2020). Coronavirus, domestic labour and care: Gendered roles locked down. *Journal of Sociology*. 56, 684-692.
- Crosina, E. (2022). Disrupted and Stronger: Looking In and Looking Out. MIT Sloan Management Review. Available at: <https://sloanreview.mit.edu/article/disrupted-and-stronger-looking-in-and-looking-out/> (Accessed February 11, 2021).
- Crosnoe R., Prickett K.C., Smith C., and Cavanagh, S. (2014). Changes in young children's family structures and child care arrangements. *Demography*. 51(2):459-83.
- De Simone, S. (2014). Conceptualizing wellbeing in the workplace. *International Journal of Business and Social Science*. 5, 118-122.
- Delanoetje, J., and Verbruggen, M. (2019). The use of work-home practices and work-home conflict: Examining the role of volition and perceived pressure in a multi-method study. *Frontiers in Psychology*. 10. doi: 10.3389/fpsyg.2019.02362
- Deloitte South Africa. (2021). Pandemic takes a heavy toll on working women; the majority are significantly less optimistic about their career prospects. Deloitte Africa. Available at:

<https://www2.deloitte.com/za/en/pages/about-deloitte/press-releases/women-at-work-survey.html> (Accessed June 1, 2022).

- Demerouti, E., and Bakker, A.B. (2011). The job demands-resources model: Challenges for future research. *SA Journal of Industrial Psychology*. 37, 1-9.
- Dijkers, J.S., Geurts, S.A., Dulk, L.D., Peper, B., Taris, T.W. and Kompier, M.A. (2007). Dimensions of work-home culture and their relations with the use of work-home arrangements and work-home interaction. *Work & Stress*. 21, 155-172.
- Donthu, N., and Gustafsson, A. (2020). Effects of COVID-19 on business and research. *Journal of Business Research*. 117, 284-289.
- Dziak, E., Janzen, B.L. and Muhajarine, N. (2010). Inequalities in the psychological well-being of employed, single and partnered mothers: the role of psychosocial work quality and work-family conflict. *International Journal for Equity in Health*. 9, 1-8.
- England, P., and Folbre, N. (1999). The cost of caring. *The Annals of the American Academy of Political and Social Science*. 561, 39-51.
- Ertel, K.A., Glymour, M.M. and Berkman, L.F. (2008). Effects of social integration on preserving memory function in a nationally representative US elderly population. *American Journal of Public Health*. 98, 1215-1220.
- Feder-Stanford, S. (2020). Pandemic work/life balance burden falls more on women. *Futurity*. Available at: <https://www.futurity.org/work-life-balance-covid-19-pandemic-2354782/> (Accessed September 2, 2022).
- Finch, J., and Groves, D. (1983). A Labour of love: Women, work and caring. *Journal of Social Policy*. 13, 370-371.
- Fisher, J., Languilaire, J.C., Lawthom, R., Nieuwenhuis, R., Petts, R.J., Runswick-Cole, K. and Yerkes, M.A. (2020). Community, work,

- and family in times of COVID-19. *Community, Work & Family*. 23, 247-252.
- Folbre, N. (2014). The care economy in Africa: Subsistence production and unpaid care. *Journal of African Economies*. 23, 128-156.
- Francis, D., Valodia, I. and Webster, E. (2020). Politics, Policy, and Inequality in South Africa Under COVID-19. *Agrarian South: Journal of Political Economy*, 9, 342-355. doi: 10.1177/2277976020970036
- Gage-Bouchard, E.A. (2017). Social support, flexible resources, and health care navigation. *Social Science & Medicine*. 190, 111-118.
- García, G.M, and Calvo, J.C.A. (2021). The threat of COVID-19 and its influence on nursing staff burnout. *Journal of Advanced Nursing*. 77, 832-844.
- Gely, R., and Bierman, L. (2007). Social isolation and American workers: Employee blogging and legal reform. *Harv. JL & Tech*. 20, 287-331.
- Gewin, V. (2021). Pandemic burnout is rampant in academia. *Nature*. 591, 489-492.
- Gilbert, S. (2019). The Importance of Community and Mental Health NAMI: National Alliance on Mental Illness. Available at: <https://nami.org/Blogs/NAMI-Blog/November-2019/The-Importance-of-Community-and-Mental-Health> (Accessed May 20, 2022).
- Gloor, J., Okimoto, T., and King, E., 2021. "Maybe Baby?" The Employment Risk of Potential Parenthood. *Journal of Applied Social Psychology*. 10.1111/jasp.12799.
- Gómez, S.M., Mendoza, O.E.O., Ramírez, J. and Olivas-Luján, M.R. (2020). Stress and myths related to the COVID-19 pandemic's effects on remote work. *Management Research: Journal of the Iberoamerican Academy of Management*. 18, 401-420.

