

What Makes a Difference? Exploring Micro-Praxes of Care for Parents in Academia

Ilaria Boncori¹, Emily Yarrow², Charlie Smith³

Abstract

This paper explores how caring environments, seen as relational projects, can have a positive impact and foster hope for people who are unable to conform with the ideal worker in contemporary neoliberal organizations due to their caring responsibilities. Theoretically, we articulate relational care at the individual level as empathic, practical and allyship; empirically, we draw on 31 semi-structured interviews with mothers and fathers employed as academics in the UK to explore the micro acts and micro moments of care in organizing that can make a positive difference. We contribute to research on academic careers by showing how the establishment and nurturing of caring environments through micro-level interventions enables organizing for inclusivity and hope, which supports the experiences of parents in their work and academic careers.

Keywords

care, academia, parenthood, inclusion, hope

¹ Ilaria Boncori – corresponding author, Essex Business School, University of Essex, United Kingdom, e-mail: iboncori@essex.ac.uk, <https://orcid.org/0000-0002-0156-4807>

² Emily Yarrow, Newcastle University Business School, United Kingdom, e-mail: emily.yarrow2@newcastle.ac.uk, <https://orcid.org/0000-0003-4336-5782>

³ Charlie Smith, University of Essex, United Kingdom, e-mail: charlie.smith@essex.ac.uk, <https://orcid.org/0000-0003-1881-2384>

Introduction

In organizations, the ‘good worker’ is often premised on disembodied patriarchal notions (Acker, 1990) as someone who prioritizes work over family life (Epstein et al., 1999). In academia, the masculine ‘ideal scientist’ is also premised on this unencumbered ideal worker dedicated to their profession (Benschop & Brouns, 2003, p. 200; van den Brink & Benschop, 2014, p. 17) always ready and available. However, this poses challenges for women and others (see Acker, 1990; Calás & Smircich, 1996), who become disadvantaged by bearing additional responsibilities and duties of managing work, home, and family (Hochschild & Machung, 2012). Personal responsibilities and the demands of personal lives are seen as being at odds with the notion of the ‘ideal worker’ who is expected to prioritize work, and to delegate personal duties to invisible others so they can devote long hours to their job (Williams, 2000). Thus, conflicting demands often result in workers with caring responsibilities having to surrender, delay, or compromise professional opportunities (Fredricksen-Goldsen & Scharlach, 2001; O’Connor, 2019), personifying a deficit in care which can be applied in a range of hyper competitive organizational settings.

The notion of care has a long history in Management and Organization Studies, which has evolved through significant engagement with feminist theory and sociology. Drawing from feminist philosophers such as Nel Noddings (1984), Joan Tronto (1993), and Virginia Held (2006), care has been theorized not merely as a private, moral sentiment, but as a political and organizational practice that foregrounds relationality, responsibility, and interdependence. This approach is underpinned by ethics of care (see Noddings, 1984) emphasizing the need for attentiveness and responsiveness in human relationships, providing a foundation for understanding leadership and organizational behavior through empathy and connection, rather than disembodied activity. Tronto (1993, 2010) infused the theorizing of care with a political value when linking care to questions of justice, power, and the distribution of responsibilities. In line with principle of ethics of care centering the human aspect of relationships also in the workplace (see Gilligan, 1982; Hawk, 2011), Held (2006) articulated care as a moral and social framework that could guide institutions toward more humane and socially responsive practices, and to hope in the university (Kostera, 2024). Researchers in Management and Organization Studies have then argued for organizations that value emotional labor, mutual support, and the cultivation of well-being alongside performance, in line with ethics of care that center human relations. In this way, care

becomes a counterargument to injustice, and a form of relational activism in organizations and organizing.

Care has been recognized as a relational project in established feminist scholarship, theorizing it as fundamentally grounded in connection and interdependence rather than individual action across diverse domains including political science, ethics, health, disability studies, and education. Relational care is theorized as grounded in a relational conception of ontology by scholars who are also concerned with power dynamics related to care and gendered caring praxes (see Gilligan, 1995; Tronto, 1993, 2010; Puig de la Bellacasa, 2012). Here we spotlight this relational character of care to show that care can be embraced at the individual level in ways that ignite positive impact; to illustrate what ‘care’ can look like in the everyday life of organizing; and to highlight the agentic and changemaking power of care enacted at the micro level of experience. As such, we see this type of relational care as a project that we can all espouse, promoting hope and reimagined futures (Kostera, 2024), looking at concrete ways of “doing something” (Sathish & Harzing, 2025) that counteract neoliberal “dark” academia (Fleming, 2021). Conceptually, relational care in the context of higher education can hold different roles in challenging the status quo and reimagining alternative futures and ways of organizing; it can be considered a political act (Askins & Blazek, 2017) and a form of relational activism against discrimination (Knights & Richards, 2003).

We conceptualise relational care as tripartite, comprising emotional support (*empathic care*), such as support between colleagues or from line managers who can interpret and enact formal policies more flexibly; attention to personal practical needs (*practical care*), for example through the provision of alternative work options and allowances when returning from maternity or paternity leave; as well as allyship and mentoring (*allyship care*). Critically, it is also important to highlight the notion that these individual micro moments of care, which are often deeply individualized and informal in the workplace, serve to build and sustain relational care as an ongoing praxis of organising. Here, we understand individual acts of care as those enacted by individuals, either singularly or together in a pair/group, against a backdrop of organizational care deficit.

