Check for updates

Article

Feminism & Psychology

Feminism & Psychology
1–24
© The Author(s) 2025
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/09593535251382745
journals.sagepub.com/home/fap
Sage

"It can be quite a dark place when you're juggling academia, your own health, somebody else's health": Women's experiences of navigating academia and adult caring responsibilities

Catherine V. Talbot[1] and **Agata B. Wezyk**[1]

Abstract
Despite the increasing presence of women in academia, there is limited understanding of the experiences of women academics with adult caring responsibilities. This photo-production study examined nine women's experiences of navigating academic work and adult caring responsibilities in the United Kingdom. Participants highlighted the challenges of fulfilling multiple roles, compounded by the patriarchal structure of academia, which hindered career advancement. Managing academic work and care created significant cognitive, physical, and emotional strain, leading to exhaustion, low mood, and stress. There was limited awareness and utilisation of formal work policies for carers, with reliance on informal agreements being common. Flexibility in academia was appreciated but led to unsociable working hours and blurred boundaries between work and personal life, with challenges also arising from unconventional workspaces. Despite the existence of carer support groups at institutions, their relevance and availability to carers of adults were questioned. Nevertheless, participants demonstrated resilience when facing adversity, and shared self-care strategies: engaging with nature was a significant practice offering grounding experiences and detachment from both work and care responsibilities. Implementing feminist-driven structures and policies is crucial to support carers and address systematic disadvantages faced by women in academic settings.

---

[1] Bournemouth University, UK

Corresponding Author:
Catherine Talbot, P127 Poole House, Bournemouth University, Talbot Campus, Fern Barrow, Poole BH12 5BB, UK.
Email: Ctalbot@bournemouth.ac.uk

Keywords
care, flexible working, gender, higher education, United Kingdom, work–life balance

In the United Kingdom (UK), women's participation within the workforce has steadily increased over recent decades (Roantree & Vira, 2018), coinciding with neoliberal feminism's emphasis on individual responsibility for "work–family balance" over systemic inequalities (Banet-Weiser et al., 2020). Despite increased workforce participation, women shoulder a disproportionate share of unpaid work, including caring responsibilities (Office for National Statistics, 2023). Care involves the nurturance of dependent others through practices such as assistance with activities of daily living, health monitoring, and social support (Robinson, 2006). Feminist scholars have long argued that unpaid care is the foundation of society, sustaining social and economic systems (see Harcourt, 2023). It is often perceived as a relational and moral responsibility, yet remains undervalued in U.K. policy and workplace structures (Doucet, 2023; Petrillo et al., 2022). Reflecting ongoing tensions between work and care, McRobbie (2015) noted how societal expectations place impossible demands on women to "balance" career success, family happiness, and social fulfilment. Through a feminist lens, the work–life balance metaphor can be critiqued for reducing personal life to family life, implying that an equal "balance" is achievable, and masking organisational structures that sustain gender inequalities (Rosa, 2022; Sørensen, 2017).

Gender inequalities are pronounced within U.K. academia, with research showing disparities in career progression, grant acquisition, and publication and citation rates (e.g., Cooper, 2019; Harris et al., 2025; Jebsen et al., 2020). Women faculty often carry heavier teaching and service loads, limiting their research time and professional development opportunities (Bhopal & Henderson, 2021). Despite comprising half of the U.K. higher education workforce, women are underrepresented in senior roles (Higher Education Statistics Agency [HESA], 2024)—a disparity attributed to part-time working to accommodate care and academia's historically male-centred design (Cooper, 2019). Feminist scholars have critiqued academia's patriarchal structure, which reinforces male exclusivity and masculine norms, particularly with the increasing marketisation of higher education (Lynch, 2010). Universities demand constant availability, flexibility, and unwavering commitment to corporate goals (Morley, 2013), idealising traits aligned with masculine norms, including high productivity, career focus, and geographical mobility (Herschberg et al., 2018). These patriarchal structures conflict with caring responsibilities (Ivancheva et al., 2019; Sümer & Eslen-Ziya, 2023), disproportionately disadvantaging women who must navigate work and family obligations (O'Brien & Hapgood, 2012), and perpetuating the belief that women must "do it all" (Williams, 2015).

Despite policies promoting equal opportunity and work–life balance, organisational cultures often fail to fully embrace these strategies (Cannizzo et al., 2019). While academia offers some flexibility, which can be beneficial to women (Kinman, 2016), it can foster expectations of constant availability, long working hours, and a culture of "total commitment" (Rafnsdóttir & Heijstra, 2013). Recent surveys show many women work over 50 hours weekly and are more inclined than men to request flexible work or family leave, often facing difficulties such as increased teaching duties or exclusion from research upon their return (Drew & Marshall, 2020). Reconciling academic work with care can lead women to sacrifice one aspect for the other, leading to labour-led or care-led affective precarity (Ivancheva et al., 2019). However, to date, research on women academics with caring responsibilities has largely focused on motherhood, and little is known about experiences of other types of care that differ in complexity and impact (Lam et al., 2022; Moreau & Wheeler, 2023). Our study addresses this gap by exploring women's experiences of navigating academic work with adult caring responsibilities in the UK.

Method

This analysis is part of a wider photo-production study that examines work–life balance among women academics with care duties in the UK. This article focuses on the findings from interviews with women with adult caring duties. The project was approved by Bournemouth University Research Ethics Committee (ID 39650).

Participants and recruitment

Participants were recruited via institutional networks for women in academia (e.g., Bournemouth University Women's Academic Network), Facebook groups (e.g., the Women in Academia Support Network Group #wiasm; POWES: Psychology of Women and Equalities Discussion Group), and our professional Twitter (now known as X) accounts. Eligibility criteria included: (a) work at an academic institution in the UK, (b) identify as a carer for an adult, (c) have access to a digital camera. The final sample included nine women from geographically diverse institutions, with different academic roles, caring for either their partner or parent(s) (see Table 1). Two participants had dual responsibilities, caring for both adults and children.

We acknowledge that our sample may have been biased toward those with the time and energy to participate, potentially excluding women most overwhelmed or fearful of employer identification, meaning our findings may present an overly optimistic portrayal. The heterogeneity of our small sample also posed challenges in drawing meaningful comparisons across specific subgroups with distinct needs, such as women caring for people with physical disabilities or advanced dementia (e.g., Dempsey et al., 2020). While this diversity allowed us to explore the broad spectrum of adult caring responsibilities, it limited our ability to attribute sense-making of work–life balance to specific care contexts.

