

It Takes Two to Be Equal? Middle-Class Men Managing Care and Work during the COVID-19 Pandemic in Poland

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Abstract: The COVID-19 pandemic has posed challenges to the organisation of work and practices of care. Lockdown, the introduction of remote working in many sectors, home-schooling, and social isolation required the adoption of new strategies and solutions, resulting in the increased involvement of mothers in caring activities and the reinforcement of the cultural normativity of family. Yet some studies suggest that the share of fathers in childcare has also increased. Based on semi-structured qualitative interviews conducted as part of the ‘Men in Care’ (MiC) project with men working in international corporations (17) and their partners (7), we consider how the COVID-19 pandemic in Poland impacted men’s approach to care and parental roles. We draw on the experiences of male employees and their partners to show how the ‘interweaving’ of care and work has influenced the involvement of fathers and the division of care between partners. We examine whether the post-outbreak months, when care duties suddenly became delegated almost exclusively to parents, triggered reflections in relation to caring masculinities and challenged existing gender relations. We identified three types of fathers in our sample: task-oriented fathers, supportive fathers, and engaged fathers.

Keywords: fatherhood, caring (masculinities), organisation, COVID-19 pandemic

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Introduction: the COVID-19 pandemic and the resulting care crisis

The COVID-19 pandemic caused global changes to the economy, education, politics, and health-care systems and impacted the everyday life of citizens. Lockdown, the

closure of educational and day-care facilities and certain business sectors, and restrictions on free movement resulted in social isolation and posed challenges to the organisation of work, the provision of education, people's work-life balance, and the provision of care. This situation had negative consequences, particularly for women, but also for care providers in general. As shown by studies based on nationally representative samples for the United States, Germany, Singapore (Reichelt, Makovi, Sargsyan 2021), and England (Andrew et al. 2020), women were more likely than men to lose or quit their jobs, to be furloughed, to reduce their working hours, or to make transitions to work from home. Moreover, in Australian and German contexts survey-based studies showed that parental status was the main predictor of arising inequalities in household work (Craig, Churchill 2021; Hipp, Bünning 2020). While domestic and unpaid labour, including care duties, increased among parents of both genders during the COVID-19 crisis, women were more often than men the ones who were responsible for housework and household management, as well as for childcare and caring for elderly or sick/disabled family members.

Having seen clear evidence of the negative consequences of the pandemic on the care burden and the gender division of unpaid labour, in this article we investigate the potential of this care crisis in regard to the transformation towards more caring masculinities. Due to the lockdown, many men also started to work from home, and their engagement in childcare and household duties increased. As shown by quantitative studies in the United Kingdom (Andrew et al. 2020), Australia (Craig, Churchill 2021), and Germany (Kreyenfeld, Zinn 2021), fathers' involvement in childcare during the lockdown has nearly doubled compared to the time before the pandemic and, therefore, the gender childcare gap between parents in dual-earner households has narrowed to some extent. Interestingly, as a German study of men's unpaid workload before and during the pandemic showed, in contrast to previous research on men's involvement in childcare, it was not highly educated fathers but men with low and medium levels of education who saw the biggest increase in involvement with their children (Kreyenfeld, Zinn 2021). While provision of childcare was a stressful and novel experience for many fathers, this condition could be a transformative moment for the development of caring masculinities and of change towards the more equal division of care and household work. Interestingly, in quasi-longitudinal research, comparing two cross-sectional studies among Portuguese parents, fathers indicated overall greater growth of parental burnout than that indicated by mothers (Aguar et al. 2021), which allows us to see this moment as critical and enabling reflection and, potentially, the reconstruction of their masculine identity. Thus, we aim to analyse how men's engagement in caring practices during the first lockdown affected the division of gender roles between men and their partners, together with their understanding of care. Could this practice of greater

engagement of men in care continue after the pandemic due to a change in men's attitudes and identities?

We conducted interviews with middle-class male carers who were to a greater or lesser degree involved in caring for small children and were employed in international companies in large cities in Poland. Most of these men were working remotely, which caused an unavoidable clash between their professional and domestic lives. Also, the resources that this group had access to could be seen as crucial for the potential transformation of care practices. Education level, employment status, and employment position play a decisive role in the processes of men's changing attitudes and caring practices (Kreyenfeld, Zinn 2021; Reichelt et al. 2021). Alongside sociodemographic characteristics, we also consider previous experiences of care that may have had an impact on the pandemic response from the side of fathers – for example, cases where they shared the parental leave with the mother, thus demonstrating 'care capital'.

Beyond the impact of individual characteristics on the care response, the MIC study¹ considers the organisational level as crucial for employees' practices. The study sampled three companies that are 'leaders' in providing support to fathers, both technical and normative. Indeed, there was an observed rise of parental expectations during the pandemic towards the state and employers to mitigate the effects of the care crisis (Alon et al. 2020). National governments mainly focused on easing the burdens of combining childcare with work by introducing extraordinary parental/care leaves, care allowances, unpaid work reductions, income compensation, and other measures allowing parents to stay home from work in the case of school closure and/or cases of ill or isolated children or relatives (Cibin, Stöckelová, Linková 2021: 53). However, '[i]n most cases, policies have only indirectly considered women, mainly by building on still strong gender assumptions that assign the role of caregiver to women' (Cibin et al. 2021: 58; cf. Stovell et al. 2021: 29; UN Women 2020). As well as national initiatives, some work organisations launched interventions targeted specifically at fathers and aimed at their greater involvement in childcare (Axelsson et al. 2021: 100), others changed their workplace culture towards more flexible work, resulting in a more equitable share of housework and childcare between parents (Chung et al. 2021). It is thus interesting to understand the importance of meso-level interventions for the development of caring masculinities.