Existing research in management and organization studies has looked particularly at the role of care for professionals in jobs that are focused on care and care ethics (i.e., nurses, carers, educators) looking at how these influence performance, outcomes and organizational goals. For

example, Kroth & Keeler (2009) expand the discussion on managerial caring by offering a relational understanding of care and a model of how managers can enact caring in their relationship with employees as a deliberate managerial strategy. Calling for research that not only theorizes care as a moral value but also as an organizational capability influencing work and wellbeing, Saks (2021) develops a multi-level model showing how caring signals from organizations, managers, and co-workers influence employee perceptions (e.g., psychological safety, engagement) and outcomes (retention, performance). In a recent paper, Bailyn and colleagues (2025) address the “crisis of care”, critiquing how management research has separated care and work, and identify myths that silo care away from formal organizational analysis. They urge scholars to study the institutional, gendered, and policy dimensions of care, which we conceptualize here through an analysis of micro praxes of relational care in academia, and as a key facet of hope and hopefulness in the neoliberal university.

Rather than considering organizational/institutional level praxes in relation to care, our paper focuses on the perspective and experience of academics with caring needs stemming from their personal lives, which are often in conflict with the expectations of their profession. Here we consider how micro acts and micro moments of care from various people in the organization (i.e., line managers, administrators, HR staff, colleagues, mentors) can make an impact on academics’ work and careers. This is akin to the notion of “microaffirmations”, which Branlat et al. (2026) see as a form of corporeal generosity holding subversive potential and “collegial generosity” in organizations, and small everyday examples of micro-kindness (Laughter, 2014). We posit that the fostering and creation of these micro moments of care are imperative given their immediacy and positive impact on academic life. Herein, we argue that relational care contributes to further understandings of the ‘the University of Hope’ (Kostera, 2024) and can be seen as an embodiment of ‘Positive Academia’ (Sathish & Harzing, 2025) whereby micro praxes of care serve as an important facet of hope and hopefulness in the university, and relational care is reimagined as a fundamental academic value that translates into everyday action.

Instead of considering what a model of care *could* do in the workplace, in this paper we derive a conceptualization of different types of micro-level care from what it *did do* for our participants. In this paper, we explore what relational caring looks like in the practicalities of everyday academic life, particularly as much of the extant literature focuses on whom academics are supposed to care for (see Smith & Ulus, 2020), rather than *how*. Thus, we bring together critical

conversations on contemporary neoliberal academic contexts (see Boncori et al., 2020) and scholarship on care in academia (Smith & Ulus, 2020) to advocate for the value of a micro approach to relational caring in this professional context. As such, our findings extend existing knowledge regarding the importance of care in organizing in two ways: theoretically, we articulate relational care at the individual level as empathic, practical and allyship; and empirically we present evidence of micro acts and micro moments of care in everyday organizing that contribute to reimagining academic futures through the lens of hope and positivity (Kostera, 2024; Sathish & Harzing, 2025).

This paper first provides an overview of contemporary neoliberal academia as the framing context of our empirical situ, before presenting our approach to relational caring. After detailing our methods, the findings highlight various aspects of the experiences of academic parents in need of receiving and providing care. We then discuss the implications of these findings in our conceptualization of the different types of care identified, in dialogue with existing research, offering a conceptualization of micro praxes of relational care. Finally, we offer concluding remarks, suggest limitations, and highlight further research avenues.

The neoliberal academic context

Like many other types of competitive organizational settings such as professional services and finance (Halrynjo & Mangset, 2022), the contemporary UK Higher Education landscape is premised on hypercompetition, individualism, and metrics-driven quantifications of success. Neoliberal academia has been criticized for its lack of care towards staff (Altan-Olcay & Bergeron, 2022; Smith & Ulus, 2020; Abdellatif, Boncori & Mandalaki, 2024), affording little space for personal care (Smith & Ulus, 2020). The sector breeds individualism focused on what ‘counts’ in metrics and personal gains which have been widely critiqued (see for instance Jackson & Heath, 2022). Consequently, the neoliberal individual (see Rottenberg, 2018) is increasingly positioned as human capital, entrepreneurial and self-investing; needing to care only for themselves and focus on their personal agenda. Smith and Ulus (2020) highlight the gravity and impact of academics’ forced reliance on self-care rather than relational care, particularly under the pressure of managing their life, work, and careers effectively. This is compounded by challenges deeply entrenched in this sector experienced at the structural, institutional and individual level such as sexism (see

Yarrow & Davies, 2024 for an articulation of different types of sexism in this professional context) and racism (see Dar et al., 2021).

The management of career and family are two aspects crucial to most individuals across professional contexts, including academia. Used as an instrument of power within the neoliberal agenda of hyper performativity (Rafnsdóttir & Heijstra, 2013), time management becomes an exclusionary process in a professional context that often requires long hours impinging on personal commitments and responsibilities, arguably further contributing to a culture that lacks care. Academic parents are often discriminated against due to constraints on their time and inability to engage in overwork and other neoliberal labor dynamics, which may become equated with lesser performance (Hebl & Foster, 2005; Hebl et al., 2007). Traditional socio/cultural notions of gender, and gendered roles, are deeply embedded in organizational structures and hierarchical power relations in the academic context (Acker, 1990; Calás & Smircich, 1996; Nkomo & Rodriguez, 2019). Often seen as ‘women’s tasks’, family and household needs have been used to exclude women from certain roles, or to question work commitment and availability (Currie, Harris & Thiele, 2000; Skelton, 2004). Work is then intertwined with social stereotypes of parenting (Okimoto & Heilman, 2012) and socio-cultural notions of ‘intensive/good mothering’, whereby parents are seen as having to prioritize children over work (Ennis, 2014; Hays, 1996). More recently, the challenges of caring responsibilities have also been problematized and related to fathers (Ladge et al., 2015), and academics at different career levels (Abdellatif, Boncori & Mandalaki, 2024; Abdellatif & Gatto, 2020). Here we build on this scholarship on academic careers to propose a way forward through micro praxes of relational care in organizations and organizing, mobilizing the notion of individualized micro moments of relational care that aid the navigation of organizations with a care deficit (Tsouroufli, 2025), serving as a form of hope and a different social imaginary (Taylor, 2004).