- Gove, W.R., and Tudor, J.F. (1973). Adult sex roles and mental illness. *American Journal of Sociology*. 78, 812-835.
- Grant, C.A., Wallace, L.M., and Spurgeon, P.C. (2013). An exploration of the psychological factors affecting remote e-worker's job effectiveness, well-being and work-life balance. *Employee Relations*. 35, 527-546.
- Guterres, A. (2020). We are all in this Together: Human Rights and COVID-19 Response and Recovery. United Nations. Available at: <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and> (Accessed May 8, 2020).
- Gwyther, M. (2020). When Working From Home Became Living At Work. Jericho Chambers. Available at: <https://jerichochambers.com/when-working-from-home-became-living-at-work/> (Accessed April 12, 2020).
- Harasemiw, O., Newall, N., Shooshtari, S., Mackenzie, C. and Menec, V. (2018). From social integration to social isolation: The relationship between social network types and perceived availability of social support in a national sample of older Canadians. *Research on Aging*. 40, 715-739.
- Harter, J. (2022). U.S. Employee Engagement Drops for First Year in a Decade. Gallup. Available at: <https://www.gallup.com/workplace/388481/employee-engagement-drops-first-year-decade.aspx> (Accessed May 15, 2022).
- Hartig, T., Kylin, C., and Johansson, G. (2007). The telework tradeoff: Stress mitigation vs. constrained restoration. *Applied Psychology*. 56, 231-253.
- Haslam, C., Cruwys, T. and Haslam, S.A. (2014). The we's have it: Evidence for the distinctive benefits of group engagement in enhancing cognitive health in aging. *Social Science & Medicine*. 120, 57-66.

- Hennessy, J. (2009). Morality and work–family conflict in the lives of poor and low-income women. *The Sociological Quarterly*. 50, 557-580.
- Herman, C., Lewis, S., and Humbert, A.L. (2013). Women scientists and engineers in European companies: Putting motherhood under the microscope. *Gender, Work & Organization*. 20, 467-478.
- Himmelweit, S. (1995). The discovery of “unpaid work”: the social consequences of the expansion of “work”. *Feminist Economics*, 1, 1-19.
- Ho, K.H.M., Chiang, V.C.L., Leung, D., and Cheung, D.S.K. (2019). A feminist phenomenology on the emotional labor and morality of live-in migrant care workers caring for older people in the community. *BMC Geriatrics*. 19, doi: 10.1186/s12877-019-1352-3
- Hochschild, A.R. (1983). *The managed heart: Commercialization of human feeling*. Berkeley, CA: University of California Press.
- Hochschild, A. (1989). *The Second Shift*. New York: Avon Books.
- Huang, Y., and Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Res*. 288, doi: 10.1016/j.psychres.2020.112954
- Ibrahim, R.Z., Ohtsuka, K. and Halik, M.H. (2009, July 9-11). An overview of work family conflict and employee wellbeing: role of support and family friendly policy [Paper presentation]. 2009 Southeast Asia Psychology Conference, Universiti Malaysia Sabah, Malaysia.
- International Labour Organization. (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva: International Labour Organization.
- International Labour Organization. (2020a). *Rapid Diagnostics for Assessing the Country Level Impact of COVID-19 on the*

- Economy and Labour Market. Geneva: International Labour Organization.
- International Labour Organization. (2020b). Protecting Migrant Workers During the COVID-19 Pandemic: Recommendations for Policy-Makers and Constituents. Geneva: International Labour Organization.
- Islam, A. (2021). Two hours extra for working from home: Reporting on gender, space, and time from the Covid-field of Delhi, India. *Gender, Work & Organization*. 28, 405-414.
- Jasrotia, A., and Meena, J. (2021). Women, work and pandemic: An impact study of COVID-19 lockdown on working women in India. *Asian Social Work and Policy Review* 15, 282-291.
- Jahn, E.W., Thompson, C.A., and Kopelman, R.E. (2003). Rationale and construct validity evidence for a measure of perceived organizational family support (POFS): Because purported practices may not reflect reality. *Community, Work & Family*. 6, 123-140.
- Jayachandran, S. (2015). The roots of gender inequality in developing countries. *Economics*. 7, 63-88.
- Johns, T., and Gratton, L. (2013). The third wave of virtual work. *Harvard Business Review*. 91, 66-73.
- Kang L., Li Y., Hu S., Chen M., Yang C., Yang B.X., Wang Y., Hu J., Lai J., Ma X., Chen J., Guan L., Wang G., Ma H., Liu Z. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. 2020. *The Lancet Psychiatry*. 7, doi: doi: 10.1016/S2215-0366(20)30047-X
- Kapoor, H., Ticku, A., Tagat, A. and Karandikar, S. (2021). Innovation in isolation? COVID-19 lockdown stringency and culture-innovation relationships. *Frontiers in Psychology*. 12, doi: 10.3389/fpsyg.2021.593359
- Kim, A.W., Nyengerai, T. and Mendenhall, E. (2020). Evaluating the mental health impacts of the COVID-19 pandemic: Perceived

