Industrial and Organizational Psychology (2023), **16**, 187–210
doi:10.1017/iop.2022.111

CAMBRIDGE UNIVERSITY PRESS

FOCAL ARTICLE

A call to action: Taking the untenable out of women professors' pregnancy, postpartum, and caregiving demands

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(Received 2 November 2021; revised 2 August 2022; accepted 14 August 2022)

Abstract

Despite becoming increasingly represented in academic departments, women scholars face a critical lack of support as they navigate demands pertaining to pregnancy, motherhood, and child caregiving. In addition, cultural norms surrounding how faculty and academic leaders discuss and talk about tenure, promotion, and career success have created pressure for women who wish to grow their family and care for their children, leading to questions about whether it is possible for these women to have a family *and* an academic career. This paper is a call to action for academia to build structures that support professors who are women as they navigate the complexities of pregnancy, the postpartum period, and the caregiving demands of their children. We specifically call on those of us in I-O psychology, management, and related departments to lead the way. In making this call, we first present the realistic, moral, and financial cases for why this issue needs to be at the forefront of discussions surrounding success in the academy. We then discuss how, in the U.S. and elsewhere, an absence of policies supporting women places two groups of academics—department heads (as the leaders of departments who have discretion outside of formal policies to make work better for women) and other faculty members (as potential allies both in the department and within our professional organizations)—in a critical position to enact support and change. We conclude with our boldest call—to make a cultural shift that shatters the assumption that having a family is not compatible with academic success. Combined, we seek to launch a discussion that leads directly to necessary and overdue changes in how women scholars are supported in academia.

Keywords: caregiving; gender issues in academia; motherhood; work–family support

Note. Authors Allen through Shockley contributed equally and are listed alphabetically. We wish to thank Danielle Bartlett and Abigail Gregory for their assistance with the literature review process, as well as the women who bravely shared their stories in the quotes highlighted in this paper. This paper was informed by a panel discussion by Tammy Allen, Lillian Eby, Allison Gabriel, Lucy Gilson, and Anthony Klotz at the 35th Annual Conference of the Society for Industrial and Organizational Psychology in Seattle, WA.

> If we can't get work–life right in academia—potentially one of the most progressive, holistic, flexible, and autonomous environments—what hope is there to transform systems in solidarity with our billions of sisters and brothers who labor outside the academy?
>
> (Tillmann, 2011, Labor Pains in the Academy)

As scholars working within I-O psychology and management departments, we have studied the ways that organizations can support employees and allow them to thrive in their work and family roles (e.g., Allen et al., 2013; Butts et al., 2013; French et al., 2018; French & Shockley, 2020; Greenberg & Ladge, 2019; Hammer et al., 2011; Kossek et al., 2011, 2014). From perceived organizational and social support, to more specific work-supportive family practices that can better improve the lives of employees and their families (e.g., Davis et al., 2015; McHale et al., 2015), we have generated a rather robust understanding of the profound role that organizations, supervisors, and coworkers can play in helping employees fulfill their goals and expectations at work, at home, and in balancing the two domains. Yet, although we as organizational scholars are willing and able to explain how to improve employees' work and family lives—as well as how to best integrate them and change the narratives surrounding work and family (e.g., Acker, 1990; Kossek, Perrigino, et al., 2021; Padavic et al., 2020)—we stop short of giving this same scholarly attention to the bettering of work and family lives in our own academic departments. This disconnect leads us to question the extent to which we in academia are motivated to support women scholars who are navigating motherhood, especially when it comes to complexities tied to pregnancy, postpartum challenges, and caregiving for children.

In this paper, we focus on our female colleagues navigating motherhood and caregiving because a disproportionate amount of caregiving falls to women (Bianchi & Milkie, 2010; Grossbard et al., 2021; Hollenshead et al., 2005; Ledgerwood et al., 2022; Little & Masterson, 2021; Shockley et al., 2021) and because there are biological differences (e.g., pregnancy, nursing) associated with early childrearing (Grandey et al., 2020). Of course, we recognize that men can carry significant caregiving responsibilities, and that it is advantageous for both women and men to have support when it comes to caregiving in academia and beyond (Hideg & Krstic, 2021). We discuss this point in greater detail later in this paper. Nonetheless, data consistently point to women having to shoulder significant challenges with caregiving in academia.

Indeed, research summarized by Geiger et al. (2019) highlights that although women's labor force participation has increased (from 9 hours in 1965 to 25 hours per week in 2016), so too has their time spent on childcare (from 10 hours in 1965 up to 14 hours in 2016). This is compared to fathers, who reported spending 8 hours per week on childcare-related demands (see Gruber et al., 2021). These data reveal that although men engage in childcare, women spend 75% more hours per week doing so. In the applied psychology literature, it is established that women often are in a "neo-traditional division of labor," taking on a disproportionate amount of family labor relative to men (Shockley et al., 2021, p. 15). Supporting women during motherhood and caregiving is thus critical for the retention of top talent in academia, as issues tied to motherhood and caregiving within academic life "do not affect men in equal measure" (Gruber et al., 2021, p. 492). This is particularly the case given that, when looking at our own field as an example, women hold a substantial portion of all academic positions in I–O psychology and management departments. In their 2018 survey of Society for Industrial and Organizational Psychology (SIOP) members, Gardner et al. (2018) found that women held 44% of academic positions and comprised the majority (56.8%) of student members, suggesting that the field is increasingly made up of women.

Yet, despite strides in making our field more diverse (for a review, see Gruber et al., 2021), many I-O psychology and management departments lag in terms of the support they provide to women in general, and to those with caregiving responsibilities in particular, responsibilities that begin before pregnancy. For women, caregiving—whether trying to conceive, carry a child

https://doi.org/10.1017/iop.2022.111 Published online by Cambridge University Press

to term, and/or care for a child—poses challenges to prototypical linear trajectories in academic careers (or careers generally; Acker, 1990; Grandey et al., 2020; Minnotte, 2021). Particularly in research-focused academic institutions, scholars are expected to consistently publish in top-tier journals, present research at conferences, and apply for grant funding *without substantial research-related gaps*, with these expectations intensified in the pretenure years of one's career. Unfortunately, the time when women are pursuing promotion and tenure is also commonly the time in which they are also grappling with choices tied to when (and whether) to have children. Indeed, the average age of women completing doctorate degrees in psychology is 31.1 years (National Science Foundation, National Center for Science and Engineering Statistics, 2018), and the average age that academics become parents is 33 (Morgan et al., 2021). Further, most colleges and universities in the U.S. do not offer paid family/medical leave, flexible work arrangements (particularly around teaching demands), or subsidized care benefits (e.g., Berheide et al., 2020; Calvert, 2016; Hollenshead et al., 2005)

Although conversations about the lack of support for women during motherhood and caregiving are becoming more prevalent, concrete actions to enact change have been slow to materialize. As a collective, we have participated in panels at doctoral consortia and professional development workshops at conferences for SIOP, Academy of Management (AOM), and Strategic Management Society (SMS), and have been asked by women graduate students and junior faculty: How am I going to make this (having children while being a tenure-track professor) work? When is the *right time* to have children? How am I supposed to ask for time off and publish at the same time? The 2021 AOM meeting had workshops devoted to caregiving ("I'm Speaking: Understanding Gender Experiences in Academia"; "Nevertheless She Persisted: Succeeding as a Woman Academic") and family planning ("When Is the Right Time to Grow My Family? The Hidden Challenges of Family Planning in Academia"), and the recent 2022 SIOP Conference offered panels dedicated to this topic ("The Imperative of Supporting Women Scholars Who Have Caregiving Demands"). The fact that these sessions are occurring with increasing regularity hit a chord with us. We are struck by how autonomous our fields are in terms of how faculty are able to structure their work, yet how little flexibility and support is given to women to craft a job that fully supports their caregiving and family. Further, although these issues pertaining to motherhood and caregiving existed before COVID-19, the pandemic has raised the ceiling for their severity (Grossbard et al., 2021; Modestino et al., 2021; Ranji et al., 2021; Shockley et al., 2021), as women scholars have taken on substantially greater caregiving responsibilities (Viglione, 2020). The result is that compared to men in academia, women are engaging in less research since the pandemic began, as represented by fewer preprints, fewer new projects, and fewer journal submissions (Flaherty, 2020a, 2020b; Myers et al., 2020; Vincent-Lamarre et al., 2020). Alarmingly, these trends are continuing as the pandemic has continued to persist over the last 2 years (Davis et al., 2022).