The value and potential of relational care

Care is a multifaceted concept that remains elusive and ambiguous (Rummery & Fine, 2012; Thomas, 1993). Gilligan (1982) poses that care ethics can be seen as a form of moral reasoning that values inter-dependence and relationality among people, which we see as increasingly challenged in the UK neoliberal Higher Education sector. Yet, care is an important relational aspect in the workplace, highlighting the value of interconnectedness and interdependence between

people, which arguably is integral in the development of hope and positivity in organizations. At its core, care in the workplace involves overall awareness and concern for employees' needs and well-being (Saks, 2021). Rummery and Fine (2012) derived three core values of care: care as a personal concern for the well-being of another; as work and activity that one endures whilst tending to another's needs; and as a social relationship, familial and enduring in nature, but also related to occupational and professional positions. When trying to understand the complexities around care, it is important to avoid the establishment of dichotomies between carers/cared for, as people can shift between those positionalities or inhabit both at the same time (Williams, 2001). This is demonstrated, for example, in Fang et al.'s (2023) study on disabled workers, in Olasunkanmi-Alimi, Natalier & Mulholland's (2022) investigation on Black women care workers, and in Ainsworth and Flanagan's (2020) research on surgeons; and it is echoed in our data on academics.

Contemporary care has been increasingly positioned as being in crisis, captured by the neoliberal agenda (Skelton, 2004), and the 'individualized individual' (Beck & Beck-Gernsheim, 2002) due to the prioritisation of individual benefit, competition, and interests. The nuanced relational character of care (Noddings, 2013), and the way in which it can be inhabited, can be articulated as praxis through 'caring for', 'caring about' and 'caring with' others, which includes the practical aspects of care, the emotional and psychological facets of care, and the practice of mobilising care to change the status quo (Tronto, 2010).

We consider care as an active and ongoing project that is not just represented and needed at the social/structural level, or the organizational/institutional level (for example through policies, training, leave entitlements) but that needs to be mobilized as an ongoing praxis at the individual level: relational, complex, iteratively negotiated, linked to power relations, equity, and different facets of organizational (in)visibility (Mumford et al., 2020). Here we espouse this position and illustrate the importance of considering this approach to care both in organizational theory and in the life of everyday organizations (e.g., 'care in-praxis'). We argue here that care in-praxis in a neoliberal context requires micro moments of care that are 'worked out consciously' (Tronto, 2010, p. 162). We see care as a social, organisational and individual responsibility. Although individual initiative cannot substitute nor make up for structural and institutional lack of care, we posit that these everyday micro acts and micro moments of care are more important than they have been given credit for. We see them as agentic forms of relational care which also re/produce hope

in academia, and contribute not only to improving academics' lives (especially parents), but also sustain academia and its value against a backdrop of neoliberal logic.

Research has highlighted the need to focus on how care is improved, facilitated, and developed in organizations (Saks, 2021). More broadly, in organizations the role of care can often be problematic because it may clash with corporate requirements, priorities and the interests of multiple stakeholders (Mumford et al., 2019). So, whilst it is proposed as useful to organizations (Mumford et al., 2020; Saks, 2021) – for example, as an underappreciated aspect of the supportive 'caring leader' who provides opportunities and helps workers' performance (Levay & Andersson Bäck, 2021) – the complexity around the embedding of care into organizational structure, everyday needs, and power dynamics, render its application more difficult (Mumford et al., 2020).

Other studies have looked into the link between care and employee wellbeing. In a notable example focusing on nursing, education, and management, Kroth and Keeler (2009) explore how managers that care for people's mental and physical wellbeing can promote an environment of trust, foster personal development, and enhance culture and communication, which can result in increased productivity, higher retention, lower absenteeism and innovation. We extend this work by looking beyond the line manager-employee relationship and by exploring micro moments of care in academia for those with caring responsibilities, to understand how this approach can make a significant difference. We focus here on the experience of employees who are parents and find themselves at the nexus of those who care and need to be cared for.

Methods and empirical situ

This research was conducted within UK academia, stemming from the understanding that experiences of parenthood at different career stages are informed by many personal, social, and contextual aspects. We draw on academics who are also parents (i.e., academic parents) in this paper as an illustration of professionals going through a personal experience which is often seen as incompatible with the widespread ideal of professionalism in this context that is untouched by personal needs. This could also apply to other groups of workers who have different personal needs conflicting with the neoliberal agenda. As such, care (redeployed here to consider the relational dynamics of care for individuals, and within their situated communities) can be seen as a key perspective to support inclusive and hopeful approaches in organizing.

Following Haynes (2007), Pullen and Simpson (2009), and Warren and Brewis (2004), participants were recruited through snowballing and an email campaign across staff networks at a UK university. Semi-structured interviews were conducted in line with ethical procedures with 31 academics (23 women and 8 men) who were employed at the same university before, during and after becoming a parent (see table 1: *Participant information*, which provides a demographic summary without pseudonym correspondence to preserve anonymity). Our participants came from 12 departments, held a range of contract types, including research-only, teaching-only, and teaching and research, ranging from post-doctoral academics to full professors. The participants' contracts varied from probationers, permanent staff, and those on shorter fixed-term contracts. Women were on average 41, while men were on average 40 years old. The average age of becoming a parent in the cohort of participants was 34 and 35 years old for women and men respectively; all were in a heterosexual relationship with a spouse/partner at the time of childbirth and the interview. The pool of participants also included three couples who had experienced parenting at the same time within the same institution. To protect anonymity, pseudonyms are used and identifying details are omitted.