risk of COVID-19 infection and childhood trauma predict adult depressive symptoms in urban South Africa. *Psychological Medicine*. 52, 1587-1599. doi: <https://doi.org/10.1017%2FS0033291720003414>

Lee, J., and Cagle, J.G. (2018). Social exclusion factors influencing life satisfaction among older adults. *Journal of Poverty and Social Justice*. 26, 35-50.

Legal and General. (2020). UK 'Isolation Economy' snapshot: £12.9bn annual rise in core "at home spending" says Legal & General. Available at: <https://group.legalandgeneral.com/en/newsroom/press-releases/uk-isolation-economy-snapshot-12-9bn-annual-rise-in-core-at-home-spending-says-legal-general> (Accessed June 1, 2022).

Lewis, S., and Humbert, A.L. (2010). Discourse or reality? "Work-life balance", flexible working policies and the gendered organization. *Equality, Diversity and Inclusion: An International Journal*. 29, 239-254.

Liu, J., Zhu, B., Wu, J. and Mao, Y. (2019). Job satisfaction, work stress, and turnover intentions among rural health workers: a cross-sectional study in 11 western provinces of China. *BMC Family Practice*. 20, 1-11.

Lokot, M., and Bhatia, A. (2020). Unequal and invisible: A feminist political economy approach to valuing women's care labor in the COVID-19 response. *Frontiers in Sociology*, 5. doi: 10.3389/fsoc.2020.588279.

Lowe, G. (2018). *Creating healthy organizations: Taking action to improve employee well-being*. Toronto: Rotman-Utp Publishing.

Lu, Y., Hu, X.M., Huang, X.L., Zhuang, X.D., Guo, P., Feng, L.F., Hu, W., Chen, L., Zou, H. and Hao, Y.T. (2017). The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a

- cross-sectional study. *BMJ Open*. 7, doi: 10.1136/bmjopen-2016-014894
- Mann, S., and Holdsworth, L. (2003). The psychological impact of teleworking: stress, emotions and health. *New Technology, Work and Employment*. 18, 196-211.
- Matli, W. (2020), The changing work landscape as a result of the Covid-19 pandemic: insights from remote workers life situations in South Africa. *International Journal of Sociology and Social Policy*. 40, 1237-1256. doi: 10.1108/IJSSP-08-2020-0386
- McKie, A. (2020). Juggling childcare with academia: female experiences in lockdown. *Times Higher Education*. Available at: <https://www.timeshighereducation.com/news/juggling-childcare-academia-female-experiences-lockdown> (Accessed May 11, 2022).
- Michalski, C. A., Diemert, L. M., Helliwell, J. F., Goel, V., and Rosella, L. C. (2020). Relationship between sense of community belonging and self-rated health across life stages. *SSM-Population Health*. 12, doi: 10.1016/j.ssmph.2020.100676
- Mehta, K. (2020). Welcome to the isolation economy (Goodbye sharing economy). *Forbes*. Available at: <https://www.forbes.com/sites/kmehta/2020/03/23/welcome-to-the-isolation-economy-goodbye-sharing-economy/?sh=4592a5838d88> (Accessed March 14, 2022).
- Mahomed, F. and Stein, M.A. (2017). De-stigmatising psychosocial disability in South Africa. *Afr. Disability Rts. YB*.5, 64-83.
- Morganson, V.J., Major, D.A., Oborn, K.L., Verive, J.M. and Heelan, M.P. (2010). Comparing telework locations and traditional work arrangements: Differences in work-life balance support, job satisfaction, and inclusion. *Journal of Managerial Psychology*. 25, 578-595.
- Murove, M. F. (2012). *Ubuntu*. *Diogenes*. 59, 36-47.