Given the aforementioned challenges, we—a group of faculty members who are work–family scholars, departmental leaders, and/or individuals who hold leadership positions at our journals and within our academies (SIOP, AOM, SMS)—aim to bring a serious question to the forefront: How can we, as a field of organizational scholars, provide greater and more effective support to our colleagues who become caregivers so they can simultaneously balance successful and fulfilling family and scholarly lives? Answering this question requires advancing policies that support women (and ensuring that they can use these policies), but doing so is more difficult than it should be. We recognize that there are often constraints at the state, university, or college level as to what such supportive policies look like. Moreover, particularly in the U.S., but also across the globe, national policies supporting caregivers are woefully lacking. Government officials have often paired lip service about the importance of mothers and motherhood to society with a complete lack of action and policies that support working mothers.

Because of this negligence on behalf of lawmakers, we posit that the responsibility to develop policies that protect women caregivers has been pushed onto two key stakeholders in academia—

https://doi.org/10.1017/iop.2022.111 Published online by Cambridge University Press

those in department head roles and organizational allies. Department heads often have discretion to help support women outside of formal policies that may be in place (e.g., flexibility in scheduling meetings during times when childcare is more likely available, creating virtual meetings to foster inclusion of all work–family arrangements, advocating for women on their faculty and their caregiving needs). Organizational allies can speak up and change norms ingrained in how productivity and success are discussed and defined, recognizing that pregnancy and caregiving are things to be celebrated within departments and our professional organizations instead of merely tolerated, or worse, shamed or stigmatized. The bottom line is that it is time for us, as organizational scholars, to follow the implications of our own research findings to help support academic caregivers in ways great and small.

To make the case, we expand upon the precedent set forth by King and Cortina (2010) and provide the realistic case (yes, this *is* actually happening to women with whom you work), the moral case (we all benefit when caretakers *and* their children are cared for), and the financial case (investing in caregivers fuels the long-term productivity, success, retention, and well-being of our talent pool) for supporting women in academia through motherhood, postpartum, and caregiving. We then provide a review of the policies that do exist in academia, paired with the constraints that exist at the university level that make it difficult to offer additional support that women need and deserve (e.g., extended paid family leave). Based on this, we call to action two critical groups in academia: department heads and allies within departments and the field at large. Regarding department heads, we explain how these leaders play a critical role in closing the gap between the policies offered and the reality of how those policies are implemented and enacted, and offer recommendations for how to do so. Concerning allies, we discuss the critical role that all faculty can play in their departments and in our professional societies when it comes to advocating for women. Overall, we urge readers to shift the ways they talk about caregiving, to advocate for policies that support caregiving, and to create momentum that leads to changes that support and optimize work experiences of caregivers in our field. It is our hope that through this article and the commentaries we can develop and implement solutions to address the limited support for academic women during their motherhood and caregiving journeys.

The realistic, moral, and financial case for supporting women caregivers

The issue at hand—supporting women caregivers and their experiences tied to pregnancy, hereafter referred to as *women caregivers* for brevity—is of paramount importance for interrelated realistic, moral, and financial reasons (King & Cortina, 2010). Any one of these reasons could (and should) be sufficient to support the argument that it is imperative to support women caregivers, but we present all three to engage the widest possible audience and to underscore the broad justifications for our argument. First, the *realistic case* is based on evidence and rationale—the reality—that clearly demonstrate that women caregivers in academic departments need more support. Second, the *moral case* appeals to expectations of basic human dignity and respect in cultivating positive and productive academic communities. Third and finally, the *financial case* appeals to decision makers who are responsible for bottom-line outcomes by highlighting the implications of support (or lack thereof) for the recruitment and retention of faculty. Below, we review ideas around these points and present experiences shared by our colleagues to provide context for the kinds of challenges women caregivers encounter (IRB protocol #PROJECT00000470; Title: "Work–family image and work–family allies"). Of note, we provide stories in text that best align with the realistic, moral, and financial cases for supporting women caregivers in academia, though we recognize the interconnectedness of these three issues that women are likely to be experiencing. Additional stories highlighting women's experiences with pregnancy and caregiving in academia can be found in Table 1.

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Table 1. Stories from women in academia navigating complexities tied to motherhood and caregiving

Stories best exemplifying the realistic case
• "I posted a picture to Facebook of myself and my newly pregnant sister at an ultrasound appointment with a message congratulating her. A PhD student used the picture to convince the faculty I was hiding a pregnancy. No one asked me if I really was. When I was not considered for an award I asked why and the chair told me I should focus on my pregnancy. I was like what?! I tried and tried to squash the rumor. Months later at a conference one of the most cited men in our field told me congratulations and I thought he was referring to my recent publication. I started talking about it and he was like, 'No . . . I meant congratulations on being pregnant again.' I explained the rumor and he said, 'Oh, good! Well then congratulations, and I mean it this time! Congratulations on not being pregnant. You are too smart to throw away your career having children. You'll be okay with one but promise me you won't have any more.' I awkwardly declined to make that promise and when I did get pregnant (happy accident) a few months later I was scared to tell anyone."
• "Upon interviewing for a position, I was asked by the individual who would be my supervisor about my children. I was asked how I would be able to travel . . . and teach while taking care of young children, too. I immediately defensively said that my husband was going to be involved but, as I thought it through and relayed it to my mother and husband I realized that question would have never been asked of a man."
• "I was on a fairly prestigious committee when pregnant. There were only two representatives from each department and I liked making decisions (e.g., who got grant funds, which departments would be hiring faculty). I heard from the other member of our department that he was walking over to the meeting later in the afternoon and I told him that I must have spaced out because I didn't remember getting the meeting email, and I would walk over to the meeting with him. When I got there and sat down at the table with the dean and these very bigshot faculty members from across the different departments, I noticed that a second [department] colleague had arrived too. I realized I had never received the email because it had never been sent. In a very confused state, I asked the dean in front of the committee, "Am I still supposed to be serving on this committee?" The dean replied, "No, I took you off the committee because you are pregnant, and I thought you might like the extra time." I just got up and walked out, humiliated because it was decided for me not with me, and there had been no conversation about it."
Stories best exemplifying the moral case
• "I was on a call with some coauthors, including a colleague in my department. News about a paper of mine being accepted came up and—after congratulating me—the colleague mentioned that I should now feel entitled to take all the maternity leave that I may need given that it's now clear that I have "earned" it. This was particularly upsetting as I was already struggling to navigate the maternity leave policy at my university, which is less clear cut and not as widely supported across the department. The idea that maternity leave should be "earned" was toxic for me—it added to my anxieties and insecurities surrounding having a child while on the tenure track, making me feel like I needed to be highly productive while pregnant (despite several health issues I encountered) and to return to high levels of productivity postpartum."
• "My negative experiences with my university administration occurred in the wake of having a stillborn baby boy. Prior to the start of the fall semester, I had received an ADA accommodation to teach my classes online for the fall and spring due to both (1) pregnancy (which was considered a risk category for severe COVID-19 illness), and (2) an underlying autoimmune condition. Just one week before classes were set to begin in January, the HR liaison let me know my accommodation to teach online had been revoked because I was no longer pregnant, following the stillbirth. The liaison said to me, 'I'm trying to be sensitive here and doing a terrible job, but if your baby hadn't died then you'd still have the accommodation, but the reality is you are not pregnant anymore.' After a considerable amount of back and forth, the issue was eventually resolved, and my ADA accommodation was reinstated. I am now pregnant with a baby girl, due exactly one year after her brother was expected. I exhausted 4 years of accumulated sick leave last year after our son died in order to take off the rest of the fall semester to cope with the loss. I also won't be eligible for FMLA leave until January (since by virtue of taking sick leave last year, I didn't work the requisite number of hours for FMLA eligibility this year). As a result, I will be able to take 6 weeks paid leave total after the birth . . . I am concerned about my mental health and emotional stability in going back to work so soon after her birth."
Stories best exemplifying the financial case
• "I don't know if I've ever felt less engaged with or committed to my job than around the holidays. The chair throws a party to which kids are not invited. Okay, fine. Then the chair asks (demands?) that two women faculty use time they could be spending on something valued in the department (e.g., publications, grants) to throw a bigger and more complicated party for families. The chair does not attend. Not once but three times—three years—has this happened. And every year, it makes me want to find a new job."
• "While pursuing a doctorate, my wife and I had four pregnancies, three of which resulted in live births. The most negative experience I had, however, came when a professor of mine referred to my wife as lazy because she became depressed after the miscarriage, our third. I was blown away by the complete lack of sensitivity and consideration this man demonstrated. The fact that it happened in the middle of my first year, during a term where I was on campus 80–90 hours a week thanks to scheduling night classes, was already very hard on my wife and family. Realizing there was a complete lack of empathy or even decency toward my wife nearly caused me to quit right in that moment."*