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Based on the qualitative material gathered in the wake of the COVID-19 pandemic (from April to August 2020), we analyse the experiences of middle-class men with care provision and the strategies that these men undertook to 'manage care' in the situation of a care crisis. The article starts with a theoretical discussion of caring masculinities and offers a critical analysis of its development in Poland. Next, it focuses on the care practices of fathers working in international corporations during the first months of the pandemic, placing them in the context of gender regimes in Poland and the new working conditions ushered in by remote work.

Caring masculinities – theoretical and empirical insights

Our point of departure is the concept of caring masculinities: 'masculine identities that reject domination and its associated traits and embrace values of care such as positive emotion, interdependence, and relationality' (Elliott 2016: 249). We follow Sevenhuijsen's (1998: vi) argument of care re-evaluation – namely, care becoming an important part of one's identity, activity, and morality, being inseparable from one's life, and not standing in opposition to one's independence and the fulfilment of one's own potential. Therefore, caring masculinities emerge as a result of the rejection of hegemonic masculinities and gender roles based on the breadwinner model and power relations between women and men and embracing and recognising various emotions as a part of male identities. We also argue that growing evidence of men's greater commitment in private life and therefore caring responsibilities (see Anderson 2009; Johansson 2011; Scambor et al. 2015) gives hope for a more gender equal, less violent, and more democratic future for future generations, as showed, for instance, in the Polish context by Ciaputa and Krzaklewska (2018) and Slany and Woźniak (2018). Therefore, we support Elliott's (2016: 241) concept of caring masculinities as a practice-based model understood as 'men's actual practices of care work, which (...) have the potential to change men and gender'.

The evidence suggests that caring practices not only change genders and their embodiments and understandings but also support 'the ethos of care' and affect men's identities, namely their emotions and values (Doucet 2006). Therefore, care becomes equally significant in constituting masculine identity. The incorporation of care into men's identity allows them to be engaged in paid work and in private life and to be able to manifest their interdependence and care inside and outside the family context (i.e. in their workplaces) (Sevenhuijsen 1998: 70–83; Tronto 1993). In this understanding of care, we use the concept of caring masculinities in a broad way, recognising the typology introduced by Tronto (2013), which is useful for examining the engagement of fathers. She distinguishes four categories: *caring about*, which refers to awareness of others' needs; *caring for*, i.e. taking responsibility for providing

care; *caregiving*, which refers to providing emotional and physical care activities; *care receiving*, which means the process of receiving care. Such a broad approach to care allows us to unpack the concept of care, show the diversity of its forms and practices among middle-class male carers, and, therefore, explore the gender dimensions of care.

Along with the higher education of fathers being a predictor of the incorporation of the new masculinity ideal (cf. Cannito 2019; Latshaw 2015; Marikova 2008), structural factors, including policy discourses and initiatives such as ‘family friendly’ leave, workplaces, workplace policies, tax and childcare systems, have also been found to contribute to the process of men’s greater commitment to caring practices (Kato-Wallace et al. 2014: 3).

In the analysis we also look at the trend of companies offering benefits and measures aimed at the promotion of a work-life balance but also a broader sense of well-being. Alongside flexible work arrangements, policies to reduce overwork, job sharing, and various types of leave, employers provide measures that help to improve employees’ physical, psychological, and social well-being (cf. Robertson, Cooper 2011). While some of them apply to all employees, others may be targeted at specific social groups, such as women, parents, or men. A noticeable trend in the labour market to ensure parental equality results in the implementation of measures promoting gender equality, an even share of responsibilities, and stimulating leave uptake among working fathers. Pioneering organisations introduce, for instance, a supplement to men’s salary on parental leave and additional full-paid paternity leave or support the bottom-up initiatives of working parents’ networks (see, e.g., Share the Care Foundation 2022) to equalise the chances not only of women in the labour market but also of men in childcare.

Caring masculinities, the pandemic, and Poland

Studying men and masculinities is a relatively novel perspective in Eastern Europe, including Poland (Wojnicka, Kluczyńska 2015: 8). While a growing interest of Polish researchers in studying men and their role as fathers and/or (professional) carers is clearly discernible (Fuszara 2008; Kluczyńska 2017; Suwada 2017), this research field lacks analyses focusing on other dimensions of care performed by men. Moreover, most of the existing studies examine the micro-level, looking at the individual experiences of male carers, while research on the role of organisational culture and policy in supporting parental equality and/or caring masculinities remains limited. Let us consider the potential for change towards the greater engagement of men in care in the Polish context. Like other European research on fathers, Polish studies suggest that only men who are higher up on the educational ladder and have the requisite economic resources appear to follow the trend of caring men (Sikorska 2009), while

others experience confusion and deal with diverse social demands of incorporating care into their identities and fulfilling the breadwinner role (Suwada 2017). On the other hand, studies of men in professional and home-setting caregiving – for instance, caring for their wives (Kluczyńska 2015) – prove that caring for others changes men, their understanding of masculinity, and the meaning they attach to care. This could create the basis for the transformation of masculine identities, especially when the need for care intensified during the pandemic as a result of the restrictions imposed and when, for some time at least, it was impossible for it to be delegated to institutions or other persons.