It should be noted that this university structure comprises of: university-wide committees, roles and functions, academic sections and specialized professional services teams that have organization-level responsibilities; faculties, which bridge organizational needs, policies and directives with departmental/school ones; academic departments/schools, which are aggregated around subject specialties and include both academic and professional staff. In this organization, departments/schools are not seen as 'the university' but as groups of people that work with/against the broader organization, whereby there is a level of independence and self-management that is led and organized by individuals, albeit groups of individuals rather than just singular ones.

Generated through reflexive thematic analysis, our findings stem from a constructionist paradigm (Braun & Clarke, 2006). The study focused on the broad experience of parenting in academia, whereby interview questions explored participants' personal and professional experience of parenting; the impact on work and career progression; the support available for individuals in the organization overall and in departments, or through their relationships with colleagues and line managers. We applied thematic analysis to interpret our data (Fugard & Potts, 2020). The notion of care emerged as a prominent theme during the data analysis, particularly when participants discussed mechanisms of organizational support (or lack thereof); their

experience of enabling or discriminating environments; what had a positive or hindering impact on their work, career, and wellbeing; individual and group relationships. We used a constant comparison technique (see Fram, 2013), an iterative and inductive process of analyzing and reducing data (Glaser & Strauss, 2017) to generate, reduce, verify, and confirm emerging themes developed through the analysis. We identified three overarching and interconnected themes stemming from around care or lack thereof (i.e., singular individual enacted care, care implemented more broadly within the organization, and in groups or communities). These were further articulated into sub-themes which were summarized, linked, and categorized to identify commonalities, relationships, and differences to develop our presentation of the importance and impact of relational dynamics of care.

One of the three authors is a parent, which helped us problematise interpretations and assumptions, reflexively. We used the peer-debriefing technique (Lincoln & Guba, 1985) to explore and minimise researcher's bias in the data collection, the meanings created through our analysis, and the interpretation process.

Micro-praxes of relational care in academia

The findings presented in this section position the main identified facets of relational care around individuals and everyday individual micro-praxes of care. While most care, with the exception perhaps of self-care, can be considered relational, here we articulate types of relational care that can make a difference for those who have caring responsibilities and thus fail to conform to the ideal neoliberal worker/academic. While the focus of this paper is on relational care between people, it should also be acknowledged that care relationships can also be considered at the social/structural and organizational/institutional level (i.e., organization-wide policies and leave entitlements). Our participants explain the tension between these levels, and the importance of focusing on micro-level enquiry:

The people who really matter are the people that you work with and who share the work with you. Whether they will make you feel guilty for that, or they will be happy *with* you and happy *for* you. You should be prepared for all sort of possible responses, and it's good to find out how your department is likely to react. I think that's very *very* important, the *micro*-environment in which you work, not so much the organisation... but how will people make you *feel*: that's the crucial part, that that does make the difference (Sam)

Indeed, while the organisation as a whole can have policies and procedures, their interpretation and implementation often varies within teams, and across line managers:

Having the right policies at the university level is a necessary condition. Having a nursery on campus or nearby is super important. Having explicit rules that do not allow discrimination in terms of promotion and these things, that's very important. But of course, you can still have all of these in place and still have a really shitty experience in your immediate work environment. (Lou)

In our data, relational care as individual micro praxes in organisations is manifested mainly in three ways: as emotional support (*empathic care*), attention to personal practical needs (*practical care*), as well as allyship and mentoring (*allyship care*). Such individual praxes served to mitigate, overcome or enhance the social and structural or institutional lack of care towards those who need it, here illustrated through the lived experience of mothers and fathers. Our findings highlight that individual micro-level moments of care can make a significant impact on people's lives in the workplace and for their personal lives.

Empathetic care

This type of care has to do with the way people feel, which, as Sam stated above, is very important in the case of needs that seem to be competing with workplace or career requirements. The *empathetic care* relationship is linked to both emotional and mental wellbeing.

This type of care approach allowed new parents to feel less guilty about having to miss events, as reported by Frank: *people have become more understanding: if I say that I can't make it to this conference or this seminar because of my child, it's ok. So, they have been pretty understanding so far.* Also, returning to work after a long maternity leave and with children needing complex care made Rosanna rather apprehensive, but colleagues reassured her:

I found an incredibly supportive environment. I felt that I wasn't doing enough and our department administrator, who occasionally used to welcome me in the mornings, said "You realise you're a superhero just for being awake and here and having brought your bag you and your notes and knowing how to turn on a computer?! Just go there do as much as you feel like doing today, and it will get better." Everyone was very very supportive.

Not everyone had this positive experience in this organization. For Juliet, returning to work was a stressful time, and she found no empathy around her:

Academics are more like entrepreneurs or actors, it's like a risky business. Because you have to make your own goals and also everything is also very much of a gamble. Like you're writing, you're doing your research. You don't know what the results are. You're preparing for publications, but you don't know... Are they going to be published? So, it's a lot of stress, plus the baby.

In our data, empathetic care is also linked to practical care when the availability of alternative options and allowances provides a sense of trust and psychological safety, which reduced the stress of returning to work after parental leave. For example, James mentioned that “the most important thing when you have a family, when you have a child, is knowing that there is a safe space, even if you don't use it, because you keep thinking all the time ‘what if, what if’ and you know if they put a class at 9 o'clock and you cannot deliver its terrible.”