Note. All stories were provided by women in academia, sans the one story marked by an *. Although each story could have been placed into multiple categories reflecting the interconnected nature of these issues, we placed each into the realistic, moral, and financial cases to exemplify their best fit per our assessment.

https://doi.org/10.1017/iop.2022.111 Published online by Cambridge University Press

The realistic case

"I was on a committee on performance concerns. A male committee member said to another committee member that he will never recognize a woman for having a child in relation to performance. If a woman can't make tenure expectations within the timeframe allotted—despite having a child or children—was irrelevant to him. And he said that the performance expectations are the same for everyone and having a child makes no difference to him."

"There was no leave when I had my children as an assistant professor. I brought a 5-day old baby to a master's degree defense. I felt like I had no option."

The above experiences (and those in Table 1) evidence the range of assumptions made about women caregivers in academia, the range of microaggressions and overt hostility with which they contend, and the overall lack of support for working women during pregnancy and after childbirth. As such, *the issue of supporting women caregivers is a realistic one*, with many women juggling the demands of caregiving alongside research, teaching, and service, all of which impact career trajectories and advancement. Highlighting this, the American Association of University Women (AAUW, 2021) summarized data on the composition of the academic workforce, finding that although women make up more than half of non-tenure-track faculty positions, they comprise only 44% of tenure-track faculty positions and 36% of full professor positions. Moreover, only 44% of tenured women have children versus 70% of tenured men.

These data point to two interrelated realities. First, the data clearly show that mothers are underrepresented in tenured positions. This underrepresentation may be partially explained by issues related to caregiving. For example, women may avoid or leave positions that they see as lacking flexibility or support, pursuing alternative career options that appear to be more family supportive. Morgan et al. (2021) found that for faculty in business, history, and computer science departments, 45.9% of women said that the presence of parental leave policies factored into decisions on whether to take their position; only 20.6% of men reported that such policies were a factor. Second, nearly half of women who earn tenure do so despite managing pregnancy and caregiving demands. Advancement opportunities in academia (e.g., post-doc appointments, tenure clocks, pressures to publish top-tier research and write grants) coincide with the biological clock in terms of childbearing and peak parental demands (Grandey et al., 2020). This means that women—when not supported during their pregnancy and the time that follows surrounding postpartum recovery and caregiving—may feel forced to choose between work *or* family roles.

Data on the division of family labor also speak to the disadvantages faced by women caregivers. For example, data collected by Mason et al. (2003) and summarized by Mason and Goulden (2004; see also: Bianchi & Milkie, 2010; Geiger et al., 2019) found that women with children on faculty in the University of California system spent 101 hours weekly on caregiving, housework, and professional activities; their male counterparts with children spent 88 hours. Notably, these differences were not present in nonparents, where women *and* men with without children reported 78 hours weekly. Focusing on caregiving hours specifically, women with children reported spending 36 hours per week on caregiving versus men's 20 hours; among childless women and men, these differences were nonexistent, with women reporting 8 hours and men reporting 9. Additionally, a large percentage of mothers reported experiencing tension or stress in their parenting due to work—whereas 46–48% of mothers surveyed reported feeling pressure in their parenting due to conducting research away from home, writing and publishing, and attending conferences, only 22–29% of fathers reported experiencing such stress.

These differences persist in recent data. Allen et al. (2021) found that after controlling for academic rank, STEM/non-STEM discipline, institutional research intensity, marital status, partner work status, and the number of paid hours worked by partner, women faculty with children spent 10 more hours on childcare per week than did men faculty with children. In a study of 3,064 tenure-track faculty across disciplines, Morgan et al. (2021) also found that parental status accounted for a substantial portion of the gender gap in productivity between men and women

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in their early careers (87.6 to 95.6% depending on discipline), and that this gap had a cumulative effect over the entirety of faculty members' careers. Together, these data paint a clear picture—women and men do not shoulder the same physical toll of pregnancy, and they often do not shoulder the same weight in caregiving, even when holding the same caregiving status.

Beyond these differences, stereotypes and assumptions about women's abilities to jointly handle work and caregiving are plentiful as illustrated in Table 1. Faculty can subtly and not-so-subtly withhold advancement or work opportunities for women without their consideration when pregnancy and caregiving are presumed to get in the way of work-related obligations (e.g., "I asked the dean in front of the committee, 'Am I still supposed to be serving on this committee?' The dean replied, 'No, I took you off the committee because you are pregnant, and I thought you might like the extra time'"; see Table 1). Such decisions without women's input can be viewed as a "false fail" (Fulweiler et al., 2021), in which colleagues or leaders assume that there is a problem (e.g., she is going to have a baby) and make assumptions on their behalf (e.g., she must not want to serve on this committee). Although possibly viewed as a well-intended to lessen demands on women, such acts can hurt women's self-efficacy, work attitudes, and career opportunities crucial to advancement (e.g., Jones et al., 2020; Ladge & Greenberg, 2015).

The moral case

"I have a small child and also recently had a miscarriage. I tried to tell my direct supervisor, who was maybe trying to be supportive emotionally but was clearly uncomfortable about it. So rather than me being able to express what I needed (e.g., teaching assistance), I had to worry about making sure he wasn't uncomfortable."

"I had a difficult pregnancy, and at 33 weeks pregnant I was put into the ICU. I was not finished teaching my MBA course and was dealing with life-threatening complications and a long NICU stay for my daughter. It was decided that my head TA would take over finishing up my class and submitting my grades. One of my senior tenured colleagues made a HUGE stink about this. At a conference, to many of my colleagues, this colleague went on and on about how unprofessional I was for not simply finishing my teaching after the baby was born and how it was so unfair. This colleague then used this [situation with me in the ICU] to try to take my teaching [assignment away from me]. This [woman] will vote on my tenure case. I was deathly ill and this person did not give me an ounce of compassion."