Unfortunately, the explicit familial or gendered welfare and family policy in Poland and the lack of a debate on masculinity in the public sphere do not create a good foundation for a change in men's care practices (Suwada 2017). Even though support for the partnership model has increased in recent years (up to 58% in 2020), and among men especially, only 37% of Polish families actually practise this model (CBOS 2020a). In reality, men devote themselves mainly to work, in order to provide for the family financially, while women shoulder a 'double burden' – while working for pay they also take on most of the unpaid work connected with the household and caring for children and other relatives (Warat, Ciaputa, Krzaklewska 2021: 13–15). Poland is one of the countries in the European Union with the widest gender gaps in care and domestic work, with women also assuming responsibility for the children's education (Gender Equality Index 2020). Even if we are observing an intergenerational change in the division of roles performed in households towards men's greater engagement in family and domestic life, their use of parental leave nevertheless remains at a rather low rate (Krzaklewska et al. 2016). Considering the latter aspect more closely, Poland offers parents the option to share parental leave flexibly, but only 1% of men divided parental leave with a partner and 55% of eligible men took statutory paternity leave of 2 weeks. The main barriers to this cited are financial issues (losing a salary or a job position) and women's refusal to share the leave with a partner (Barker et al. 2021: 6–7; cf. Krzaklewska et al. 2016: 19; Włodarczyk 2021: 22–23). It can also be partly explained by the still rather traditional attitudes of Polish citizens, with 77% of Poles sharing the belief that women with small children should not be working professionally (Krzaklewska et al. 2016: 15).

Consistent with global and European trends, the COVID-19 pandemic strengthened existing inequalities in Polish families, too. After announcing a state of epidemic on 20 March 2020, the government introduced several measures to combat the spread of the virus. Some of the most severe restrictions included: compulsory quarantine and the hospitalisation of people diagnosed and suspected of having COVID; the suspension of the functioning of educational facilities; a ban on free movement and mass events; the closure of certain institutions and business sectors, which in the

longer-term perspective impacted the capabilities of both genders to perform work and provide care inside and outside the family context (European Union Agency for Fundamental Rights 2020). Despite the government's introduction of the possibility to perform work remotely – which might have been an opportunity for fathers to engage more in unpaid work and a solution to help women avoid falling out of the labour market, evidence shows that twice as many women than men lost their jobs due to the pandemic (10% and 5%, respectively) and that women worked partly or solely remotely more often than men (Grudniewska 2021: 5–6). As shown by a quantitative study on the situation of women in the pandemic, almost every fifth woman surveyed declared that they had taken leave during the pandemic, with almost one in four combining paid work with family responsibilities and almost half declaring an increase in the amount of time spent doing housework during the pandemic (Fundacja Sukcesu Pisanego Szminką 2020). The closure of kindergartens, schools, and caring institutions was viewed as a barrier by 30% of women but only 19% of men. Women also more often than men (19% and 14%, respectively) lacked the opportunity to physically separate themselves from family members and friends (CBOS 2020b: 9). This may prove that caring tasks place a greater burden on women than men and they also more often express a need to have a break from their domestic commitments. This re-traditionalisation of gender roles in Polish families during the pandemic was also confirmed by a longitudinal study (Drozdowski et al. 2021). While this context does not look conducive to the transformation of men's roles, we examine here the experiences of a specific group with resources – middle-class men working remotely during the first lockdown in Poland.

Study methodology

The study was conducted during the first wave of the COVID-19 pandemic (between April and August 2020) as part of the MiC project, which was aimed at analysing the impact of organisational arrangements on men's involvement in care. Given the specific time in which the study was conducted – when all of a sudden parents and caregivers were put in a novel situation – we are aware of the limitations of its results. This implies that the caring practices of the studied men might have become more differentiated or intertwined or they may have vanished during the subsequent lockdowns.

For the purpose of this article, we employed an interpretative approach. This means that we view social reality as subjective rather than objective and thus as socially constructed and shaped by human experiences and their understanding of events within a socio-historical context (Guba, Lincoln 2009). Therefore, we sought to reconstruct how the study participants created meanings in their everyday practices

and through their lived experience of care. Given the context of the COVID-19 pandemic, we are aware that participants' experiences were an effect of the specific conditions in which families had to function, recreate their practices, and reassign meanings.

The selection criteria guiding the project were to find companies that follow best practices relating to work-life balance, promote caring masculinities, and may have policies or measures in place to address a broader-than-childcare understanding of care. Thus, international corporations in Poland were chosen, as these organisations openly support values of diversity and inclusion and provide support to their workers in the uptake of parental leave and with work-life balance policies.