Most participants were in heterosexual relationships, limiting our understandings of work–life balance within non-heterosexual relationships, where beliefs about labour division may differ (Murphy et al., 2021). We also recognise the lack of racial and ethnic diversity within our sample, which limits insights into the experiences of minority

Table 1. Participant characteristics.

ID	Work role	Adult care recipient
P1	Research Assistant	Partner
P2	Lecturer	Parent
P3	Lecturer/Programme Lead	Partner
P4	Research Fellow	Parent
P5	Senior Research Associate	Partner
P6	Senior Lecturer	Parent
P7	Lecturer/Programme Lead	Parents
P8	Professor	Partner
P9	Research officer	Parent

academics, who often face distinct and intersecting pressures in work and care (Bell et al., 2021; Cohen et al., 2019).

Procedure

After obtaining informed consent, participants took photographs illustrating their ideas of “work–life balance.” Photo-production was employed to capture the multimodal nature of human experience by “entering participants’ worlds” and eliciting deeper reflection of specific experiences beyond well-rehearsed narratives, which may not have surfaced in traditional interviews alone (Bates et al., 2017). This approach also promoted participant agency and enabled cogeneration of meaning through shared analysis of photographs.

Participants received a photography guide with prompts on work–life conflict, successful/unsuccessful balancing of home and work, and personal achievements. They were encouraged to take five to 10 photographs, to be uploaded to a private OneDrive folder. Subsequently, participants engaged in semistructured online interviews. These interviews began by exploring participants’ experiences as both carers and academics, followed by discussions of each photograph, such as its significance and their motivations for taking it. Interviews were recorded and transcribed to facilitate analysis.

Analysis

Interview data were analysed using reflexive thematic analysis (Braun & Clarke, 2022), guided by an interpretivist approach to understand the meanings participants ascribed to their experiences. We adopted a data-driven approach to identify patterns grounded in participants’ experiences. We began by reading each interview transcript to support an in-depth familiarisation with the data, with participants’ photographs inserted to provide context. We then discussed our initial readings of the data and compared notes on points of interest (e.g., the interplay between care and work demands, the emotional/mental aspects of care and work, and the role of flexibility). Data were then imported into NVivo 12, and both authors separately coded each transcript inductively. We then met to group codes into initial themes, which were scrutinised through discussion and visual diagramming before defining and naming each theme. While our primary focus was descriptive and data-driven, we later incorporated feminist and care scholarship to interpret the findings and frame the discussion.

We did not analyse the content of participants' photographs in this study, focusing instead on the verbal narratives they prompted. While exploring the symbolic and compositional aspects of these images could extend understandings beyond verbal narratives (e.g., McCullough & Lester, 2023), our analysis was intentionally grounded in the interview data to provide foundational understandings of participants' experiences. The photographs prompted deep reflections during the interviews; however, we also acknowledge the value of a separate, dedicated analysis of these images, which will be addressed in a subsequent paper.

Reflexive statement

We recognise our role in shaping the research and acknowledge the influence of our subjectivity throughout the process. We are self-identified feminists, committed to gender equality and social justice. We are also early career academics, having completed our PhDs within the past 5 years, and acknowledge the privileges of being White, cisgender women without caring responsibilities. However, we are attuned to the challenges faced by women in academia and the inherent stresses of higher education. We also have permanent positions but have past experiences with precarious research contracts. These aspects of our identities inform our perspectives and approach to the research.

Results and discussion

Our thematic analysis produced four interconnected themes: (a) juggling dual demands, (b) keeping the wheels spinning, (c) supportive environments, and (d) finding pockets of resilience. Each theme includes a collage of photographs that illustrates the experiences described (Table 2).

Theme 1: Juggling dual demands

Participants discussed the challenges stemming from their distinct roles as academics and carers, as well as the "intersecting layers of complexity" (P8). Three subthemes were generated: (a) complexity of caring, (b) complexity of academia, (c) being a "good carer" or a "good academic": care takes precedence (Figure 1).

Complexity of caring. While caring responsibilities varied, participants experienced significant challenges in their carer roles, with fluctuating care needs adding a further layer of complexity. For example, one participant struggled with her partner's unpredictable mental health, making it challenging to establish a consistent care routine:

Table 2. Themes overview.

Theme name	Subtheme
1. Juggling dual demands	Complexity of caring Complexity of academia Being a "good carer" or a "good academic": Care takes precedence
2. Keeping the wheels spinning	An all-consuming balancing act An empty cup
3. Supportive environments	The importance of professional services Workplace support without formality The double-edged sword of flexibility
4. Finding pockets of resilience	

> More confined to unique moments in time, rather than just an ongoing experience of, "oh we can have a routine because we know that I need to help you get dressed. I need to help shower," and there's kind of a roadmap that you can follow, whereas this condition, where it's unpredictable, you just have to be ready when it happens. (P3)

Some participants struggled with identifying as carers, mirroring findings that self-perception often involves comparison to an archetypal carer providing specific, task-based support (Knowles et al., 2016). When caring was primarily emotional or social, participants questioned the legitimacy of their role. This misalignment with the stereotypical carer may impact access to support services, as some do not readily adopt the label.

> I provide, I wouldn't say care, I would say informal support … it is very much emotional and social support. (P9)

> I start thinking, "Well am I as much of a caregiver as this other person who's doing a more full-time 24-hours-a-day, always on-call type of thing?" (P3)

Participants with multiple caring roles, such as childcare, faced added complexity and competing demands. These dual responsibilities were not just additive, they interacted in ways that magnified pressure and eroded any sense of "balance." One participant described her situation as not balancing but "surviving" (P2), highlighting the strain of cross-generational care. These dual roles also brought unique safety and emotional challenges. For example, one participant found her mother's medication a source of anxiety, fearing it could endanger her children if left in reach:

> I hate when pill boxes are lying about. And that's something my mum is not great at doing. She doesn't understand that there is another child in the house, and they can open it and she will randomly say "oh, I can't find two pills" … Because these are like proper, immunotherapy stuff, you know, so really heavy things. (P4)