Empathetic care was often experienced as gendered, as men academics were more often praised and considered ‘good dads’ for their childcare efforts, which were instead often weaponised against women. Daria highlighted this issue:

a lot is left up to departmental level, and if you have a department where they are helpful then that's great, if you have a department where they are not helpful then it's not great. The double standard which again came up in our Athena Swan conversations holds true, where the father who has to leave work early to go to a soccer game, ‘what a wonderful dad!’. If mom has to do it, ‘ah (expression of disgust/annoyance)! she is always dealing with her kids., it's always childcare issues with her’. It was really eye opening when one of the male professors said that when his children were small he just left at 3 pm and it was fine, because he had to pick up his kids from school, with *no backlash*.

Here Daria highlights the disconnect between the organizational narrative regarding inclusion for all and the reality experienced by individuals, by connecting her circumstances to the university application to the Athena SWAN Charter. Athena SWAN is a global framework managed by Advance HE and adopted by many universities in the UK, which use it to evidence their commitment to gender equality in higher education and research. Applicants who meet the criteria, are given a bronze/silver/gold award depending on their level of gender inclusion, evaluating

efforts to improve representation, career progression, and the working environment (including issues around flexibility and caring responsibilities) for all staff.

However, regardless of the university-wide ‘badge of honour’ provided by external charters and awards, the reality on the ground can differ considerably. The emotional labour linked to the tension between caring responsibilities and workplace requirements was highlighted by Jo:

It’s a constant, a *constant* cycle of guilt that I feel every day. The demand of wanting to do really well in my job and wanting to be a good parent.

Practical care

Practical care is linked to the everyday ‘juggling’ and extra ‘life admin’ that is often required from those with caring needs at odds with workplace demands. It focuses on practical, operational and material needs. To conform to neoliberal ideals, women in particular internalised expectations of responsibility and performance by trying to fit their reproductive commitments and parenting requirements around the organization, rather than relying on a caring approach from the organization or department towards their personal needs. For example, five mothers planned their pregnancies in line with the academic year, to avoid disrupting their team and aiming for a time when workload would be easier (on themselves and others). This planning in favour of the group and the organization, rather than their own needs, was discussed by both fathers and mothers, although the physical and legal requirements around recovery and parental leave meant that women needed more planning and approval to manage their personal needs. Academic mothers were particularly aware of the effects that their pregnancy or childcare needs would have on their colleagues in relation to organizational requirements (e.g., established marking return timeframes; organization wide committees or boards; open days and other events), and so shared information of their pregnancy earlier than legally required and sought to resume their job responsibilities full time upon return from maternity leave to ensure as little disruption and inconvenience to others as possible.

Rosanna, who had a challenging pregnancy and post-partum challenges in terms of her children’s health, explained how her line managers mobilized practical care by working within the formal structures of the university to leverage the discretionary areas of their policy and maximise benefits to her:

My department has been extremely supportive in [allowing me] being away and abroad from work for the whole time of the pregnancy, which was not technically easy because you can only take 6 months at full pay of sick leave. The department and the human resources worked together to find a way for me to be paid full time throughout the pregnancy at risk by working out this arrangement, so that I would be working but from home and with duties limited to research, so that I could then go off sick leave and also get the maternity leave.

Here she mentions ‘the department’ and ‘HR’ not as an abstract organizational body, but as individuals – specifically the Head of Department and colleagues who would cover her teaching, and the HR manager who helped them negotiate grey areas of flexibilities in the policies, and who worked with her and for her to accommodate her personal needs that would have otherwise been ignored through standard organizational processes.

Both mothers and fathers noted how typically the burden of practical childcare needs rests on mothers, which frequently meant having to take care of nursery pick up/drop off time, taking children to sports activities and other commitments, which according to Paola requires ‘a PhD in Logistics’ and staying with children when they are ill. In most cases this raised brows and was faced with lack of care in the workplace, suggesting that people with caring needs lacked commitment and availability. For instance, Jenna recalls:

why should we be having meetings that start at five o’clock? If it’s in the *working* day, and it’s important enough to be in the working day, it needs to be *within* the working day. When I asked to change the meeting time, the number of fathers who said, ‘well, I don’t know’[was significant]... I thought... ‘Well, who picks up your kids, who’s with your kids between four and six?’ and they’d soon be quiet after I said that ‘cos it’s obvious that there’s someone else in the wings who does that for them.

Having flexibility in terms of working from home and working hours had a huge impact on parents’ lives (see also Clar-Novak, 2025). While some in the organisations were allowed, or even encouraged, to take advantage of leave policies and flexible arrangements, others were met with resistance. Susan shared how she “applied for the flexi work scheme so I don’t have to come in on Fridays, and I have a degree of flexibility in terms of leaving a bit early and coming in a bit late,”

which meant that she was able to work evenings and spend afternoons with her baby as she could not afford childcare as the sole breadwinner in the family.

Colleagues who engaged in practical care did so both inside and outside of the workplace as the logistics and practicalities of caring responsibilities affect both spheres of life. Many line managers agreed or suggested alternative arrangements and adjustments in terms of teaching and timetabling, which provided relief and practical solutions, particularly for foreign academics without family support nearby.

However, the relentless and non-stop nature of academic work (particularly in relation to issues around ‘publish or perish’) was noted by many, with women often saying that slowing down during maternity leave had a very significant impact on research productivity, networking and travelling for conferences or keynotes. Here practical care also manifested itself for some people in co-authors or colleagues taking on an extra share of work during others’ parental leave. Mary explained:

we’re measured against our research output, and not doing something for 6 or 8 months will have an impact, unless you’ve planned it so well in advance that you know I’ll have plenty of papers that are coming out no matter what, or you have collaborators who take the lead on something. But if you do your small solo research projects, with not a lot of grant money etc... It’s difficult. It will have an impact on your career, and it definitely had an impact on my productivity.