These quotes illustrate that supporting women caregivers is not just about addressing a reality—it is about caring for our colleagues and simply doing the right thing for people during their pregnancy (and possible challenges with conception), as well as during postpartum recovery and the caregiving demands that naturally follow. Building on King and Cortina (2010), we draw from research on corporate social responsibility (Margolis & Walsh, 2003) to make the moral case. As argued by King and Cortina (2010, p. 72), "organizations share responsibility for the social good of the communities in which they operate." Here, building support for women caregivers is a critical way that we can take responsibility for the social good of our departments and the field, in addition to improving the lives of those being cared for (i.e., children). Creating healthy, thriving academic communities will also positively benefit the targets of caregivers.

Part of the moral case is, therefore, promoting the well-being of women at work. With regard to caregiving, this means creating cultures in which women feel universally supported and not under the impression that taking leave is only for those who meet a certain threshold of productivity or ideal norms (e.g., "News about a paper of mine being accepted came up and—after congratulating me—the colleague mentioned that I should now feel entitled to take all the maternity leave that I may need given that it's now clear that I have 'earned' it"; see Table 1). There is a large body of research that work–family supportive cultures and family-supportive leadership enhance the well-being of employees (not limited to women), including mental and physical health and job

https://doi.org/10.1017/iop.2022.111 Published online by Cambridge University Press

attitudes (e.g., Crain et al., 2014; Hammer et al., 2011; O'Driscoll et al., 2003; Thomas & Ganster, 1995; Yragui et al., 2017). Highlighting the criticality of support to women's well-being in particular during and after pregnancy, Jones et al. (2022) illustrated that the combination of coworker *and* supervisor support during pregnancy helps reduce prenatal stress, which contributes to lower postpartum depressive symptoms and reduced recovery time after childbirth. Beyond this research, it is our collective belief that we owe it to the generations of academics who come after us to create a version of academia that is more inclusive and supportive, and that values multiple pathways to success that may include nonlinear productivity gains over time. Thus, rather than women caregivers having to spend resources looking for ways to balance work and family, our goal is to spark change *that will make the provision of these resources normative*, thereby taking these stressful conversations off the table.

Caring for women also means caring for their children, as a positive relationship exists between parental leave and child health (Heymann et al., 2017; Ruhm, 2000). Hackney et al. (2021) found that mothers' stress stemming from pregnancy discrimination negatively related to the gestational age and birth weight of their babies, and positively related to the number of pediatrician visits. Davis et al. (2015) found that the use of the STAR (Support–Transform–Achieve–Results) intervention in the workplace positively related to the time that mothers were able to spend with their children. The STAR intervention "was designed to promote a supportive work culture by increasing supervision support for personal and family life and schedule control" (Davis et al., 2015, p. 876). As noted by the authors, increased time with children can lead to important health and well-being outcomes for children, particularly during the adolescent years. Additional intervention-based work has found that workplace interventions to support parents improve children's sleep (McHale et al., 2015). Finally, research suggests that stress from work can carry over and cause parents to be in a worse mood or less psychologically present when they interact with their children, which negatively impacts children's psychological well-being and behavioral functioning (see Cho & Ciancetta [2016] for a review). Thus, this is not just about women's well-being—the health and well-being of children are at stake. To the extent that we value well-adjusted and healthy children, supporting women caregivers is a moral imperative.

The financial case

"When I became a faculty member, I had my third child, and the senior woman in my department told me I was not allowed to leave at lunch to nurse my baby. That was just crazy because none of the men in our department even came into the office regularly. Why should I not be allowed to leave at lunch? I did anyway and she continued to bully me so I just moved to a better university with a higher salary."

Our academic institutions take on significant financial costs due to the lack of support, understanding, and empathy for women caregivers. These costs may occur due to reduced caregiver engagement in external funding or physical withdrawal in the form of turnover. Although we hope that the realistic and moral case for supporting women's caregiving responsibilities is sufficient to motivate change, financial considerations (which *should* be secondary) also exist. Women bring significant competitive advantages to departments and colleges—they produce publications and grants that are viewed as the "currency" of tenure and promotions, and they generate novel, impactful social science. Moreover, the presence of women faculty confers competitive advantages to departments in other ways, such as through enhanced group decision making and performance (for a meta-analysis on positive performance effects of women on corporate boards as a related example, see Post & Byron, 2015). Having women faculty as role models also has implications to address talent shortages in careers, such as those in STEM, as they encourage women students to pursue careers in science (Young et al., 2013).

Importantly, the financial case is not just about ensuring that women produce a certain number of publications. Rather, women bring a great deal to the table in the development of impactful

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social science. As argued by Formanowicz (2021), "[u]nderrepresentation of women in academia . . . is not only a matter of equality but it also influences the *quality* of science" (p. 2, italics in original). Moreover, having diverse gender representation within departments and research teams helps foster novel ideas (see research on the diversity–innovation paradox; Hofstra et al., 2020). Thus, our science is enhanced when women are able to participate in departments in a way that best serves them and their caregiving needs. This should matter to universities insomuch as high-quality research from their faculty enhances prestige and increases the likelihood of obtaining external grants, benefitting universities in the form of indirect costs. Such research prestige and grant funding directly impact the university's financial health (Shifrin & Tucker, 2021). When lack of support for caregivers inhibits women from fully engaging at work, advancing in their fields, or causes them to exit, these benefits are clearly undermined.

Fitting this idea, women who have access to paid parental leave in the U.S. are more committed to their jobs (and report increased earnings, Boushey, 2008; see also Masterson et al., 2021). Moen et al. (2017) found that the use of flexible work reduced turnover, and Heywood and Miller (2015) found that offering flexibility related to lower absenteeism. Beyond flexibility, which is often already inherent in academia except for the timing of teaching assignments (though culture, as we discuss below, plays a key role here), intervention studies involving STAR (as detailed above) suggest a positive return on investment (Barbosa et al., 2015). Further, organizations that are viewed as more supportive of employees reap benefits that indirectly relate to performance and financial outcomes. Perceptions of general support positively relate to organizational commitment, satisfaction and involvement in work, reduced levels of strain, higher performance (Rhoades & Eisenberger, 2002), and reduced turnover intentions (Hammer et al., 2011). Other studies also have found a link between family-specific support and such positive outcomes (Allen, 2001; Crain & Stevens, 2018; Masterson et al., 2021; Thompson et al., 1999). Of course, research on turnover costs abounds in the organizational sciences, meaning we should all be motivated to provide ample support to women caregivers.

Last, being able to retain women has effects on recruitment and hiring. Research on search committee diversity and applicant pool representation by Kazmi et al. (2022) found that when search committees are chaired by women or minority faculty, applicant pools are more diverse. Their estimates suggest search committees chaired by women (vs. men) received 23% more female applicants. The authors attributed this difference to an increased likelihood of women chairs reaching out to obtain more diverse applicants. Thus, having women on the faculty and in powerful roles is critical to recruiting women. Similarly, the retention of women and their placement in high-visibility roles is an important signal. Seeing "like me" role models facilitates professional identity development (Ceci et al., 2014; Herrmann et al., 2016) as well as the development of fruitful mentoring relationships and the creation of a robust and sustainable pipeline of female scholars (National Academies of Sciences, Engineering, and Medicine, 2019).

Policies and practices for supporting caregiving in academia: The role of department heads and other allies

Given the realistic, moral, and financial cases for supporting women scholars throughout their caregiving journeys, it is important that we create actionable steps that can improve experiences for women and their families. Here, we see three groups of individuals being crucial in facilitating this—policymakers, department heads/chairs (hereafter DHs for short[1]), and fellow faculty members inside academic departments and the broader academic community (e.g., SIOP, AOM, SMS)

[1]Although slight differences in meaning and responsibilities are possible, we use the terms department head and department chair interchangeably, in that what we say in this paper is applicable to both positions. Although amount of discretion available can vary between people holding these roles, in our experience this is more a function of aspects of the institution/college than it is tied to the "head" versus "chair" label.