Thematic interviews were conducted with 17 male employees of 3 companies and their female partners (7). The number of interviews varied between the companies, with a minimum number of 4 interviews for each organisation. In all the companies, the choice of respondents was made by the gatekeepers who identified the most relevant experts and the male employees who had already used measures enabling them to balance work and care. Their involvement in tracking down the carers was especially valuable due to their insider position and knowledge; however, such a process of identifying respondents may raise questions about potential bias – for example, in evaluating one's place of work and informed consent – as the respondent could be in a relationship of dependence with a gatekeeper. The partners were invited to take part in the interview by their partners. Four of them worked in the same company as their husbands, further motivating them to take part in the research. Another motivation expressed concerned a clear interest in gender equality issues.

Due to the COVID-19 pandemic, all the interviews were conducted online or as telephone interviews. All of the interview participants were working remotely – mostly from home – at the time of the interview. The mode of the interview made it possible to get a taste of the care arrangements among parents – for example, interviews were disrupted by children, or a respondent was taking care of a sleeping new-born.

While we sought diverse care arrangements, the final sample included fathers of small children who were in heterosexual relationships. Most of the families had two children, and the majority of them were under 10 years old. Among the partners of male carers, almost all of them worked in the corporate sector: three women were in managerial positions, others worked as specialists or consultants at different levels. One partner worked as a researcher.

The respondents granted their consent to take part in the study after receiving the relevant information. The interviews were based on guidelines that were prepared separately for the men and their partners and adapted to the respondent's professional position and caring role, and they included sections on the respondent's experience in reconciling professional work and caring duties, supportive factors and

obstacles faced while performing care duties, and programmes, measures, or policies in their companies and their evaluation of them. With the outbreak of the COVID-19 pandemic in March 2020, the scenario was updated to include questions regarding the impact of lockdown on work-life balance, the available company support, and the expected long-term impact on the organisational and individual levels.

Structured notes were made of each interview, including both a researcher summary and citations. Through a process of comparing and contrasting cases (Miles, Huberman 2000), we identified three types of respondents. The cases were analysed using the following categories: respondent's and wife's employment situation before and during the pandemic; number and age of children; division of care before and during the pandemic; support used in care; solutions used to reconcile work and care during the pandemic; and the impact of care during the pandemic on an individual level.

Fatherhood, the COVID-19 pandemic, and managing care – research findings

The COVID-19 pandemic and the following lockdown has been perceived as an opportunity to change the understanding of care and the gender division of care. Like never before, the pandemic exposed the crisis in care, which was exacerbated by the closure of educational and day-care facilities and the lack of informal help. Delegating children's education to parents and the intensification of home duties meant changes in the existing practices of childcare and questioned the possibility of reconciling work and care.

It is not easy to work remotely from home and take care of children, (...) it is a real challenge. (Father 5, two children)

On the other hand, the pandemic revealed the demand for care – both within and outside the family. No longer is this demand tied just to childcare, as other dimensions of care, especially self-care, emerged.

Formerly, I would have been able to take on more under normal circumstances. Now I don't take it on because I can't. And sometimes the hour that I would spend cleaning or doing something – ho-hum – we have a mess, but it's more important for me to go for a run and keep this so-called WLB and be in shape. (Father 1, two children)

Care has also become more broadly recognised as an inevitable aspect of one's life. As argued by our respondents, one effect of the measures introduced by the

companies to enable remote work was that providing childcare emerged from the private sphere and became a 'common issue' in the organisational sphere – childcare was more frequently visible during work meetings, teleconferences, etc., and more often discussed with other workers (cf. França et al. 2022).

Given the complexity of care, it is important to trace how the meaning of care changed and what were the most common strategies that allowed caring masculinities to emerge or develop during the COVID-19 pandemic. Below, three types of fathers are presented. Our typology is based on the individual level, focusing mostly on men's professional engagement and fatherhood, and on the meso level to illustrate how the company's policies affect men's performance of care work.

The task-oriented father

The COVID-19 pandemic has transformed work arrangements and put flexible work and remote work in the spotlight. To protect its employees, the organisations we examined adjusted the work environment to the maximum extent in terms of company operations and job duties. While this was not a new situation for male carers, as such solutions had been implemented before the COVID-19 pandemic, the long duration in which these solutions were in place posed a challenge for some of the respondents. The negative effects of office closures were felt especially by men who had little involvement in care before the pandemic (i.e. those who did not take any longer care leave and who were only engaged in childcare in their free time). While they appreciated the flexibility offered by the organisation before the pandemic, as it allowed them to organise their work so that they were able to take part in a school meeting or take children to school or to a medical appointment, in the context of the pandemic the intensification of remote work had an ambiguous impact on their care practices. On the one hand, being forced to work from home deprived them of the possibility of 'leaving their private life at home' and focusing on their professional duties as soon as they crossed the office threshold. Whether they wanted it or not, being at home all the time meant that these two spheres were constantly being intertwined, leading to a greater psychological burden but also to the need to take on new care responsibilities. Even in the latter case, the male carers from this group tried not to change their working patterns and tended to maintain their privacy when performing professional work, limiting their involvement in childcare during their working hours to logistical and technical interventions, such as checking if a child was taking part in online classes or serving children meals. Despite the considerable effort by companies to implement family-friendly measures and develop an organisational identity to embrace care as an important aspect of a worker's life, task-oriented fathers rarely benefit from the solutions aimed at advancing their skills and knowledge on childcare, health, and well-being.