Daria and Lara reflected on how these expectations are not confined to research, but also related to teaching and administrative work:

Students expect me to be on email all hours, and I don’t, and I tell them, and there is kind of a sense that if you are not on email all the time you are somehow not doing your job.
(Daria)

The class was cancelled at the last minute because my child was sick. This lady came here to say that she was paying for this course, and she expected to have all her lectures, and that she thought it was unacceptable for the lectures to be cancelled... she complained, so I was told off about it by the Head, and since then I have felt huge pressure never to cancel a class. (Lara)

Allyship care

Allyship care denotes a relationship whereby those with caring needs are mentored, protected, advised or championed by others. Mentors, colleagues, partners, and workplace friends who engaged in relational caring approaches had a positive influence on parents and were often instrumental in supporting the overall group environment by promoting inclusive and hopeful work cultures.

In contrast to men's narratives, most academic mothers who identified either as primary or joint carers for their dependants felt that having family responsibilities, and particularly for young children, had been perceived negatively by some colleagues or line managers, either openly or covertly. This resulted in slower career development, often due to gender bias. In these cases, individual workers reported trying to mitigate against these behaviours by leveraging other colleagues to ignite or sustain allyship care, which often resulted in changes to group level praxis and institutional policies to their advantage.

For example, when Rosie contacted her Head of Department (HoD) to disclose her pregnancy, she was met with an abrupt response and accused of causing inconvenience, which upset her. She confided in a colleague, who took it upon her to protest with the HoD on Rosies' behalf:

I had told him [HoD] the previous day that I was pregnant, and then he criticised me to her for not telling him sooner. She gave him a bit of a talking to as to why women don't go around telling the entire world that they are pregnant as soon as they know.

These people in many cases embody the three types of care articulated here (empathetic, practical and allyship) together in their supportive role, often brokering careless relationship with less understanding people in the workplace, like in the case of Lara:

The colleague who was my supervisor was very nice, I talked to her immediately as I thought the pregnancy could go wrong. So, she was very reassuring and went to talk to the Head with me. He shrugged it off.

When such enabling people are in leadership positions within a team, they can set the tone for the group, foster hope, and create opportunities that benefit individuals and the overall team praxis. This then can ignite individual care at the singular and group level, which could then be translated or espoused by others. For example, in one of the departments, childcare needs are built within

career options and opportunities. This shows how individuals in a school/department have instigated change through care by designing supporting tools and enabling approaches/systems:

My department is a really nice place in that you can kind of go ‘mommy track’ but still have interesting projects, and that’s less true in other departments. (Simone)

We saw the important role of allyship care also in the case of people advocating against discrimination in terms of career development and role allocation. Several participants explained how they had been treated differently once they became pregnant or had a baby, particularly in the case of women academics. Paola told us that ‘*it takes a village*’ to make it all work, meaning that support must come from multiple directions when people have caring responsibilities. This was echoed by Alice, who took on the Head of Department role and noted:

You can’t have a serious leadership role and kids under 10, if you are a woman. It’s just relentless, long hours and no flexibility. You need childcare, flexibility in the workplace and nice colleagues – or you go mad.

While in most cases men’s careers were not as affected by childcare needs for our participants, many women were automatically sidelined, both by male line managers and by other women colleagues who themselves had children. Rita explained:

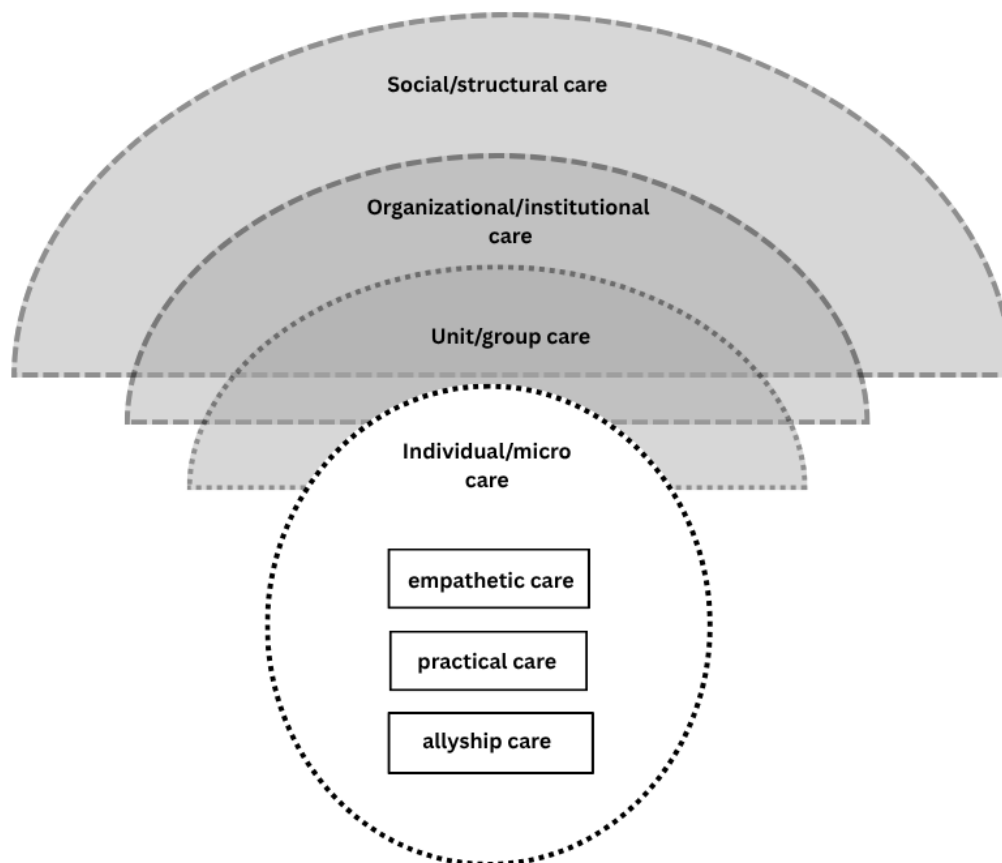
It has been very much pointed out to me that certain roles would just not be ‘right’ because you have a child. I’m not sure that that’s entirely legal. And it would have been nice to have been asked, ‘if you were to have this role, how would you go about childcare or additional hours?’. Instead, there’s just been an assumption being made from a woman with kids, which is interesting.