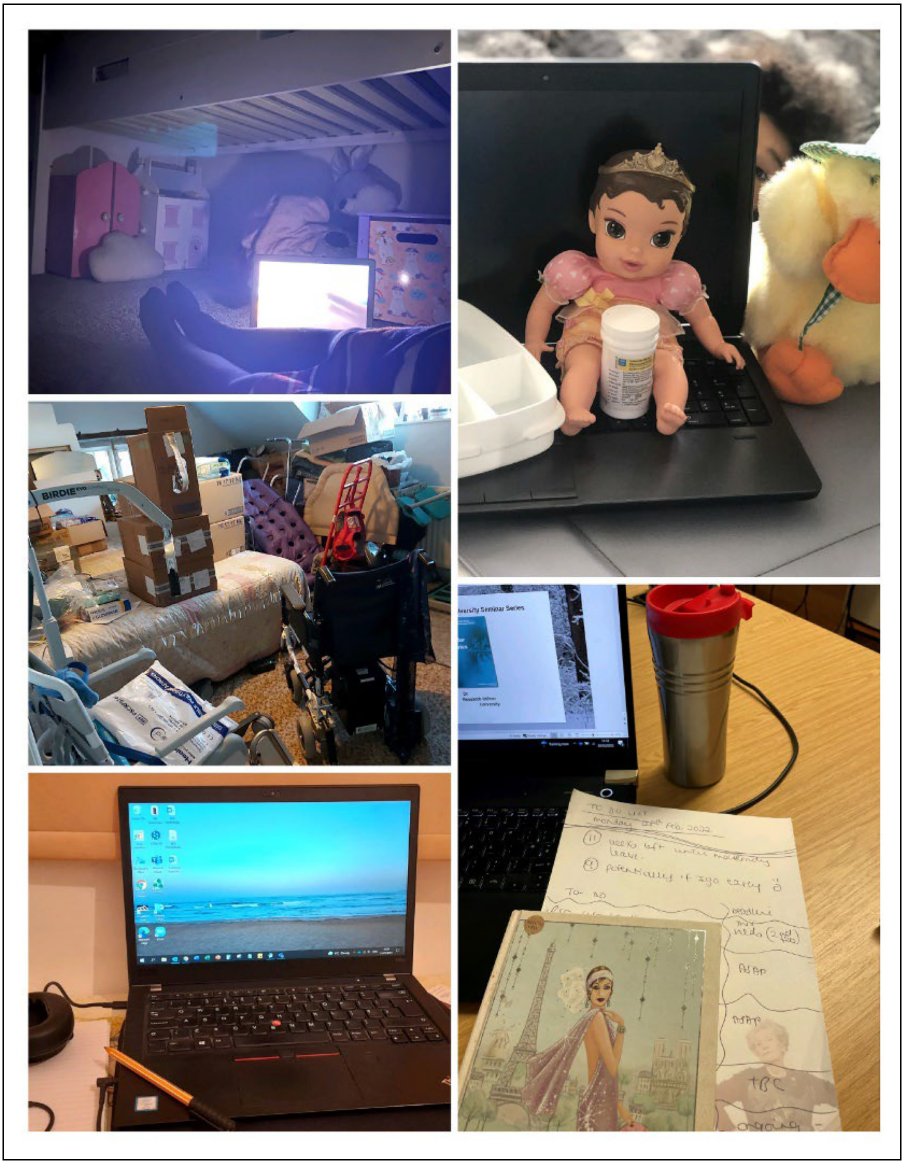

Figure 1. Photographs representing participants juggling dual demands.

These competing demands also created interpersonal tensions, particularly when one care recipient's needs seemed secondary to another's, highlighting the labour women undertake in managing tasks and relational expectations within care:

> They're totally wild children. So, it does change the dynamic, you can't really speak 'cause you're running off after them. Like my mom gets very annoyed sometimes because I'm not, I can't commit everything to her. (P2)

Participants also distinguished between types of care, often not conceptualising childcare as "care" in the same way as adult care. Childcare, though demanding, was framed as a choice, whereas adult care was experienced as imposed and a moral obligation.

> I wouldn't see my child responsibility as caring, 'cause she's my child … I only see myself as a carer for my mum. I don't see myself as a career for [daughter], I just see myself as her mum … Do you see what I mean? 'Cause I'm, it's something that I choose to do, if that makes sense. Whereas the other thing, you know, we just came about. (P4)

It was evident that women predominantly shouldered these caring responsibilities, reflecting gendered expectations that position care as women's work (Robinson, 2006). Men's involvement was rarely mentioned, highlighting the normalisation of gender inequalities in care labour.

> I've got two brothers, but they are not always really helpful … they've got more of a balance that doesn't depend on looking after mum. And in an emergency, my brothers are very close to her, so, they're sort emergency stuff. And then I'm sort, kind of longer-term stuff. (P2)

Complexity of academia. Participants also acknowledged the complexities of academia, including the demands of teaching, research, leadership, and pastoral care. They consistently described high workload pressures, frequently extending their hours beyond the typical working day.

> It's not possible to get everything done during the day … and so this is like a 10 or 11 at night that I was got back at the lab doing it. (P2)

For some, workload pressures were compounded by multiple part-time jobs, including practitioner, research, doctoral studies, or separately contracted positions. These simultaneous responsibilities often created an overwhelming sense of pressure and added complexity.

> Doing a PhD and working alongside it can be quite difficult because it feels like there's multiple work pressures on you at one time … worrying that I'm never going to reach the end, so, at the moment, everything feels quite overwhelming. (P1)

Participants critiqued academia's competitive culture as being fundamentally incompatible with care. This aligns with feminists' observations about the masculine structure of academia, where expectations of high productivity and full availability hinder women's ability to successfully navigate multiple roles (Lynch, 2010). For instance, one participant critiqued the expectation that academics should be willing to relocate to remain competitive and be a "good academic," highlighting its impracticality for carers.

> You have to move around to be a good academic. You have to take short-term contracts without any permanence, like that's difficult for somebody who's providing the majority of the income for a household and also providing majority of the practical support. (P1)

Being a "good carer" or a "good academic": Care takes precedence. Participants described a difficult and often unmanageable balancing act between work, care, and other aspects of life, with care often taking precedence. As noted by P7, "you get on with your caring stuff or you get on with your career." In reality, many found that a true balance was not achievable. Consequently, some participants reduced their working hours, but this carried financial and professional costs, particularly when research productivity drives career progression (Bowering & Reed, 2021). These concerns were echoed across participants, who reflected upon being less able to attend conferences and develop scholarly outputs.

> It's the caring responsibilities that stop these things happening … I've been constrained about going to conferences in the past. And of course, they're part of our pay progression and promotion. "Oh, you haven't been to a conference?" Well, that's because I'm fucking caring for somebody. (P8)

Some participants attempted to compartmentalise their work and caring roles with strict working hours, but for others, complete separation was nearly impossible. Boundaries between work and care were often permeable and not always respected by family members.