But during the day, when my wife is away [at work], I take care of [the children], but it's difficult in a way, because I also work and the care is often limited to contact, like, 2–3 minutes during an hour: a question, please take a book to read, or they have to watch something on TV (...). (Father 10, two children)

Although they saw that new complications and tasks arose with the pandemic, they were still mainly focused on carrying out their work and performing care duties mostly during their free-from-work time. At the same time, the inevitability of having to combine work and care during the lockdown as well as the isolation shifted the attention of this group of male carers to self-care: their own well-being as well as their physical and psychological health. The respondent in the quotation below narrated a need to distance oneself from everyday tasks and the right to relax, without thinking about their work and care responsibilities:

For me the fact that we go on these walks, this is important. (...) Thus, it was important for me, for my mental health. There were two-three days when I didn't go out, then, by the third day, I say: No, I have to leave the house. (Father 10, two children)

Evidence from our study clearly shows that even exposure to care duties may not develop caring masculinities and their involvement in care is limited to organisational aspects and control. This type of fatherhood is based on a task-oriented approach and control over the situations at home, but most of the labour of care management continues to be performed by their wives. Fathers present themselves as the 'managers' of their families, but – in contrast to the attitude of women, described as a 'managerial matriarchate' (Titkow, Duch-Krzysztozek, Budrowska 2004) – they perform managerial tasks mostly in the areas they are responsible for and do not take on the organisation of intensified forms of entire family life. To some extent, they applied the tools they used in their work, such as roundtable discussions and making a written contract of what needed to be done and who was to take responsibility for which tasks. Even though these male carers do not describe themselves in this way, this proves that their professional identity remains central to their masculinity and their time allocated to family obligation and domestic work depends on their paid work commitment.

Interestingly, the employment status and position of our respondents' partners in some cases might have played a role in the process of the deterioration of the patterns of childcare previously provided. Although some of the fathers in this group had taken paternity leave before the pandemic and had claimed to perform an equal share of childcare responsibilities, during the first Polish lockdown they delegated the work of

childcare to a partner or other relatives. These situations occurred, on the one hand, as a consequence of the mother's temporary economic inactivity (being on maternity leave or having a break in their professional career) or working part-time. Not being preoccupied with professional work meant taking over the lion's share of childcare during lockdown despite an earlier equality in this domain.

The fact that the spouse is at home is a great help, the situation is very comfortable for us, (...) if we both worked, for example, we could only study with the children late in the evening. (Father 8, two children)

Female parents seem to be aware of the costs that women bear. This is expressed below by a respondent who works according to a more flexible work schedule than her partner during COVID-19. As his work requires working within a set schedule, she takes afternoon shifts:

Work is moving forward, we rely on nothing, we rely on a wife who has a part-time job (...) this is the kind of work for all women who are at home, who have sacrificed something and have to tackle thousands of little things in order to keep things going. (Mother 5, two children)

In one case where the respondent's partner worked on the frontlines and thus was not able to provide and share childcare, the father with children moved to stay with relatives as they were able to provide him with everyday life support with the children and their education so that he was able to mainly focus on work.

The main change for task-oriented fathers occurred in their engagement in care in after-work activities. Flexible working hours, working remotely/working from home, and the time saved from not having to commute to work gave them the opportunity to increase the amount of time spent with their relatives, especially their children, during weekdays (in the afternoon), which they had not been doing before the pandemic. Doing sport activities, walking, playing, and eating together led to the improvement of child-parent relations. Here, the impact of the pandemic is evident: it created the context for developing and appreciating the emotional aspect of caring masculinities.

In the case of my personal life, I think that this change is very positive, I can see by observing the behaviour of my younger daughter, because in this way I can spend more time with her and when I see how she reacts when I leave the room, it's like ... there is evidence that this change is very positive. (Father 7, two children)

Although the task-oriented fathers are capable of providing care and recognise the equal competency of both partners to perform this task, and their greater involvement in care is facilitated by their work organisation's culture and practices, they have not become involved in home duties or moved beyond childcare to provide their significant other with support. The COVID-19 pandemic made them open up to the emotional aspects of relations with their children, but it did not lead to a transformation of traditional domestic work patterns.

One mother also stressed the growing awareness of the father of their children's schedules and education. Also, when the mother was working, the father was the only caregiver and he took responsibility for the children:

Did the father have to get a little bit involved?