Discussion

This paper explores how micro praxes of relational caring can make a difference in the lived workplace experience of academic parents and contribute to hope and positivity in the university (see also Kostera, 2024; Ericsson & Kostera; 2022; Sathish & Harzing, 2025). Similarly to what Branlat et al. (2026) observe in terms of micro-affirmations that “lift” others, these small everyday moments of positive action in academia are “small building blocks in the practice of academic generosity” (Branlat et al., 2026, p. 2) that can foster a positive experience in the workplace. Based

on the insights shared by our participants, we explore different articulations and dynamics of micro care. The following conceptualization situates care in a context of neoliberal structural and organizational care deficit to show how the nexus of needing to *receive* care (from their organizations) and *provide* care (to their children) links to the types of care which may or may not be mobilized in contexts. We invite our academic readers to consider their agentic, and perhaps even activist, potential in creating and spreading these small moments of care.

Figure 1. Conceptualization of micro praxes of relational care



Within the individual/micro level of experience and organizing, we have highlighted three types of care stemming from our study. While these are directly linked to each other, they can also be experienced concurrently given that the dynamics of care are complex and malleable. Our

conceptualization also highlights that parenthood is a personal experience that bridges individual, organizational, and social boundaries informed by cultural perceptions, organizational praxes, and equality discourses.

Traditionally focused on individual perspectives, work-family research (e.g., Eby et al., 2005; Edwards & Rothbard, 2000) often suggests that the roles and expectations of parenting are incongruent and perhaps irreconcilable with the expectations of ideal workers (O'Hagan, 2018; Orgad, 2019; Toffoletti & Starr, 2016), which is clearly reflected in our data. Academic careers are often thought of as being premised on flexibility, self-regulation, and agency. However, research has shown that the growth in expectations, long[er] working hours, and additional tasks, have made this professional context increasingly stressful, ridden with inequality, and lacking autonomy (Boncori et al., 2020; Nixon & Scullion, 2022; Pereira, 2017). Our participants highlighted how this is still a reality for many in contemporary UK Higher Education. For mothers, especially those who have more of a role of primary caregiver for children, these micro praxes of care across all types identified here can make a difference in finding a better balance between childcare and professional needs, furthering their career development, and feeling valued in the workplace. What the participants' accounts highlight in terms of the gendered provision or lack of care, is that the provision of care is conditional and political, not simply an omission from the part of the organization; this is particularly apparent in the cases where two members of staff who are a family unit in the same organization are treated differently in terms of the care they receive.

Academia often rewards the ideal worker for their total commitment and expects individuals to approach their work as though they have no children (Ward & Wolf-Wendel, 2016). Research on differential gender achievement in academia emphasizes how women often take inferior positions or leave after giving birth as they commonly take on the role of primary caregivers to children (Joecks, Pull & Backes-Gellner, 2014; Mason, Wolfinger & Goulden, 2013). Leaving a profession or position of employment to take on the role of caregiving for children is a commonplace across a range of sectors and national settings; there is research suggesting how the 'parenthood penalty' holds the potential to be abated by rises in home working (Harrington & Kahn, 2025), and challenges to the ideal worker image (Clar-Novak, 2025). While our data suggest that in this regard difficulties were particularly related to lack of care that impacted practical everyday issues and barriers to work and career development for women, there remains a paucity of explorations in the literature regarding the experience of fathers, and what can make a positive

impact for all people with parenting needs (with notable exceptions, see Kelland, Lewis & Fisher, 2022). As such, there is potential for organizations, human resources staff and colleagues more generally to take a conscious caring approach to the establishment of enabling work environments that allow to counteract or minimise marginalisation by the promotion of caring affective relationships in the organisation (Hunter, Bentzen & Taug, 2020).

Our findings provide multiple examples of what a relational care approach may look like in the everyday life of organizations, from an emotional, practical and power perspective. In line with Tronto's aforementioned articulation of care as a collective project (2010), we found the relevance of these aspects of relational care in micro praxes as well. Differential treatment and the absence of care can be based on individual behavior (in this case, for example, in relation to line managers reinforcing gendered practices), professional norms (e.g., around the unencumbered ideal academic), socio-cultural expectations (e.g., around parenting responsibilities), and community dynamics (e.g., such as accepted praxis within a community). As such, relational care manifested at the micro level of the organization can become a mitigating factor against inequality and marginalization to help workers manage or overcome challenges (e.g., through practical flexible work agreements that support childcare and other personal needs; and emotional support by colleagues and mentors).