> I would like some understanding from her and some respect of my working hours … I don't think she really realises that I'm actually working. She thinks that I'm just playing games, or just going on Google and being on Facebook. (P4)

The dominance of care combined with the demands of academia led participants to sideline other aspects of identity, having limited time and energy to engage with meaningful activities crucial to their well-being.

> I'm aware that my own being can kind of, like, slide into the background a bit because of doing other things. (P1)

Despite these challenges, the permeation between academic and caring roles was sometimes beneficial. Some participants used their academic background to provide better care, using research to inform decisions and advocate for family members in healthcare settings.

> I'm a researcher, so I researched everything that we could possibly do to actually support his conventional treatment, which is chemotherapy … I'm not a nutritionist, but I've devised a special diet. I've got enough knowledge to, I've researched all the academic journals. (P8)

This theme highlights how participants navigated the challenges of managing their dual roles as academics and carers, with women tending to bear most care burden. Academia's high demands, competitive culture, and workload intensified this struggle, making true balance between work and care impossible. Consequently, care responsibilities frequently took precedence, limiting engagement in other identity and well-being activities.

Theme 2: Keeping the wheels spinning

Participants faced substantial demands when juggling academic and carer roles, requiring significant mental, emotional, and physical resources. This theme is divided into two subthemes, highlighting the resources needed to "keep all the wheels spinning" (P6): (a) an all-consuming balancing act, and (b) an empty cup (Figure 2).

An all-consuming balancing act. Participants found managing the "layers of complexity" associated with juggling academic and carer roles cognitively demanding. It required significant mental resources to provide care and coordinate it with work and other activities, including intensive thinking, planning, and organisational efforts.

> Toileting her in between, dealing with any crises, making sure she's got food and comfortable. Literally running with a flask and a cup of tea and say, "right mum, I'm teaching for an hour and a half, only ring your bell if there's an emergency" … it is all consuming and I'd be constantly thinking about the next thing. (P6)

These accounts reflect past research showing women often bear greater cognitive, managerial, and emotional family loads (Gaunt et al., 2022). Organising health and social care appointments was particularly demanding, as it required coordinating visits with busy work schedules and daily routines. Some carers faced the additional challenge of catering to special dietary requirements, making food preparation time-consuming and energy intensive. The need for a thorough understanding of their family members' conditions also added to the cognitive demands of care.

> There are some very complex [medical] results that she's getting as well, and I have spreadsheets where I'm kind of like tracking all her score since 2020 … how complex this is and on top of the work that I have to do. (P4)

Beyond managing physical health-related tasks, participants also took responsibility for maintaining the social and psychological health of family members. They described the considerable planning involved in arranging activities that facilitated stimulation, fostered social connection, and brought a sense of fulfilment.

> It's mainly about keeping her busy, finding things for her to do. I think that's amazing that I can, I'm doing now, just finding places that she can go, you know, and meet other people. (P4)

Participants caring for elderly relatives faced extensive travel to fulfil their academic and caring responsibilities, mirroring research showing that women's care duties increase

Figure 2. Photographs illustrating participants "keeping the wheels spinning."

their geographic mobility (de Madariaga & Zucchini, 2019). One participant reported a 2-hour commute between their workplace and where they provided care. Others relocated to their family member's home, either part-time or full-time, which proved mentally taxing. They depicted this mobility through images of packed suitcases and cars loaded with essentials for both work and care, highlighting the cognitive effort required for such arrangements.

> I'm the one that has to do all the traveling … I'm the one that has that sort of have to have two lives. I have a work–life where I go away, and I have to stay away, and then I come back, and we have to organise the cover in between. (P6)

The concept of "sticky care" (Henderson, 2021) highlights the tensions between the need for physical presence in caring and the mobility expected in academia (Herschberg et al., 2018; Sümer & Eslen-Ziya, 2023). This tension can limit carers' geographical mobility and career progression and exacerbate the challenges of balancing work and care.

An empty cup. The demands of juggling work and care took a physical and emotional toll on participants, reflecting well-documented effects of caring on mental and physical health (Schulz et al., 2020). Reports of physical exhaustion were common, particularly among those managing long-distance travel or caring for someone with advanced needs.

> Her needs were gradually increasing and increasing and increasing, and then I sort of started to realise that, crikey, it's taking me now an hour to get her up and sorted in the morning before I start work, and then by half [past] 9, I'm normally heading to bed 'cause I'm exhausted. (P6)

Participants frequently expressed emotional difficulties, including pervasive worries about their family members that permeated working spheres. Like other carers, they reported feelings of guilt arising from tensions between their roles as academics, carers, and individuals (e.g., Cherry et al., 2018). Some participants experienced "carer guilt" when prioritising personal needs over family members, while others disclosed "academic guilt" for not working as much as they believed they should.

> The guilt that comes over me when I feel like I can't fulfil my mum's needs or I say no to one of the girls, you know, "can you come for coffee?" or "can you do this?" I feel guilty, totally all the time. (P9)

> We had an occupational therapist around the house … But they all take time. Masses amount of time and again that's time I then don't spend at work and then time I feel guilty. (P5)

Furthermore, participants reported low mood, low energy, stress, and other mental health difficulties. These challenges were illustrated through photographs taken by participants, who used metaphors to convey emotional difficulties. For example, one photograph featured an "empty cup" and another depicted a "dark night":

> The cup is empty and I was feeling a bit empty. So that was to capture that moment of feeling a bit kind of low on energy and a bit kind of deflated. (P3)

> It can be quite a dark place to be in when you're juggling academia, your own health, somebody else's health. (P1)

This theme highlights the significant mental, emotional, and physical strain of managing the demands of academia and care. It involved intensive cognitive effort, and this juggling took an emotional toll, leading to low mood, fatigue, stress, and other mental health difficulties.

Theme 3: Supportive environments

To manage the demands of care and academia, participants relied upon various supportive structures. They emphasised (a) the importance of professional services, (b) workplace support without formality, and (c) the double-edged sword of flexibility (Figure 3).

The importance of professional services. Health and social care services offered essential medical, practical, and social support, helping participants manage work and personal commitments beyond caring. Paid care eased some pressures, as evidenced by one participant highlighting the valuable assistance from their local area coordinator:

> It sounds awful, but it takes the pressure off me today, thinking I don't need to rush down there on my lunchtime for a coffee to see how she is. (P9)

Using respite services (e.g., day care, home care) is a common coping strategy that reduces carer burden and improves well-being (Hawken et al., 2018). However, accessing services was challenging for participants. One participant described struggling to obtain National Health Service (NHS) physiotherapy, turning to costly private care and facing financial strain as her family's sole provider.