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who engage in allyship directed toward caregivers. Because the audience for this paper is not policymakers, we do not develop recommendations for those individuals. However, we do believe that our recommendations for DHs and other faculty members (i.e., allies) take on added import in light of the degree to which policymakers have failed to pass legislation that supports women caregivers, especially in the U.S. Indeed, national family supportive policies such as paid parental leave vary greatly across countries, with no paid parental leave in the U.S. and up to 86 weeks of paid parental leave in Estonia (Livingston & Thomas, 2019). Nations also differ in the economic policies that promote gender equity, with some research indicating a large gender gap may contribute to work–family conflict (Allen et al., 2015). Moreover, research indicates that nations with less comprehensive family-supportive policies and less support for gender equality reinforce patterns of traditional division of labor between men and women (Neilson & Stanfors, 2014). The lack of national supports means that faculty must rely even more on local policies under the control of university decision makers, such as DHs.

Beginning with DHs, although neither academic institutions nor organizational scholars talk enough about the importance of these administrators in the functioning of academia, DHs are "on the ground" and play a unique, pivotal role when it comes to supporting faculty needs and creating a supportive climate. It has been noted that DHs—more than any other position—engage with every aspect of university life (Freeman et al., 2020; Gratto & Hess, 2015), creating the potential for real, substantial impact, particularly when it comes to supporting caregivers. Indeed, research estimates that DHs make approximately 80% of the decisions in universities (Carroll & Wolverton, 2004). They are responsible for many important formal decisions such as negotiating faculty offers, managing and allocating budgets, making annual compensation and merit pay decisions, allocating research support, advising on and evaluating promotion and tenure issues, and overseeing teaching schedules. Further, DHs also have a broad span of influence informally. This includes influence on departmental norms and culture related to coaching and mentoring, inclusivity, feelings of community, and department morale, all of which can affect the ways in which women caregivers are (or are not) supported (Gmelch & Buller, 2016; Lee, 2007; Murray, 2021; Normore & Brooks, 2014; for a recent discussion on informal elements and how they impact women in STEM, see: Kossek, Dumas, et al., 2021).

In short, DHs operate as managers, responsible for making decisions and creating department-level policies, interpreting and enacting higher-level policies, and molding informal practices and norms (Nishii & Wright, 2008). Our efforts to support women caregivers in academia would be well-served by thinking of DHs in this way and embracing the implications. For example, although some policies for supporting caregiving demands reside at the university level, many are enacted at the school/college level. Moreover, such policies are often not set in stone. Just as deans must update and modify policies to support the needs of the faculty, so too must DHs. Given the power of the position, effective DHs are those who do not simply unquestioningly follow policy but rather those who also look for ways to reinterpret or update outdated, inadvertently harmful, or potentially biased policies that may inhibit faculty caregiving capabilities. In short, they use their *discretion* to help ensure the equitable treatment of their faculty. Thus, in the sections that follow, we provide a review of the caregiving-related policies and practices commonly available in academia. We then consider how DHs can use discretion to make a difference in these areas. Finally, we conclude with a discussion about the role that other allies in the department and the broader field/profession can (and should) play in this regard.

Available policies and practices

We reviewed the literature in higher education as well as the broader, interdisciplinary work–family literature to identify the policies and practices that exist to help faculty with their pregnancy, postpartum, and caregiving demands. Table 2 provides a nonexhaustive summary of what emerged, organized into two areas: childcare/dependent care policies and practices, and other

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Table 2. Common caregiving-related policies and practices and their intersection with department head discretion and financial cost

Type of caregiving-related policy and practice	Department head discretion	Cost
Childcare/dependent care		
Childcare or sick childcare resources and referral	High	None
Adoption resources and referral	High	None
Lactation rooms in every building	High	Low
Foster care support and resources	High	Low
Unpaid parental leave (FMLA)	Low	None[1]
Flexible spending accounts for childcare	Low	Low
Back-up childcare costs	Low	Moderate
Sick childcare costs	Low	Moderate
Paid parental leave	Low	High
Disability leave for childbirth	Low	High
On-campus childcare	Low	High
Financial assistance or subsidies for childcare costs	Low	High
Financial support for adoption	Low	High
Family supportive policies and practices		
Flexible course scheduling/combining courses	High	None
Reduce service obligations	High	None
Accommodative scheduling for caregiving responsibilities	High	None
Reduced "face time" requirements (e.g., attend meetings off-site)	High	None
Family-welcome work events (e.g., student/faculty recruitment, social events)	High	None
Additional trips to area for childcare, schooling for new faculty	High	Low
Spouse employment assistance	Moderate	Low
Course release or reduction	Moderate	Moderate
Spousal hiring[2]	Moderate	Varies
Tenure stop-the-clock/extend-the clock/flexible clock	Low	None
Health benefits for partners	Low	Moderate
Family housing support in high-cost areas	Low	Moderate

Note. The policies/practices in this table were based on our literature review of studies in higher education and our personal experiences. Although we focus on research institutions in our paper, many of these policies/practices would apply to balanced or teaching-focused institutions. Cost was estimated by considering the financial, infrastructure, and upkeep expenditures associated with the policy or practice relative to the other options presented. [1]May incur modest hiring cost but typically offset by cost saving due to hiring nonbenefits eligible temporary instructor or graduate student.[2] Often occurs informally and in collaboration with deans and other department/unit chairs. May incur cost or not depending on existing openings.

family-supportive policies and practices. This table also indicates per our estimation the typical amount of discretion DHs have with regard to each practice and the likely cost of investing in each. By considering both discretion and cost, Table 2 helps readers identify options that may be more easily implemented (low cost, high discretion) as well as those that are likely to require greater institutional commitment or approval (high cost, low discretion). We believe that much of

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this list is broadly applicable to different types of academic institutions (per the Carnegie classifications, e.g., R1, baccalaureate colleges, private vs. public), yet we also recognize that institutional context may influence both the importance of and challenges associated with some of these practices. For example, in baccalaureate colleges with higher teaching loads, flexibility in faculty course scheduling may be particularly important for women caregivers, yet may also be more challenging to implement because of the higher teaching loads.

Some of the policies and practices in Table 2 have direct effects on caregiving demands (e.g., course reduction or release). Others have indirect effects by giving faculty greater schedule flexibility (e.g., fewer "face time" requirements), by providing assistance or referrals to obtain more convenient and high-quality childcare (e.g., on-campus childcare, childcare or sick child resources or referral), or by creating an institutional climate that normalizes the experience of "family" (e.g., lactation rooms, family-welcome work events). There are also policies and practices that create or protect time for faculty with caregiving demands (e.g., tenure stop-the-clock policies, reducing service obligations), help offset the financial cost of caregiving (e.g., financial support for adoption, paid parental leave), and support the family as a whole (e.g., spousal hiring, family housing support in high-cost areas). Collectively, these policies and practices can enhance faculty productivity, increase retention, foster positive attitudes toward the institution, and instill perceptions of support for work–family. Moreover, some policies and practices have direct positive effects on faculty's family members. For example, providing dedicated lactation rooms allows lactating individuals to extend breastfeeding, which enhances children's overall development (Girard et al., 2017; Wallenborn et al., 2021).

Regarding the cost and discretion associated with each of these policies, cost was estimated by considering the financial, infrastructure, and upkeep expenditures associated with the policy or practice relative to the other options presented in Table 2. For example, providing lactation rooms (low cost) may require purchasing comfortable chairs, refrigeration, and repurposing space; this likely comes with some cost, but it is minimal. In contrast, financial assistance or subsidies for childcare (high cost) carries significant financial investment by the university, offering full or partial reimbursement for childcare costs would be quite expensive.