- O'Driscoll, M.P., Brough, P. and Kalliath, T.J. (2004). Work/family conflict, psychological well-being, satisfaction and social support: A longitudinal study in New Zealand. *Equal Opportunities International*. 23, 6-56.
- Osborne, S. (2021). A matter of principals. *Independent Education*, 51, 34-35.
- Oxfam. (2020). Care in the Time of Coronavirus: Why care work needs to be at the centre of a feminist post-COVID-19 future. Available at: <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621009/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf> (Accessed May 9, 2022).
- Ozbay, F., Johnson, D.C., Dimoulas, E., Morgan III, C.A., Charney, D. and Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)*. 4, 35-40.
- Parker, I. (1999). Critical psychology: Critical links. *Annual review of critical psychology*. 1, 3-18.
- Parry, B.R., and Gordon, E. (2021). The shadow pandemic: Inequitable gendered impacts of COVID-19 in South Africa. *Gender, Work & Organization*, 28, 795-806.
- Petts, R.J., Carlson, D.L. and Pepin, J.R. (2021). A gendered pandemic: Childcare, homeschooling, and parents' employment during COVID-19. *Gender, Work & Organization*. 28, 515-534.
- Pillay, K., Ruggunan, S. and Leask, C. (2021). Holding space: Shaping Organisational Empathy through a Collaborative Autoethnographic Approach. *African Journal of Business Ethics*. Vol 15 (1), 40-57.
- Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*. 16, 67-73. doi: 10.1080/15487733.2020.1776561

- Ratele, K. (2018). Toward cultural (African) psychology: Links, challenges, and possibilities. In G. Jovanović, L. Allolio-Näcke, and C. Ratner (Eds.), *The Challenges Of Cultural Psychology* (pp. 250-268). London: Routledge.
- Risman, B.J. 2004. Gender as a Social Structure. *Gender & Society*, Vol 18, 4, pp. 429-450.
- Robinson, F. (2006). Beyond labour rights: The ethics of care and women's work in the global economy. *International Feminist Journal of Politics*. 8, 321-342.
- Roy, R. (2021). Working from Home: Women in the Indian Tech-industry through the Pandemic. *Journal of Comparative Literature and Aesthetics*. 44, 56-67.
- Ruberman, W., Weinblatt, E., Goldberg, J.D. and Chaudhary, B.S. (1984). Psychosocial influences on mortality after myocardial infarction. *New England Journal of Medicine*. 311, 552-559.
- Rudolph, C.W., Allan, B., Clark, M., Hertel, G., Hirschi, A., Kunze, F., Shockley, K., Shoss, M., Sonnentag, S. and Zacher, H. (2021). Pandemics: Implications for research and practice in industrial and organizational psychology. *Industrial and Organizational Psychology*. 14, 1-35.
- Ruppel, C., Tworoger, L. and Tworoger, T. (2012). Telework: Identifying a personal dimension to work-related socio-technical theory. *Advances in Business Research*. 3, 12-24.
- Sandberg, S and Thomas, R. (2020). Companies and Women Are at a Crossroads. Available at: <https://www.wsj.com/articles/sheryl-sandberg-companies-and-women-are-at-a-crossroads-11601434004> (Accessed September 10, 2021).
- Sayer, L.C., England, P., Bittman, M. and Bianchi, S.M. (2009). How long is the second (plus first) shift? Gender differences in paid, unpaid, and total work time in Australia and the United States. *Journal of Comparative Family Studies*. 40, 523-545.

- Sen, A. (1990). Gender and cooperative conflicts. In: I. Tinker (Ed.), *Persistent inequalities: Women and world development* (pp. 123-149). New York: Oxford University Press.
- Shamir, B. and Salomon, I. (1985). Work-at-home and the quality of working life. *Academy of Management Review*. 10, 455-464.
- Sheather, J. and Slattery, D. (2021). The great resignation—how do we support and retain staff already stretched to their limit?. *BMJ*. 375. doi:10.1136/bmj.n2533
- Shevlin, M., Nolan, E., Owczarek, M., McBride, O., Murphy, J., Gibson Miller, J., Hartman, T.K., Levita, L., Mason, L., Martinez, A.P. and McKay, R. (2020). COVID-19-related anxiety predicts somatic symptoms in the UK population. *British Journal of Health Psychology*. 25, 875-882.
- Smith, D. (1974). Women's perspective as a radical critique of sociology. *Sociological Inquiry*. 44, 7-13.
- Smith, B.J. and Lim, M.H. (2020). How the COVID-19 pandemic is focusing attention on loneliness and social isolation. *Public Health Res Pract*, 30, doi: 10.17061/phrp3022008
- Spinuzzi, C. (2012). Working alone together: Coworking as emergent collaborative activity. *Journal of business and technical communication*. 26, 399-441.
- Steffens, N.K., Cruwys, T., Haslam, C., Jetten, J. and Haslam, S.A. (2016). Social group memberships in retirement are associated with reduced risk of premature death: evidence from a longitudinal cohort study. *BMJ Open*. 6, doi: 10.1136/bmjopen-2015-010164
- Stiegler, N. and Bouchard, J.P. (2020). September. South Africa: Challenges and successes of the COVID-19 lockdown. *Annales Médico-psychologiques, Revue Psychiatrique*. 178, 695-698).
- Sullivan, O., Gershuny, J. and Robinson, J.P. (2018). Stalled or uneven gender revolution? A long-term processual framework