It is different now because he used to come home from work and he was done. Now it's harder for him to leave the computer (...) he sits in front of it more, but after turning off the computer he has to take care of the children, clean up, because I can't leave the room [because I'm working]. He is more aware of what is happening to them, so when he sees that they have been sitting in front of the computer for three hours... (...). An awareness of parenting grows. (Mother 5, two children)

The supportive father

The COVID-19 pandemic saw some of the male carers embark on a path of transforming their parental roles. Those fathers declared that they had already made significant changes in their care duties and work organisation before the pandemic, but they perceived themselves as 'helpers' who were supporting their wives in caring duties. The pandemic did not change the division of care in their families: the lion's share of care was still performed by their wives (or other relatives) but at the same time remote work allowed them to combine work and care and to increase their engagement in care. It is important to note, however, that their wives (or other relatives) are the main carers, many of whom took the special childcare leave that was introduced during the COVID-19 pandemic and remote working helped them to divide their working time or to have short breaks to help with childcare:

I've never used remote work before because I couldn't imagine working at home [and caring for a child], but the current situation has forced all of us to use it and I'm a bit surprised that it's possible to work [while a child is at home] and I hope that this remote work, I mean, I know that this remote work will be offered in our company and I will definitely use it. Although sometimes it's hard to combine that with a family in a flat, but, as I mentioned earlier, then my wife

goes to the in-laws or we go there together as there is a house and I'm upstairs and they're downstairs and we just try to swap on and off so that the working conditions are fine and (...) everyone can relax. (Father 12, one child)

Here it is important to note that caring during the pandemic was not limited to childcare. The male carers not only engaged in caring activities to have closer relationships with their children, but also mentioned their will to ease the burden of childcare from their wives. This shows that the pandemic has broadened the meaning of care and the pattern of caring has expanded to include care for wives. Yet, despite the fact that supportive fathers performed care duties, they often assumed the role of a helper who needed to be told what should be done. They rarely acted at their own initiative to take charge of care tasks. Nonetheless, many families even before the pandemic used different scheduling tools (even phone apps) to manage care in the family (so everything would run like 'clockwork') which may stem from their particular professional background. Yet many partners still stressed the need to reschedule their work in the new conditions or they even underlined that good organisation was the key to a happy family.

For fathers who are on their way to embracing caring masculinities, the recognition of care as an important value is reflected in a need to broaden their knowledge of care. As they want to build a more inclusive and egalitarian relationship with their children and wife, they attend expert-led meetings facilitated by their companies or trainings to enhance parenting skills and encourage men to step out of the gender division of care. With the outbreak of the COVID-19 pandemic, the organisations scaled up their programmes and offered more capacity- and skill-building webinars, which the supportive fathers perceived as encouraging their care aspirations. The pandemic, therefore, proved to be an opportunity for companies to provide specially designed measures to allow employees to combine work and care and to ensure their well-being. Importantly, in the context of the pandemic, these initiatives not only focused on engaged parenting and the reconciliation of work and care, they also promoted well-being to a greater extent, encouraging reflection on mental and physical health (especially caused by the pandemic), and raised awareness about the need to care for oneself, family members, colleagues, and communities. They clearly responded to the needs of supportive fathers by providing a broad range of activities, from webinars with experts (psychologists, dieticians, physiotherapists) to online sport activities.

The downside is that I feel like I'm at work almost all the time. And it is mentally exhausting. And that's why I need this sport more. (Father 1, one child)

Given the pandemic prevention measures, especially the closure of kindergartens and schools, the supportive fathers appreciated the online workshops/animations, in particular meetings with specialists (e.g. physiotherapist), and the internal website with materials for children that their companies offered or the informal ‘coffee meetings’ that took place to discuss day-to-day problems. In their opinion, these activities help them to advance their involvement in care and to go beyond their usual practices.

The company made efforts to do teleconferences for children, with female animators who tried to take care of these children, at least for two hours a day, but it all also requires another computer somewhere at home...

(Father 3, two children)

Given the fact that care has been normalised and become a ‘common issue’ in organisations, the meaning and practices of care have broadened to go beyond referring to childcare-related tasks provided in the family context to an understanding of care as being intertwined with work and one’s social, emotional, and physical well-being. This is reflected in the supportive fathers’ narratives for whom using a company’s programmes (e.g. workshops, meetings) helps to question hegemonic masculinity and develop non-traditional patterns of engaging in care. At the same time, the active involvement of the company in supporting carers and the solutions it offers can only be used if they reach male employees interested in developing their caring skills. As one wife summarised, work-life balance is an important factor behind the choice to work in a corporate business, even beyond the scope of the pandemic, as it provides a regular schedule:

We consciously work in large corporations because we see many advantages for family life, but we also know that we have a limited number of vacation days during the year. But we also have a very regular lifestyle, free weekends, we both have free time at the same time, it’s not like we are passing each other like ships in the night, (...) this is a big plus. (Mother 2, two children)

The engaged father

The equal division of care was observed among couples who had already shared care before the pandemic and had previously used measures to combine work and care. Even though the fathers described their relationships with their wives as being based on partnership and mutual understanding and highlighted their good relationships with their children, the pandemic created a new context for their parenthood and forced them to establish new practices and engage in managing everyday tasks to a greater extent than before. Some fathers made flexible arrangements of care and work with their partners (for instance, they regularly discussed and revised family

plans and synchronised their professional calendars), others talked about taking turns in work and care (dividing the week into 'mother's' and 'father's' days of care/work, the alternating use of care leave throughout the lockdown) and using the special care leave introduced during the pandemic.

We started early in the morning before the kids got up and then we split up during the day, roughly every two hours, and that's how we operated for two weeks, after quarantine a nanny joined us and helped with the kids.

(Father 13, one child)

I have been working remotely, my wife has also been working remotely for two months, 100% of our working time. And, unfortunately, we are extending these working hours. And we try to take turns to be with our child during these working hours. We don't want to leave him to just watch TV, we want to do something meaningful with him. (...) Because we have many calls, this is a very dynamic situation. Sometimes it's obviously stressful and very problematic, but we try to make it all easier for ourselves somehow with the planning.