Discretion refers to the extent to which DHs typically would be able to implement the policy or practice locally and generally without approval by the dean or higher levels. For example, providing resources and referrals for childcare or sick childcare (high discretion) could be compiled from local sources and made available to faculty (or prospective faculty during recruiting visits), put on the departmental website, and distributed and/or discussed during faculty meetings. Likewise, DHs often have considerable freedom in course scheduling (e.g., assignment of faculty to specific classes or sections, flexibility in teaching mode, combining of sections), as long as general parameters (e.g., number of credit hours) are met. In contrast, although DHs can certainly advocate for on-campus childcare (noted as low discretion), both formally (e.g., by serving on university committees dealing with faculty recruitment or faculty affairs) and informally (e.g., through discussions with deans and other administrators), they do not have the discretion (nor resources) to implement such initiatives. Having reviewed the policies and practices available for supporting women caregivers in academia, we now consider what DHs can and should do in the areas in which they have greater discretion, as well as challenges they may face in advocating for equitable support and solutions.

The role of department heads

There are a number of actions that DHs can and should take vis-à-vis caregiving-related policies and practices, and a primary goal of our paper is to challenge these leaders to step up and think more deeply about these issues. Accordingly, our recommendations below can serve as a "how-to" list for DHs concerned about these priorities, they can also serve as a list of what faculty should

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Table 3. Critical questions to ask department heads and academic leaders regarding caregiving demands

During pregnancy[2]
• What is the parental leave policy of the university? ✓ How much time is allowed, and is it paid or unpaid? ✓ Can I use additional sick leave, or is there a sick leave donation pool I can draw from? ✓ In the event of childbirth complications, can disability leave be taken? ✓ Does the university provide fall semester leave if my baby is born during the summer? • During my pregnancy, what support can the department offer as I navigate these 9 months? ✓ Can my teaching be shifted earlier in the academic year so that I am not teaching during the final months of my pregnancy? ✓ Can my classes be moved to another semester if I am due with a child mid-semester? Or, is it possible to teach half of a course and receive credit for doing so? If so, who is responsible for finding my replacement? ✓ If my teaching cannot be shifted, what plans can we develop to cover my teaching if I deliver the baby before the due date? ✓ How can my service expectations be managed so it is a smooth transition to my leave? ✓ In the event I am sick during pregnancy, or placed on bed rest, can I use sick leave? • Am I eligible for a tenure-clock extension, and how will I be supported if one is taken? • Am I able to apply for no-cost extensions on grants internal to the college? • What supports are available to ensure that my teaching times are conducive with childcare arrangements? ✓ Can I have my teaching reduced during the first year of my return to ensure a smooth transition? • Is there any university support for on-site daycare or facilitating childcare (e.g., off-site daycare, nanny)? • Who will be mentoring my doctoral/graduate students in my absence? What is their plan?
During parental leave
• None! The only questions that should occur during this time are if an unexpected challenge has emerged affecting the previously agreed to plans.
During return to work
• Is there a way that my transition back to work can be gradual? For example, are there remote options for faculty meetings or additional obligations to help during the early months? • Can departmental functions be held at family-friendly locations to help juggle work and family? • Will childcare be offered at evening events if they are not family friendly in nature? • Does the university provide travel stipends for caregivers to attend conferences when I must/should attend a conference and have a young child that is still nursing, or offer stipends to support childcare while at the conference site? • If my child is sick and needs to be taken out of their childcare arrangements, what plans can we create to make sure there is proper coverage of teaching and service obligations? • Can my teaching times be fairly consistent across semesters to help with my childcare arrangements? Or, at a minimum, can my teaching times be during the hours of X–X when we have childcare present? • Can we develop an impact statement for how my caregiving demands have affected various aspects of my research, teaching, and service so we are on a consistent page for future promotions and tenure decisions?

expect from their DHs and guide questions they should ask (see Table 3) when it comes to pregnancy, postpartum, and caregiving support.

First, DHs need to identify and embrace the areas where they have discretion. As shown in Table 2, DHs have higher discretion in providing resources/referrals for childcare, allocating departmental space for lactation support, providing flexibility in teaching schedules, providing virtual attendance options for meetings, and reducing/restructuring service obligations. They should leverage these opportunities. Moreover, although DHs are constrained from altering some policies, they can often take informal action rather than simply assuming they lack the ability to "broker a deal." Here, it is critical to remember that although policies exist, how they are (or should be) enacted is often not spelled out. In addition, even for policies that exist or would need to be implemented at higher levels and for which DHs may have little true discretion (e.g., tenure

[2]All women caregivers should be able to ask these questions regardless of rank/position. For example, receiving promotion and tenure should not exclude someone from receiving these forms of support when caregiving demands occur, though we recognize that the demands are likely exacerbated for those who are untenured (and, thus, requiring of added support). Support should be provider to those with caregiving demands throughout their careers.

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extension and stop-the clock policies, spousal accommodations, on-campus childcare), they can still play an important role in advocating for university-wide support.

Second, DHs should remember that although they are technically "management," their primary responsibility should be to *advocate for their faculty*. This involves working to say "yes" to faculty rather than "no," adopting a flexible stance toward policies and what might be possible even within these constraints, and remembering to *ask* faculty what they need as opposed to *assuming*. For example, DHs are almost always better served by asking faculty if they would like to take on a role (e.g., internal service, a new teaching assignments) rather than assuming they are not willing or able to because of caregiving responsibilities. There is a robust body of literature that documents the important role that supervisor support plays in contributing to employee well-being and management of work and nonwork (French et al., 2018; Hammer et al., 2011). That is, DHs must do more than administer policy—to advocate for women caregivers, DHs must understand where they have discretion and be willing to act on that.

Third, DHs must recognize that the default logic (and what, in our experience, is often drilled into them from university-level training) of "I have to treat everyone equally or else it's not fair" is myopic. Departmental leaders must get out of the mindset that they have to treat everyone exactly the same. Not all policies and practices help all faculty equally, but in our view, this is acceptable as standardization may not always lead to optimal outcomes (Rosen et al., 2013). Research on idiosyncratic deals (i-deals) suggests that a leader's effectiveness can be realized through the process of providing followers with individualized work arrangements tailored to meet their needs, and that employees are more likely to negotiate such arrangements when the leader is considerate (Hornung et al., 2011; Liao et al., 2016). Although fairness and transparency are important in departments, we should move from a focus purely on equal treatment to one of *equitable support* in terms of what women caregivers need to be productive—this can include identifying novel ways to reduce workload or demands (e.g., satisfying service requirements with more flexible roles) and finding ways to increase autonomy for faculty based on their unique demands (e.g., offering multiple times for a course and letting faculty choose). Moreover, to avoid perceptions of favoritism, Rousseau et al. (2006) recommends that i-deals be communicated openly and be available to others who would benefit.

Fourth, DHs must involve their faculty in discussions of these issues and work to foster buy-in. We encourage DHs to proactively engage all faculty, but particularly junior faculty, in discussions regarding caregiving, especially because faculty are not always aware of existing policies and accommodations. This could occur in formal meetings and informal gatherings (e.g., faculty lunch meetings, other touchpoint events). Researchers have found that that women in academia can face backlash from colleagues in their department for pushing for change to better support women and caregivers, a backlash that is not experienced by men who do the same (e.g., Monroe et al., 2008). Thus, DHs must proactively be in regular and consistent contact with women caregivers to both understand their unique challenges *and* inform their faculty of the formal and informal avenues of caregiving support available to them, and help ensure that a supportive climate. The emergence of problematic situations in which a DH is unaware of a faculty member's struggles with caregiving or in which a woman who is pregnant and unaware of the policies related to support are the fault of the DH, not the faculty member. These regular conversations also have the benefit of normalizing such things in the department, leading to a culture that is more supportive of caregiving demands *and* caregivers. Effective DHs need knowledge of the importance of building new norms and a departmental culture that truly supports caregiving, as well as the skills to facilitate and enact these new norms. There are also likely reciprocal effects, such that DHs may experience increased job satisfaction by finding creative solutions to support colleagues and help their department succeed (Murray, 2021).