> The NHS is very, very, very, very, very slow … and we're now on the books to see an NHS physio. But that's very irregular and I just think she's really busy. We have found a private neuro-physio who got him back on his feet. So, we're planning to keep seeing her, but then we're paying for that. (P5)

Securing professional support was time consuming, exacerbating participants' already tight schedules. One participant mentioned spending "hours on the phone trying to book carers" (P6), only to experience cancellations and restart the process. This created logistical and emotional difficulties, leading participants to take on additional care duties involving regular long-distance travel to facilitate care, work, and personal life.

> The joy of the care system is that, because she was in hospital for 2 weeks poststroke, she then lost her care package. And so consequently, I've been having to go back and forth a bit more than I normally would. (P2)

Figure 3. Photographs illustrating supportive environments.

Workplace support without formality. Supportive colleagues and managers were crucial in enabling participants to effectively juggle work around care, but participants recognised not everyone had such supportive environments. However, formal workplace policies were rarely mentioned, with participants relying heavily on informal agreements with colleagues.

> I do have colleagues who are aware of my situation, and I'll just let them know when I'm unable to work as I would, and they've been really kind and generous with their time and really just stepping in to support me, and when I'm able to kind of return the favour, I do that. (P3)

Managers and colleagues with caring experience, especially women, were perceived as more empathetic, likely due to awareness of the care-related pressures women face (Kulkarni & Mishra, 2022). This reflects a form of "care work in academia," where women are also expected to fulfil a caring role within professional spheres.

> My manager is an older woman, and this change has come in place over the last 6 months, and my previous manager was an older male, and I can see some very stark differences in the ways in which the questions I'm asked or the kind of support that I'm provided. (P3)

Participants demonstrated limited awareness and utilisation of institutional policies for carers. For example, one participant expressed hesitancy to seek formalised solutions, fearing their employer's response. This fear, coupled with job precarity, may contribute to an invisibility of care within universities, leading carers to navigate their responsibilities privately and exacerbating the marginalisation of care-related issues in the workplace.

> I almost feel that my arrangement needs, I need to keep my head down and just carry on doing what I'm doing in case, in case the university thinks it's not a good idea. (P7)

Reluctance to disclose personal information within the workplace was an additional barrier to accessing support, as expressed by P4 who identified as someone who "doesn't really ask for help." In such cases, informal support might not suffice simply because managers or colleagues are unaware that assistance is needed. Without effective implementation of relevant policies, carers might not fully utilise the workplace accommodations they are entitled to, shifting the burden of responsibility onto the individual and relieving the institution of accountability.

> I've never actually had that conversation of "look I'm really struggling." You know, it's very much, it's up to me. The kind of response I get is "well it's up to you to put those barriers in place." And that is hard to do when you're trying to balance so much. (P9)

Participants viewed organisational policies as important for legitimising practices (e.g., working from home) and facilitating support networks. They advocated for greater awareness and clarity surrounding formal policies, highlighting the need for both carers and managers to be well informed about available organisational support.

> Probably clearer policy on looking after someone with a long-term illness … and how you can do that with a full-time job because I'm not in a position where I want to or I can go part time … I think, clearer policy for line managers as well on what that looks like … I don't think they know what to do. (P5)

Participants acknowledged carer support groups at their institutions but raised concerns about the practicalities of attending amid high workloads and competing commitments. Some participants also questioned their relevance to adult care and feared they might increase emotional burden through blurring work–life boundaries.

> There is a carers network. It's not that the university aren't doing it. It's just that, do I have the time? And that goes back then to massive workloads that we all have … They're making cuts all the time, getting rid of contracts. So, it's all intertwined really. (P9)

This suggests a disconnect between institutional support and carers' realities and highlights the need for academic institutions to reassess their support mechanisms for carers, ensuring they be accessible, relevant, and genuinely supportive of the diverse needs of their staff.

The double-edged sword of flexibility. Participants appreciated the flexibility afforded by academia, which greatly facilitated caring responsibilities. However, participants also noted the downside of flexibility, often working unsociable hours to meet their professional and caring responsibilities (e.g., "I work chaotic hours trying to fit it all in. I work in the evenings, weekends" [P9]). The lack of a traditional schedule created more permeable boundaries between work, care, and personal life. These discussions reflect the "flexibility paradox," where flexibility, while beneficial, can also intensify work–life conflict (Chung, 2022; Moreau & Robertson, 2017).

Flexible working often meant participants worked in less-than-ideal spaces, with one participant describing using "a card table and a stool" (P7) while working at her parents' home. While occasional work in unconventional settings may be manageable, prolonged work in nonergonomic settings raises health and safety concerns (Health and Safety Executive [HSE], n.d.), potentially leading to health problems, fatigue, and reduced productivity among carers.

While flexible working was generally appreciated, it heightened pressures for those juggling both adult and childcare. One participant described the struggle of maintaining boundaries between work and care, discussing the impossibility of finding uninterrupted space to work. For these women, home was not a site for productivity but a constant negotiation between competing demands.

> All these caring responsibilities and the fact that you can't actually have a bit of, you know, find a space, which is just your space to sit there and work, 'cause you can't just sit there and just ignore everything that's happening in the background. (P4)

Participants also highlighted the limitations of flexibility within work environments, expressing frustration that scheduled days off were often disregarded, resulting in extended working hours and an intrusion into their personal time. This impacted self-care and recovery, and placed the responsibility of preserving time-off directly on the individual.

> I'd work compressed hours and then for some reason, I'd have to come in and work the Friday because maybe exam day, there's no toil for that, because actually, I was full time and so effectively, I'd have worked 6 days instead of 5. (P6)

This theme shows how participants relied on professional services, informal workplace support, and flexibility to manage care and academic demands. While health and social care services were vital, accessing them was challenging and time consuming. Supportive colleagues and managers helped, but formal policies were often unknown or underused. Flexibility aided caregiving but also led to blurred boundaries, extended working hours, and compromised self-care, with participants bearing responsibility for protecting their personal time.

Theme 4: Finding pockets of resilience

Participants generally presented themselves as resilient and shared strategies for sustaining well-being. In line with Windle's (2011) definition, resilience was understood as the capacity to manage stress or adversity through personal, relational, and environmental resources. Participants framed self-care as essential to being a "good carer," highlighting the centrality of care in their lives.