- for understanding why change is slow. *Journal of Family Theory & Review*. 10, 263-279.
- Terry, D.J., Nielsen, M. and Perchard, L. (1993). Effects of work stress on psychological well-being and job satisfaction: The stress-buffering role of social support. *Australian Journal of Psychology* 45, 68-175.
- Tang, W., Hu, T., Hu, B., Jin, C., Wang, G., Xie, C., Chen, S. and Xu, J. (2020). Prevalence and correlates of PTSD and depressive symptoms one month after the outbreak of the COVID-19 epidemic in a sample of home-quarantined Chinese university students. *Journal of affective disorders*. 274, 1-7.
- Torales, J., O'Higgins, M., Castaldelli-Maia, J.M. and Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International journal of social psychiatry*. 66, 317-320.
- Tronto, J. (1993). *Moral boundaries: A political argument for an ethic of care*. New York & London: Routledge.
- Tronto, J. (2013). *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press.
- Tonkin, K., Malinen, S., Näswall, K. and Kuntz, J.C. (2018). Building employee resilience through wellbeing in organizations. *Human Resource Development Quarterly*. 29, 107-124.
- Fisher, B., and Tronto, J. (1990.) Toward a feminist theory of caring. In E.K. Abel and M.K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 35-62). New York: SUNY Press.
- Umberson, D., and Karas Montez, J. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51, S54-S66.
- University of Johannesburg and Human Sciences Research Council. (2020). *UJ Coronavirus Impact Survey Summary Findings - April 2020*. Available at:

- <https://www.uj.ac.za/newandevents/Documents/UJ%20HSRC%20summary%20report%20v1.pdf> (Accessed March 05, 2021).
- UN Women. (2020). World survey on the role of women in development 2019. New York: United Nations
- Usher, K., Bhullar, N., and Jackson, D. (2020). Life in the pandemic: social isolation and mental health. *J. Clin. Nurs.* 29, 2756–2757.
- Van Gorp, K. (2013). The Second Shift: Why it is diminishing but still an issue. *The Review: A Journal of Undergraduate Student Research.* 14, 31-37.
- Vaziri, H., Casper, W.J., Wayne, J.H. and Matthews, R.A. (2020). Changes to the work–family interface during the COVID-19 pandemic: Examining predictors and implications using latent transition analysis. *Journal of Applied Psychology.* 105, 1073-1087.
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S. and Ho, R.C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health.* 17.
- Whittle, A., and Mueller, F. (2009). ‘I could be dead for two weeks and my boss would never know’: telework and the politics of representation. *New Technology, Work and Employment.* 24, 131-143.
- Williams, K.J., Suls, J., Alliger, G.M., Learner, S.M. and Wan, C.K. (1991). Multiple role juggling and daily mood states in working mothers: an experience sampling study. *Journal of Applied Psychology.* 76, 664-674.
- Williams, J. (2000). *Unbending gender: Why family and work conflict and what to do about it.* New York: Oxford University Press.

- Yu, J., Park, J. and Hyun, S.S. (2021). Impacts of the COVID-19 pandemic on employees' work stress, well-being, mental health, organizational citizenship behavior, and employee-customer identification. *Journal of Hospitality Marketing & Management*. 30, 529-548.
- Zembylas, M., Bozalek, V. and Shefer, T. (2014). Tronto's notion of privileged irresponsibility and the reconceptualisation of care: Implications for critical pedagogies of emotion in higher education. *Gender and Education*. 26, 200-214.
- Zhao, L., and Roper, J. (2011). A Confucian approach to well-being and social capital development. *Journal of Management Development*. 30, 740-752.
- Zheng, L., Miao, M. and Gan, Y. (2020). Perceived control buffers the effects of the COVID-19 pandemic on general health and life satisfaction: The mediating role of psychological distance. *Applied Psychology: Health and Well-Being*. 12, 1095-1114.