In summary, to be effective at supporting women caregivers, DHs need to see the value of doing so and view their responsibilities in ways that support, rather than hinder, faculty efforts *and* view their primary responsibility as an advocate for all faculty. We encourage DHs to act as job crafters

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(Wrzesniewski & Dutton, 2001) and to operate as servant leaders (Eva et al., 2019) to advocate for women caregiving needs. Finally, we note that these assertions have important implications for how prospective DHs might negotiate their positions. We strongly suggest they negotiate for items that are necessary for providing caregiving support and resources for their faculty (e.g., having autonomy/flexibility in areas like teaching schedules and use of budgeted funds). In doing so, they should emphasize the realistic, moral, and financial cases detailed above for supporting faculty in their caregiving. As Nooyi (2021) noted, it is possible to "approach the issue of care not just as a feminist, but as an economist. We need the best and brightest talent to progress our economy—and that means enabling women and family builders to succeed."

The role of colleagues as allies

To create a profession that truly supports female caregivers, the leadership of DHs is critical. Equally important to advancing this cause, however, is the allyship of all faculty members. Regardless of the type of faculty role held, there are opportunities to be an ally to female caregivers and, through this allyship, to contribute to the creation of a more supportive climate for motherhood in one's department, institution, and profession. Specifically, an ally is defined as a person who belongs to a dominant or majority group and strives "to end oppression in his or her personal and professional life through the support of, and as an advocate with and for, the oppressed population" (Washington & Evans, 1991, p. 195). For women faculty who are caregivers, those who hold the most potential to be impactful allies are men, particularly those who hold additional privilege through other identities such as whiteness. Of course, caregiver and noncaregiver women colleagues are also important potential allies for women caregivers to the extent that they themselves are members of dominant groups. In short, although men should feel particularly compelled to engage in caregiver-directed allyship, our call is for all faculty to use the privilege they do have to help deconstruct the barriers that female caregivers face.

Although there are numerous ways to be an ally, allyship behaviors tend to take two main forms: support and advocacy (Ashburn-Nardo, 2018; Cheng et al., 2019). Support involves making resources available to nondominant group members, and these resources often take the form of psychological support or material support. Whereas support is directed toward those who are oppressed, advocacy is outward focused, involves speaking out about discrimination and prejudice, and engaging in collective action to generate awareness of oppression and the experiences of those who are oppressed (Cheng et al., 2019). For faculty members who seek to answer our call to become more of an ally to women caregivers, support and advocacy represent the path forward. Not all support and advocacy is equally effective or appropriate for all oppressed groups, however, and so allyship for women caregivers is different than for other groups. To create a bridge between allyship in general and that which is tailored to benefit caregivers; next, we describe in detail what allyship for women caregivers looks like and entails.

Caregiver-directed allyship behaviors

As reported in Table 4, we contend that when it comes to providing allyship for women caregivers in academia, we can categorize ally efforts not only based on their focus on support and advocacy but also on the intended beneficiary(ies) of the allyship. That is, allyship for women caregivers can be directed toward a specific colleague or targeted toward all caregivers in a given workgroup (e.g., department, college, university, profession). We begin by focusing on supportive behaviors that target a specific person within a potential ally's workgroup. Here, allyship often takes the form of being present for caregivers, listening to their concerns and asking questions to surface their experiences. The provision of resources can also take on a more tangible form, such as donating sick leave hours to an expecting colleague to make up for deficient institutional support for parental leave or being available to help cover missed classes or committee meetings as needed. This

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Table 4. Examples of allyship behaviors that faculty can enact to address the needs of women caregivers

Allyship support for women caregivers
Colleague directed • Be present for caregivers and make them aware that you are there to support them • Listen to caregiver concerns • Ask questions to surface caregiver experiences • Donate leave hours to caregivers • Cover missed classes or committee meetings
System directed • Spend time educating oneself about caregiving, and the personal and professional tolls it can take on colleagues, both psychological and physical • Get involved in campus-wide initiatives directed at providing support for caregivers • When not present, form college-wide or university-wide caregiver ally groups and initiatives • Take the time to learn about what caregiver policies are available locally • Identify changes that may be needed to create an environment that is more supportive of caregivers • Provide resources to support changes reflect additional steps that would-be allies could take to support women colleagues who are caregivers
Allyship advocacy for women caregivers
Colleague directed • Speak up to minimize teaching-related burdens for their junior caregiver colleague • Interrupt performance-management meetings when issues related to caregiving demands are ignored or dismissed or used as evidence of a colleague's lack of commitment or promise • Educate other department members as to the unlevel playing field that our profession has created for caregivers
System directed • Speak up while serving on institution-level committees on behalf of caregiver needs • Seek to change processes above the department level to make them more supportive of caregivers • Bring up the challenges associated with caregiving to college and university officials • Organize sessions at professional organizations (e.g., AOM, SIOP, SMS) that provide caregivers with a platform to discuss their needs and how to address them

support is perhaps most critical before and after childbirth, but it is nonetheless needed at all stages of caregiving.

Interpersonal advocacy for caregivers is also critical. We have observed many instances when our caregiver colleagues are not in a position to advocate for themselves and are desperately in need of an ally to do so. For example, if additional or difficult teaching preps are assigned to assistant professors who are expecting or new mothers, that puts those caregivers in an impossible position. This is an example of where senior faculty members must speak up and minimize teaching-related burdens for their junior caregiver colleague. Likewise, when senior faculty meet to discuss the performance of other faculty who are not present, allies should interrupt the proceedings when issues related to caregiving demands are ignored or dismissed—or worse, when they are brought up as evidence of an individual's lack of commitment or promise; this is a chance for advocacy and education as to the unlevel playing field that our profession has created for caregivers and how it may be affecting a colleague's performance.

Beyond allyship directed at specific colleagues who are caregivers, faculty must also seize opportunities to engage in support and allyship that chips away (or tears down) the barriers facing caregivers from the department level all the way up to the profession level. In terms of providing more systemic support for caregivers, faculty can spend time educating themselves about caregiving and the personal and professional tolls it can take on individuals, both psychological and physical. Allyship groups for women caregivers are exceptionally rare, and so we encourage those seeking to provide support for caregivers on their campus to get involved in any initiatives directed at providing support for caregivers or forming college- or university-wide caregiver ally

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groups and initiatives. For example, (a) taking the time to learn about policies available locally, (b) identifying changes that may be needed to create an environment that is more supportive of caregivers, and (c) providing resources to support such changes reflect additional steps that would-be allies could take to support their caregiver colleagues.

Finally, opportunities abound for those bold individuals willing to advocate for systemic change in the climate around caregiving needs in our school and field. Perhaps the best chance to do so lies in committee work, as most of us serve on committees specifically charged with improving some aspect of our departments, schools, and institutions. As committees redesign policies and procedures, members who are caregiver allies can speak up on behalf of caregivers and ensure that revisions are made to the status quo in terms of how caregivers are treated (or ignored). For example, serving on an accreditation committee could give an ally the opportunity to constructively bring up the challenges associated with caregiving to both college officials and accreditation auditors. In addition, department and faculty meetings provide perfect forums for raising awareness of the relevance of caregiving issues in the context of school and department decision making. Likewise, senior faculty who hold leadership positions in professional organizations (e.g., SIOP, AOM, SMS) are in a unique position to effect change by organizing professional development workshops and other sessions that provide women caregivers with a platform to discuss their needs and how to address them, thus bringing additional attention to the topic and educating those (e.g., DHs and colleagues) who are in a position to provide support and advocacy for caregivers. Of course, making sure that those who attend such sessions are not just those in need of support is critical—at the SIOP 2022 panel cited above, most attendees were female graduate students and early career faculty struggling with caregiving challenges versus having people attend who are best in the position to serve as effective allies. This must change.