> My priorities are working and caring. And then looking after myself because if I don't look after myself, I can't look after him. (P5)

Participants universally valued engaging with nature as a self-care strategy, often involving their family members to meet care needs. Nature, in particular, offered a grounding space for reflection and detachment from work and care, though participants recognised disparities in access to natural environments.

> I had a bit of a walk and there were all these paragliders … and it was just spectacular. … And that's just been really relaxing to be able to do that, and actually very lucky living where we are. (P8)

Linked with nature, participants reflected on photographs of their pets, appreciating their unconditional love and nonjudgemental companionship. Despite added responsibilities, pets supported resilience and self-care by encouraging breaks, offering distraction, and facilitating time outdoors.

> He's just reminded me that sometimes it's okay, just to be in the moment … he just is wherever he is. As opposed to anywhere else, and I think that's been helpful for me to just remember like all we have is right now. (P1)

Engagement with nature ranged from simple activities like sitting outdoors, walking, or gardening, to more intense physical activities. However, those travelling for care experienced disruptions to their routines and limited access to nature-based resources, reflecting previous findings on time constraints hindering carers' self-care practices (Sabo & Chin, 2021).

> It's not something that I can replicate when I'm at my parents', and sort of spending time with them … I have a very clear sort of strategy of how to balance my health and well-being

> alongside all the work commitments and the stresses around that. I have sort of turned that upside down a little bit by having these weeks when I've got nothing. (P7)

Some participants tailored their well-being activities to involve family members. This sometimes meant sacrificing their own preferred activities for ones that accommodated the care recipients' needs. While this prioritisation was widely accepted, it raises questions about the effectiveness of shared leisure for maintaining well-being. Psychological and physical detachment, known to aid in recovery from work (Sonnentag et al., 2022), also appeared beneficial in recuperating from caring duties.

> Listening to the birds was really significant because when I'm at my parents', my mom was on oxygen more or less constantly, and so there's always a background hum of the oxygen machine, and so actually being outside and sort of hearing natural noises … is really helpful. It's really calming and just helps to relieve any stresses. (P7)

Participants also cultivated resilience by reappraising their situations and relationships. Some participants viewed caring as deepening their family bonds, while others found comfort in practicing gratitude, focusing on small joys despite the challenges of juggling care and work.

> The coffee shop at the hospital, they do these amazing empire biscuits, so it's one of my, like highlights … yeah, like, not everything is rubbish, that they've got my coffee and my empire biscuits. So, it's not too bad. (P2)

While these everyday resources and self-care practices were important, they were sometimes inadequate for sustaining well-being in difficult circumstances. Some carers relied on medication and professional support to cope with the demands of work and care.

> The only reason I probably come across as calm and like I'm dealing with things is because of the tablets … I know they've given me some balance. (P9)

This theme shows how participants drew resilience from self-care strategies, especially engaging with nature and reappraising their experiences. These strategies offered important relief and detachment, although travel demands complicated their ability to engage in these activities. Despite these efforts, some participants required additional support through medication or professional support to sustain their well-being in the face of ongoing demands (Figure 4).

Conclusions

This study explored the underresearched experiences of women academics in the UK with adult caring responsibilities, extending understandings beyond the dominant focus on childcare (Moreau & Wheeler, 2023). Participants described the complexity of juggling multiple roles, compounded by demanding workloads and the patriarchal culture

Figure 4. Photographs illustrating moments of resilience.

of academia. For many, care was central and all-encompassing, overshadowing other identities and commitments. While some women chose part-time employment to manage care, others worried about financial and career repercussions, highlighting the tension between institutional expectations and gendered care norms (Ivancheva et al., 2019;

Sümer & Eslen-Ziya, 2023). Our findings reinforce feminist critiques of academia as a gendered institution shaped by masculine norms that marginalise caregiving and render it invisible within narratives of academic success (Ivancheva et al., 2019; Morley, 2013). By focusing on adult and intersecting care roles, our study highlights how these forms of care remain invisible, undervalued, and unsupported even within ostensibly "flexible" academic settings. Furthermore, we build on critiques of neoliberal feminist work–life balance discourses (Rosa, 2022; Sørensen, 2017), by showing that true "balance" was unattainable for carers; rather, survival was the focus, with care taking priority. The cumulative cognitive, physical, and emotional strain of juggling work and care led to exhaustion, low mood, and stress, reflecting existing literature on the well-being impacts of combined work and care (Lam et al., 2022).

Participants largely relied on informal workplace support to manage care alongside academic work, reflecting limited awareness and use of formal work policies (see Cannizzo et al., 2019; Dubois-Shaik & Fusulier, 2017). While flexibility was valued, its double-edged nature was often noted, with many participants working unsociable hours and blurring boundaries between work and personal life. This lack of effective structural support reflects feminist critiques of neoliberal academia's emphasis on individual responsibility over institutional accountability, where care is positioned as a private problem rather than a structural issue (Ivancheva et al., 2019). Although carer support groups existed, their availability and relevance to adult carers were questioned, highlighting the need for more inclusive and responsive frameworks that extend beyond parent-centric conceptions of care.

Participants demonstrated resilience and shared self-care strategies vital to their well-being. Nature was a key resource, offering grounding experiences and detachment from work and care (see Gray et al., 2024), though not all carers had access to such resources. Leisure activities also tended to involve care recipients, potentially limiting psychological detachment recuperation (Sabo & Chin, 2021; Sonnentag et al., 2022). While self-care helped manage dual demands, we remain critical of its role in institutional contexts. Self-care has been recognised as "an act of political warfare" (Lorde, 1988), yet universities often frame it through individualist discourses that deflect attention from structural challenges (Riccitelli, 2024). In neoliberal academia, self-care becomes a survival strategy but also a tool that masks the very systemic conditions that make it necessary. This is particularly relevant for carers who may be so overburdened that they lack the time, energy, or resources to practice it.

In conclusion, our study highlights the challenges faced by women academics in the UK with adult caring responsibilities, juggling the demands of work, care, and personal life. Despite the resilience demonstrated by participants, our findings highlight the need for more robust feminist-driven institutional structures, support, and policies tailored to the unique needs of carers in UK academia. Failure to address these issues risks perpetuating systematic inequalities and hindering the full participation and advancement of women in academia.

Acknowledgements

We would like to thank all participants for contributing their time and experiences, and the Women's Academic Network at Bournemouth University for supporting this research.