(Father 12, one child)

The narratives of male carers who try to combine work and care reflect the feeling of exhaustion and intensity resulting from the co-management of care and household duties. Their commitment went beyond simply performing caring obligations: they were involved in scheduling their work obligations to fit the family schedule, caring for children, and supervising them doing home-schooling, as well as cooking and cleaning. Their narratives must also be viewed in a broader context. Firstly, such a division of work and care would not be possible without the open approach of the companies, which implemented the flexible work arrangements, and without similar attitudes in the wives' workplaces. Secondly, the equal engagement of both parents in both spheres: care and work, resulted from the mutual parental decision to share the caring responsibilities and to support each other. Indeed, both husbands and wives voiced a commitment to gender equality in the interviews. Finally, this model builds on the previous engagement of men in childcare and the close relationships they had developed with their children earlier, especially during parental leave:

The parental leave helped, because now I have a good relationship with my daughter and my son treats me the same as his mother, and although only a mother can do some activities, in most cases I can also help. Because then these relations and my presence then [during parental leave] allowed my son to accept me. (Father 17, two children)

For already engaged fathers, the COVID-19 period reinforced caring masculinities, which were understood not only as embracing care practices but also as highlighting the emotional aspect of care:

Whenever possible we try to share [childcare] because it hurts my heart when [name of a child] pulls me by the hand and I'm unfortunately chained to this laptop because I just have a call or something. It's definitely disruptive and it affects the child the most. (Father 12, one child)

The partners of the men who were previously engaged in care, in particular those who took parental leave for longer periods (a few months to half a year), rather admitted that not much had changed and that they had managed to 'find a new rhythm', but it seems that there was no negotiation of the main principles with an equal share of duties and the professional engagement of both partners being valued. Notably, some of these wives were in high managerial positions with stronger bargaining powers relating to their work schedule than the women with less flexible schedules.

Balancing work and care also posed many challenges in terms of the men's relationship with their wife, despite having partnership relations. The male carers reported facing initial conflicting situations resulting from new conditions for work (a longer working time due to care breaks during the day), overlapping meetings, negotiations on the division of household chores, and parental tiredness. The crisis-like situations are experienced at the individual level and are a result of the overlap of care, work, and home-schooling, which might negatively affect the well-being of parents.

Now, when we have been working [from home] for more than two months, this is a step in the other direction. (...) sharing work, school [obligations], and childcare responsibilities, etc., forces us to reorganise the whole process at home. This is too much, and certainly the balance between work and home is sometimes disturbed due to the fact that we are now faced with a shift of responsibilities from the school to the parents. (...) At the moment my son isn't going to school, the whole responsibility of teaching has been shifted to the pupil, to the parents, because the teachers only send the page number and the task number and verify whether it has been done. Plus, the additional responsibilities of working and raising a younger daughter. So, it's definitely a bit more difficult now. (Father 11, two children)

In the case of one father with two teenage children, the burden of combining work, care, and home-schooling and the need to care for the children led to a transformation

towards caring masculinities. When the pandemic started, he tried to 'add' childcare to his work schedule. His narrative echoed the task-oriented fatherhood model. However, as he admitted, the COVID-19 pandemic and solutions supported by his employer were key elements of his involvement in care that changed his attitude towards work and well-being:

It was a critical point in my life to balance it all – school and preschool are closed, and we need to work. It was a huge challenge, to set it up... to make breakfast, clean up, make lunch, make sure kids are not on their tablets all day, and then have an important work 'call' (meeting) with the children next to me – an international one, with 10 countries. That was a huge psychological challenge to me. In this situation, the company can't help much. Hiring a nanny? The company can't afford that. But the company did their best: my boss gave me full working time flexibility. (Father 16, two children)

According to this worker, care became a challenge to professional duties: it interrupted work routines and duties. Thanks to the care-supportive organisational culture and managers, it was possible to 'add' technical aspects of care such as serving meals or monitoring the children's activities. Yet, as the pandemic unfolded, it was evident that it was no longer possible for him to combine full-time care (and home-schooling) with full-time work. This reflection led to changes in care practices, not only to improve the care for his children but also to care for his own physical and mental health and family well-being. The narrative illustrates his shift from a breadwinner-oriented father to an engaged father for whom family relations and well-being are more important than family income. Importantly, this father shared care equally with his wife during the pandemic lockdown – each taking two days off every week to look after the children. The quality of family life formed the centre of his narrative around care and work-life balance, including considerations of the well-being of himself, his wife, and his children.

We sacrificed a slice of our salary, but no one thinks about money, sickness costs the employee, in fact you save on going to the doctor. (Father 16, two children)

Discussion

The narratives of middle-class carers working in the corporate sector show that the COVID-19 pandemic was a window of opportunity for their greater involvement in care (cf. Cullen, Murphy 2020), but the scope of change has varied. The study enriches

the body of existing scholarship by identifying three types of fathers based on their engagement in care practices before and during the pandemic: task-oriented fathers, supportive fathers, and engaged fathers. As we show, the types differ in terms of the importance of care and work, care capital, and the values and meanings attached to care. While the study was conducted during the first pandemic lockdown, with a specific sample of fathers, all working remotely and in organisations that support caring masculinities, we believe that the typology may be useful for understanding the dynamics of care engagement not just during but beyond the COVID-19 pandemic.