Misguided caregiver allyship

Although we prefer to focus on the positives and what allies can do to advance acceptance of caregiving in our field, we would be remiss if we did not also acknowledge that fellow faculty members sometimes offer advice or provide role modeling for women caregivers that (perhaps inadvertently) conveys that solving the tension between work and caregiving is the sole responsibility of the caregiver (e.g., Jones et al., 2020). For example, we have experienced directly or spoken with caregivers who were encouraged to reduce their career aspirations, find more support outside of work, or invest more time into work in response to having children as solutions to their struggles navigating pregnancy and caregiving-related demands versus actually providing the support that caregivers have said they needed. Likewise, there is sometimes a competitive climate created by fellow caregivers, who perceive that because they survived the oppression they faced as caregivers, others should as well (e.g., not offering more generous leave policies because they themselves did not have extended support or personally did not require/want it when they had children). Thus, struggling through caregiving becomes normalized, or silenced and not discussed with the next generation of scholars. Finally, because each woman's caregiving experience is unique, it can create dysfunctional comparisons among faculty that represent the opposite of the empathy, unconditional support, and needed advocacy.

Expanding beyond traditional notions of women caregiving and support

Tackling the issues in this paper has been a significant challenge, as we recognize that there are many more scenarios than those discussed where faculty need support. Because of this, we focus on four extensions directly related to our central thesis: supporting antepartum (i.e., prenatal) and postpartum maternal health, supporting male caregivers and promoting gender equity, supporting families with intersectional experiences (e.g., LGBTQ+ families), and supporting faculty with

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spousal or elder caregiving demands. Commentaries tackling these would be fruitful in continuing to advance the recommendations and support we have detailed.

Antepartum health are issues unique to women often *before* they actually have children that may impact their ability to be fully engaged in work continuously. For example, women may struggle with infertility (affecting approximately 10% of women, Office on Women's Health, 2019), intensive medical procedures to try to conceive (e.g., in vitro fertilization which takes 2–3 weeks per cycle, Mayo Clinic, 2019a), and miscarriage (affecting 10–20% of pregnancies, Mayo Clinic, 2019b). During and immediately after pregnancy, women can experience health-related challenges that are often met with stigma and taboo. For example, during pregnancy, beyond the general fatigue, nausea, pain, and discomfort, some women have hyperemesis gravidarum—extreme nausea and vomiting that can result in hospitalization (Cleveland Clinic, 2020) and require extra support before the child arrives. After childbirth, women may have postpartum depression (PPD) or anxiety (PPA), with estimates suggesting that 15% of mothers are diagnosed with PPD, making PPD "the most common complication of childcare" (Post & Leuner, 2019, p. 417), among other physical complications. As such, departments aiming to maximize their support will take steps to viewing women's caregiving more broadly, recognizing that it extends beyond just being pregnant and having a child.

Men may also serve as primary caregivers and, by extension, can experience household- and caregiving-related challenges that have typically fallen to women. As such, support for men caregivers must be part of the equation when considering gender equality in academia. Indeed, research suggests that when fathers are more involved in caregiving, not only do their spouses benefit, but so too do their children (e.g., Garfield & Isacco, 2012; Isacco et al., 2010; Yogman and Garfield 2016), their organizations (e.g., Humberd et al., 2015; Ladge et al., 2015), and the fathers themselves (e.g., Garfield, 2015; Kotelchuck & Lu 2017; Levy & Kotelchuck, 2022). Further, we agree with sentiments espoused by Hideg and Krstic (2021) that for women to receive more support in their careers, parental leave must be provided to both/all parents. As noted by O'Brien and Hapgood (2012) in their review of what drives women out of research positions, "[w]ithout equally generous paternity/partner leave, it will institutionally enforce career disadvantage to women, as well as a family disadvantage to men" (p. 1004). However, as a caveat, what also must be encouraged is the use of parental leave and other work–life supports (e.g., modified duties) for *actual* caregiving and not for research or productivity gains with a break from teaching and service, this stems back to the ways DHs talk about leave and the culture around how leave is used. At a national level, a solution that has been used by countries such as Sweden is to give leave to the couple as a whole, but to put in place a "daddy quota," where fathers must use at least 30 days of the leave or the couple loses those days entirely (Rangecroft, 2016).

It is also important to recognize that the demands and potential stigma associated with caregiving can have another layer of complexity and conflict for LGBTQ+ families (e.g., King & Cortina, 2010; Murphy et al., 2021; Sawyer et al., 2017). For same-sex families, there can be additional challenges (e.g., denial of same-sex partner benefits, stigmatization, disclosure pressures, denial of family dignity; Hennekam & Ladge, 2017, Sawyer et al., 2017) that occur on top of the challenges that we have covered here. As such, we caution faculty and departmental leaders not to operate under heteronormative assumptions of what constitutes "family" and "caregivers" when discussing and offering support. Lack of support for single parenting, divorce, and other non-normative family situations may produce additional caregiving strains, which are often excluded from formal work–life policies/practices (Greenberg & Ladge, 2019)

Further, although we focused on caregiving for children, the demands of spousal care or eldercare can similarly affect faculty members. Many of the policies/practices reviewed in Table 2, and the questions caregivers should ask in Table 3 also apply to these additional forms of caregiving demands for which faculty members may be responsible. However, unlike pregnancy, where there is often a larger awareness that a woman on faculty is having a child (i.e., the visibility of pregnancy), spousal and eldercare demands may go unseen unless these demands are explicitly

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divulged. We expect that the prevalence of both forms of demands in academia may increase in light of the medical complications associated with the COVID-19 pandemic; prior to COVID-19, Osterman (2017) had estimated that the population of those ages 65 and older requiring caregiving would double in the next 25 years. Additionally, it is possible that these demands may co-occur with childcare demands. Thus, for groups who seek to support caregivers, the conversations must be had as to what can be done to support multiple caregiving demands.

Finally, beyond these additional considerations above, we disclosed in the introduction of this work that we all primarily work for R1 classified institutions, and because of that our recommendations and stories align with our experiences at such schools. However, novel demands may emerge for caregivers at balanced or teaching-focused institutions, and/or those who hold teaching positions at R1 institutions. This is particularly the case when it comes to teaching, as higher course loads may make it difficult to accommodate all caregiving demands that women may have. We welcome commentaries specifically that focus on these issues in other institutions in order to identify areas where there is overlap in recommendations, as well as areas where such recommendations are divergent. It is also likely the case that our peers in industry—even in the U.S. where no formal paid leave exists—may have unique work arrangements from which academia can learn. We welcome the continued discussion this paper will hopefully bring.

The time to support women caregivers in academia is now

Although our field is increasingly comprised of women faculty, the policies and practices of our field largely do not acknowledge or support their critical roles as caregivers. This is particularly disheartening given that, as organizational scholars, we have generated ample evidence of the incredible costs that befall organizations that do not support women. We have detailed the ways that our field has fallen short of proper support for women caregivers; explained the consequences of these shortcomings for departments, universities, and the field at large; and provided solutions that, if implemented, would turn our profession into one in which women caregivers will thrive as opposed to languish. This paper is not merely meant to be read. It is a call to action, to be read by academic leaders and then put into practice. Let's get to work.

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Cite this article: Gabriel A. S., Allen T. D., Devers C. E., Eby L. T., Gilson L. L., Hebl M, Kehoe R. R., King E. B., Ladge J. J., Little L. M., Ou A. Y., Schleicher D. J., Shockley K. M., Klotz A. C., & Rosen C. C. (2023). A call to action: Taking the untenable out of women professors' pregnancy, postpartum, and caregiving demands. *Industrial and Organizational Psychology* **16**, 187–210. https://doi.org/10.1017/iop.2022.111