ORCID iDs

Catherine V. Talbot https://orcid.org/0000-0001-9353-8990
Agata B. Wezyk https://orcid.org/0000-0002-2994-254X

Funding

This research received funding from the Women's Academic Network at Bournemouth University.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

Banet-Weiser, S., Gill, R., & Rottenberg, C. (2020). Postfeminism, popular feminism and neoliberal feminism? Sarah Banet-Weiser, Rosalind Gill and Catherine Rottenberg in conversation. *Feminist Theory*, *21*(1), 3–24. https://doi.org/10.1177/1464700119842555

Bates, E. A., McCann, J. J., Kaye, L. K., & Taylor, J. C. (2017). "Beyond words": A researcher's guide to using photo elicitation in psychology. *Qualitative Research in Psychology*, *14*(4), 459–481. https://doi.org/10.1080/14780887.2017.1359352

Bell, M. P., Berry, D., Leopold, J., & Nkomo, S. (2021). Making Black Lives Matter in academia: A Black feminist call for collective action against anti-Blackness in the academy. *Gender, Work & Organization*, *28*(S1), 39–57. https://doi.org/10.1111/gwao.12555

Bhopal, K., & Henderson, H. (2021). Competing inequalities: Gender versus race in higher education institutions in the UK. *Educational Review*, *73*(2), 153–169. https://doi.org/10.1080/00131911.2019.1642305

Bowering, E., & Reed, M. (2021). Achieving academic promotion: The role of work environment, role conflict, and life balance. *Canadian Journal of Higher Education*, *51*(4), 1–25. https://doi.org/10.47678/cjhe.v51i4.188917

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Cannizzo, F., Mauri, C., & Osbaldiston, N. (2019). Moral barriers between work/life balance policy and practice in academia. *Journal of Cultural Economy*, *12*(4), 251–264. https://doi.org/10.1080/17530350.2019.1605400

Cherry, M. G., Taylor, P. J., Brown, S. L., & Sellwood, W. (2018). Attachment, mentalisation and expressed emotion in carers of people with long-term mental health difficulties. *BMC Psychiatry*, *18*, 1–11. https://doi.org/10.1186/s12888-018-1842-4

Chung, H. (2022). *The flexibility paradox: Why flexible working leads to (self-)exploitation*. Policy Press.

Cohen, S. A., Sabik, N. J., Cook, S. K., Azzoli, A. B., & Mendez-Luck, C. A. (2019). Differences within differences: Gender inequalities in caregiving intensity vary by race and ethnicity in informal caregivers. *Journal of Cross-Cultural Gerontology*, *34*(3), 245–263. https://doi.org/10.1007/s10823-019-09381-9

Cooper, O. (2019). Where and what are the barriers to progression for female students and academics in UK higher education? *Perspectives: Policy and Practice in Higher Education*, *23*(2–3), 93–100. https://doi.org/10.1080/13603108.2018.1544176

de Madariaga, I. S., & Zucchini, E. (2019). Measuring mobilities of care, a challenge for transport agendas. In C. L. Scholten & T. Joelsson (Eds.), *Integrating gender into transport planning: From one to many tracks* (pp. 145–173). Springer International Publishing.

Dempsey, L., Dowling, M., Larkin, P., & Murphy, K. (2020). Providing care for a person with late-stage dementia at home: What are carers' experiences? *Dementia*, *19*(2), 352–374. https://doi.org/10.1177/1471301218774937

Doucet, A. (2023). Care is not a tally sheet: Rethinking the field of gender divisions of domestic labour with care-centric conceptual narratives. *Families, Relationships, and Societies*, *12*(1), 10–30. https://doi.org/10.1332/204674322X16711124907533

Drew, E., & Marshall, C. (2020). Work–life balance in academia: Myth or reality? In E. Drew & S. Canavan (Eds.), *The gender-sensitive university* (pp. 52–66). Routledge.

Dubois-Shaik, F., & Fusulier, B. (2017). Understanding gender inequality and the role of the work/family interface in contemporary academia: An introduction. *European Educational Research Journal*, *16*(2–3), 99–105. https://doi.org/10.1177/1474904117701143

Gaunt, R., Jordan, A., Tarrant, P., Chanamuto, N., Pinho, M., & Wezyk, A. (2022, 31st August). *Caregiving dads, breadwinning mums: Transforming gender in work and childcare*. Nuffield Foundation. https://www.nuffieldfoundation.org/project/caregiving-dads-breadwinning-mums-creating-gender-equality-in-the-home

Gray, D., Hewlett, D., Hammon, J., & Aburrow, S. (2024). (Re)connecting with nature: Exploring nature-based interventions for psychological health and wellbeing. In N. Finneran, D. Hewlett, & R. Clarke (Eds.), *Managing protected areas: People and places* (pp. 143–166). Springer International Publishing Cham.

Harcourt, W. (2023). The ethics and politics of care: Reshaping economic thinking and practice. *Review of Political Economy*. Advance online publication. https://doi.org/10.1080/09538259.2023.2241395

Harris, R., Mate-Sanchez-Val, M., & Ruiz Marín, M. (2025). Gender disparities in promotions and exiting in UK Russell Group universities. *Applied Economics*, *57*(31), 4441–4457. https://doi.org/10.1080/00036846.2024.2361384

Hawken, T., Turner-Cobb, J., & Barnett, J. (2018). Coping and adjustment in caregivers: A systematic review. *Health Psychology Open*, *5*(2), 1–10. https://doi.org/10.1177/2055102918810659

Health and Safety Executive (HSE). (n.d.). *Managing home workers' health and safety. Overview*. https://www.hse.gov.uk/home-working/employer/index.htm

Henderson, E. F. (2021). Sticky care and conference travel: Unpacking care as an explanatory factor for gendered academic immobility. *Higher Education*, *82*(4), 715–730. https://doi.org/10.1007/s10734-020-00550-1

Herschberg, C., Benschop, Y., & van den Brink, M. (2018). Selecting early-career researchers: The influence of discourses of internationalisation and excellence on formal and applied selection criteria in academia. *Higher Education*, *76*(5), 807–825. https://doi.org/10.1007/s10734-018-0237-2

Higher Education Statistics Agency (HESA). (2024, February 2). *Higher education staff statistics: UK, 2022/23*. https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics

Ivancheva, M., Lynch, K., & Keating, K. (2019). Precarity, gender and care in the neoliberal academy. *Gender, Work & Organization*, *26*(4), 448–462. https://doi.org/10.1111/gwao.12350

Jebsen, J. M., Abbott, C., Oliver, R., Ochu, E., Jayasinghe, I., & Gauchotte-Lindsay, C. (2020). A review of barriers women face in research funding processes in the UK. *Psychology of Women and Equalities Review*, *3*(1–2), 3–14. https://doi.org/10.53841/bpspowe.2020.3.1-2.3

Kinman, G. (2016). Managing the work–home interface: The experience of women academics. In R. L. Gervais & P. M. Millear (Eds.), *Exploring resources, life-balance and well-being of women who work in a global context* (pp. 127–144). Springer International Publishing.