There is no doubt that for this group the pandemic increased the time the fathers spent with their children, allowed the men to better understand their needs and emotions, and improved the relations between fathers and children, demonstrating what Elliott (2016) and Doucet (2006) described as a shift towards incorporating care into their identity. Fathers found their involvement in different aspects of care enriching and felt it would be worth maintaining their commitment to caring after the COVID-19 pandemic. Yet, the pandemic did not lead to revolutionary changes, it increased the intensity of fathers' engagement in care duties they were already performing and highlighted the importance of self-care and family well-being. Thus, our study provides a more nuanced perspective on reconciliation strategies, concluding that only if care duties were performed before the pandemic was there potential for caring masculinities to develop in the pandemic context. This is illustrated by the differences in care practices among all types of fathers. While our study illustrates the reinforcement of care practices among task-oriented and supportive fathers, the engaged fathers continued to undertake care practices in the difficult pandemic conditions that they had already adopted before the pandemic. Moreover, the most extensive engagement was among fathers who had previously taken parental leave or engaged in longer periods of childcare. They took co-responsibility for managing care and household duties and performed caring duties equally with their female partners. For them, as emphasised by Hanlon (2012), care is an inseparable part of their identity, and it is not seen as being in opposition to their independence or fulfilment. To refer to Tronto's (2013) dimensions of care, they not only *care about* and *care for*, but also offer *caregiving*. For the engaged fathers, the emotional aspect of care is important. On the other end of the spectrum, our study highlights the practice of task-oriented fathers, who only undertake selected care duties, mostly related to after-work activities (cf. Krzaklewska et al. 2016). They recognise the value of care for building a relationship with their children, but this does not translate into other aspects of their lives, such as housework, and care duties should not be in conflict with their work obligations. The supportive fathers are located between these two types: the engagement in care is accompanied by adjustment in other spheres (such as work) in order to combine them with care responsibilities. Caregiving for them is

not separate from other aspects of their identity and is perceived as an activity that brings fulfilment and satisfaction, but they do not see their role primarily as a carer and their engagement in care is often selected and motivated by their female partner. Finally, regardless of the level of involvement in care, the narratives of the male carers provide some evidence that care is no longer linked exclusively to parenthood. The value of self-care (in all three types) and care for a partner (in the case of supportive and engaged fathers) is also directly communicated, which may be evidence of the growth and development of caring masculinities.

Embracing caring masculinities is not limited to performing caring tasks and being involved in the different stages of the care process. Equally important is recognition of the emotional aspect of care. This was also evident in the case of the fathers who took part in our study. Fathers appreciated its relational aspect, which is reflected, among others, in what Maher, Wright and Tanner (2013 in Elliott 2016) called 'relational responsibility' – a negotiation of care responsibilities and practices adjusted to the needs and individualities of the care recipients. This may be further extended to include the fathers' sensitivity and empathy towards their partners as co-carers. Moreover, all types of carers emphasised the benefits of having emotionally reciprocal relationships, such as better relationships with their children. In the case of supportive and engaged fathers, we can observe that their practices are care-oriented, focusing on the ability to care rather than protecting the ones who are cared for (Young 2003). Yet, it must also be noted that the lower the engagement in care, the more occurrences of protectiveness that were identified in the fathers' narratives.

The development of caring masculinities during the COVID-19 pandemic was possible thanks to the company's culture, practices, and solutions and access to resources available to middle-class fathers. We argue that the pandemic was a driving force in getting employee-friendly companies to value care and gender equality and an important factor for men's greater engagement in care. This is confirmed by the findings of Plantenga and Remery (2005), who argued that the organisational level is a space where most of the solutions to reconcile work and care are developed, and Crompton (2006), who highlighted the importance of a stimulating and supportive workplace for overcoming gendered practices. The changes that support caring masculinities, especially in the context of the pandemic, can be seen at several organisational levels: the provision of flexible work arrangements, a transition towards a more sensitive culture and management, an emphasis on care as a value in internal communication, and the increased visibility of engaged fathers as role models (see a more detailed discussion of this in Warat et al. 2021). However, the extent to which these changes have a positive impact – as shown by our study – depends on the eagerness of fathers to transition from a hegemonic and work-oriented to caring masculinities.

Our contribution to the discussion on the impact the COVID-19 pandemic had on men's approaches to care and parental roles is to show the strategies used by middle-class men to manage care and work under the specific conditions of the pandemic and international corporate businesses. Indeed, the sample of fathers we interviewed worked in a corporate sector highly supportive of fathers' engagement in care and often proactive in supporting caring masculinities, which is not common in the Polish context. Although our study proves that the pandemic reproduced existing models of fatherhood, it can also be seen as having provided a window of opportunity for enhancing the development of caring masculinities and broadening the meaning of care among men, but only under certain conditions. These conditions had to exist on the individual level – recognition of the value of care and the importance of partnerships among parents – and on the organisational level – in companies that allow care to be seen as a part of company's policy and employee's identity.

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