Knowles, S., Combs, R., Kirk, S., Griffiths, M., Patel, N., & Sanders, C. (2016). Hidden caring, hidden carers? Exploring the experience of carers for people with long-term conditions. *Health & Social Care in the Community*, *24*(2), 203–213. https://doi.org/10.1111/hsc.12207

Kulkarni, A., & Mishra, M. (2022). Aspects of women's leadership in the organisation: Systematic literature review. *South Asian Journal of Human Resources Management*, *9*(1), 9–32. https://doi.org/10.1177/23220937211056139

Lam, W. W. Y., Nielsen, K., Sprigg, C. A., & Kelly, C. M. (2022). The demands and resources of working informal caregivers of older people: A systematic review. *Work & Stress*, *36*(1), 105–127. https://doi.org/10.1080/02678373.2022.2028317

Lorde, A. (1988). Equal opportunity. *Feminist Studies*, *14*(3), 440–442. https://doi.org/10.2307/3178056

Lynch, K. (2010). Carelessness: A hidden doxa of higher education. *Arts and Humanities in Higher Education*, *9*(1), 54–67. https://doi.org/10.1177/1474022209350104

McCullough, K. M., & Lester, J. N. (2023). Beyond talk and text: Visuality and critical discursive psychology. *Qualitative Research in Psychology*, *20*(1), 74–99. https://doi.org/10.1080/14780887.2022.2090468

McRobbie, A. (2015). Notes on the perfect: Competitive femininity in neoliberal times. *Australian Feminist Studies*, *30*(83), 3–20. https://doi.org/10.1080/08164649.2015.1011485

Moreau, M.-P., & Robertson, M. (2017). *Carers and careers: Career development and access to leadership positions among academic staff with caring responsibilities*. Leadership Foundation for Higher Education. https://www.academia.edu/34326218/Carers_and_careers_Career_development_and_access_to_leadership_positions_among_academic_sta_with_caring_responsibilities

Moreau, M.-P., & Wheeler, L. (2023). Through a glass, darkly: Gazing into the field of carers in academia. *Review of Education*, *11*(1), Article e3387. https://doi.org/10.1002/rev3.3387

Morley, P. L. (2013, January). *Women and higher education leadership: Absences and aspirations*. Leadership Foundation for Higher Education. https://www.ses.unam.mx/curso2015/pdf/23oct-Morley.pdf

Murphy, L. D., Thomas, C. L., Cobb, H. R., & Hartman, A. E. (2021). A review of the LGBTQ+ work–family interface: What do we know and where do we go from here? *Journal of Organizational Behavior*, *42*(2), 139–161. https://doi.org/10.1002/job.2492

O'Brien, K. R., & Hapgood, K. P. (2012). The academic jungle: Ecosystem modelling reveals why women are driven out of research. *Oikos*, *121*(7), 999–1004. https://doi.org/10.1111/j.1600-0706.2012.20601.x

Office for National Statistics. (2023, November 9). *Time use in the UK: 23 September to 1 October 2023*. https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/timeuseintheuk/23septemberto1october2023

Petrillo, M., Bennett, M., & Pryce, G. (2022). *Cycle of caring: Transition in and out of unpaid care*. Carers UK. https://www.carersuk.org/media/bgolg5u2/cuk-carers-rights-day-research-report-2022-web.pdf

Rafnsdóttir, G. L., & Heijstra, T. M. (2013). Balancing work–family life in academia: The power of time. *Gender, Work & Organization*, *20*(3), 283–296. https://doi.org/10.1111/j.1468-0432.2011.00571.x

Riccitelli, J. (2024). "Critical self-care": Reimagining possibilities of self-care as everyday resistance in the context of the neoliberal university. *Critical Sociology*, *51*(3), 471–486. https://doi.org/10.1177/08969205241245091

Roantree, B., & Vira, K. (2018, April 27). *The rise and rise of women's employment in the UK*. Institute for Fiscal Studies. https://ifs.org.uk/publications/rise-and-rise-womens-employment-uk

Robinson, F. (2006). Beyond labour rights: The ethics of care and women's work in the global economy. *International Feminist Journal of Politics*, *8*(3), 321–342. https://doi.org/10.1080/14616740600792871

Rosa, R. (2022). The trouble with "work–life balance" in neoliberal academia: A systematic and critical review. *Journal of Gender Studies*, *31*(1), 55–73. https://doi.org/10.1080/09589236.2021.1933926

Sabo, K., & Chin, E. (2021). Self-care needs and practices for the older adult caregiver: An integrative review. *Geriatric Nursing*, *42*(2), 570–581. https://doi.org/10.1016/j.gerinurse.2020.10.013

Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020). Family caregiving for older adults. *Annual Review of Psychology*, *71*(1), 635–659. https://doi.org/10.1146/annurev-psych-010419-050754

Sonnentag, S., Cheng, B. H., & Parker, S. L. (2022). Recovery from work: Advancing the field toward the future. *Annual Review of Organizational Psychology and Organizational Behavior*, *9*(1), 33–60. https://doi.org/10.1146/annurev-orgpsych-012420-091355

Sørensen, S. Ø. (2017). The performativity of choice: Postfeminist perspectives on work–life balance. *Gender, Work & Organization*, *24*(3), 297–313. https://doi.org/10.1111/gwao.12163

Sümer, S., & Eslen-Ziya, H. (2023). Academic women's voices on gendered divisions of work and care: "Working till I drop… Then dropping." *European Journal of Women's Studies*, *30*(1), 49–65. https://doi.org/10.1177/13505068221136494

Williams, J. C. (2015). The glass ceiling and the maternal wall in academia. *New Directions for Higher Education*, *2005*(130), 91–105. https://doi.org/10.1002/he.181

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, *21*(2), 152–169. https://doi.org/10.1017/S0959259810000420

Author Biographies

Catherine V. Talbot is a Senior Lecturer in Psychology at Bournemouth University. She specialises in qualitative research methods, with current work focusing on dementia, digital technologies, and inequalities in diagnosis and care.

Agata B. Wezyk is a Lecturer in Psychology at Bournemouth University. Her research has focused on stress and health, particularly in the context of work. She is interested in various research methodologies, including creative methods.