The findings highlight how, when care is addressed through the practical, emotional, and political dynamics of 'care for', 'care about' and 'care with' (Tronto, 2010), and is enacted in conjunction with an individual relational approach, it can make a significant difference for both organizations and their employees, and contribute to hope in academia. Our study highlights how simply relying upon macro (social/structural) and meso (organizational/institutional) level care is not enough to address the complexities around care giving and receiving; instead, we highlight the significance of a dynamic and interconnected approach to care in communities, their 'sub-cultures' (see Gaus, Tang & Akil, 2019) *and* individuals, to enhance inclusivity in the workplace. Following Adams, Martin & Boom's (2017) study of UK university culture and sustainability, we found that care-based praxis enacted within communities coexisting within a more generic institutional academic culture can deeply affect individuals. We therefore advocate for the centrality of care as an individual and community priority within organizations, as a fundamental value in organizations (and academia), and also as an important source of hope and activism.

Our empirical situ focuses on the experience of parents in academia as an example of a group of workers whose personal needs are often considered in conflict with professional expectations. Most participants, and particularly women, internalized the burden of the neoliberal academic (Rottenberg, 2018) placing the responsibility and accountability of productivity, career progression and wellbeing on themselves rather than on structural and organizational levels. In the absence of care, many participants highlighted that having family needs within structures that are predicated on the ‘ideal worker’, and are not created to accommodate personal needs, inhibits wellbeing, everyday productivity and long-term professional growth. This short-term attrition related to their care needs was particularly challenging in terms of job security for people on probationary contracts and early career scholars (see Murgia & Poggio, 2018); whereas for mid and late career academics, lack of relational care impacted long-term growth and career progression. Within communities of individuals (e.g., in departments or groups) these challenges were positively alleviated, contributing to hope in the university (Kostera, 2024; Ericsson & Kostera, 2022). Practical care targeting specific circumstances and needs (for example changes to timetabling, workloads and tasks, emotional pressures) mitigated against individual (e.g., from line managers and colleagues) and organizational/structural lack of care. In turn, the key practical implication of this research is the potential for better understandings of modes of relational care that positively affect individual wellbeing and engagement in work. Relational care, ‘positive academia’ (Sathish & Harzing, 2025), and hope in the [neoliberal] university are strongly interconnected, whereby acts of relational care can ignite hope and positivity, and reinforce the notion that another world is possible where organizing is premised on doing things differently.

Our findings also confirm the problematic gendering of the neoliberal academic context for both men and women. Family needs resulted in similar challenges for mothers and fathers who hold significant childcaring commitments, however similar personal circumstances were perceived and treated differently in the organization. The prominence of traditional gender roles in relation to the good mother and the ideal academic worker is reinforced by socio-cultural and institutional bias on family roles and the profession itself, whereby it was taken for granted that women would be in charge of childcare while men would prioritize work (Burnett et al., 2013; Lund, Meriläinen, & Tienari, 2019; Romero-Balsas, Muntanyola-Saura & Rogero-García, 2013). Male academics in this study with a more ‘hands on’ role in parenting also faced practical challenges (McLaughlin & Muldoon, 2014; see also Miller, 2010; Gatto, 2020), as illustrated through inadequate parental

leave entitlement, and in assumptions around childcare being carried out by their spouses (see Ainsworth & Cutcher, 2008), which meant that most fathers did not take advantage of formal structural or institutional policies that support work-life balance (see Moran & Koslowski, 2019). However, they could rely on practical and empathetic care as enabling mechanisms, regardless of their career level or involvement with childcare commitments. This socio-institutional undermining of the parenting role for men (Burnett et al., 2013) promotes the maintenance of traditional social patterns of parenting and is also reflected in the belittling of professional priorities and career opportunities for women with children. Unlike previous research, fathers in this professional context did not report negativity from peers (Burnett et al., 2013), stigma (Cook et al., 2021), and fewer job opportunities (Halrynjo & Mangset, 2022; Halrynjo, 2009). However, similarly to previous research, our findings show that overall women academics felt disadvantaged compared to men, especially after childbearing (Mason, Wolfinger & Goulden, 2013), due to gender bias, and the practicalities of childcare and the consequences of childbirth on physical wellbeing and work. Further, our findings do not support the notion of ‘demographic inertia prediction’, whereby gender bias and the related gaps belong to previous generations (Shaw & Stanton, 2012). Instead, these seem constantly (re)produced in the context of neoliberal academia, hidden behind its myths around meritocracy and agency in academic careers (Śliwa & Johansson, 2014).

Extant research suggests that becoming a mother often causes a shift in identity and priorities, whereby work, especially during the years of infancy, loses its primary position on the center stage of life (Hilfinger Messias & DeJoseph, 2007). In our study, empathetic care seemed particularly beneficial in helping mothers navigate these shifting identities and emotions such as guilt, feeling of not being enough or being undervalued. Our participants contradict the over-generalized de-prioritizing of work and career development for mothers (Tsouroufli et al., 2025; Davies, Healey & Cliffe, 2016; Howe-Walsh & Turnbull, 2016), instead highlighting how relational care in-praxis and allyship care can diminish work-family conflict and career obstacles. This also the case of practical care that helped women manage the ‘juggling’ of family and career, but also resonated with allyship care as others advocated for mothers’ rights in the workplace. What makes a positive impact on parents in the workplace is the everyday relational care approach enacted by individuals to counteract inequality (Burkinshaw, Cahill & Ford, 2018) through micro

moments and praxes of relational care, which contribute to hope in the contemporary neoliberal university.

Concluding remarks

Contributing to studies on academic careers and to the theorizing of care, this article advocates the foregrounding of a relational approach to care inhabited in organizational praxes at the micro level, and as a key element in a different social imaginary (Taylor, 2004) of universities and organizations. Theoretically, we develop a conceptualization of *relational care articulated as micro-praxes* that make a difference in the everyday life of organising. Empirically, we position these *micro acts and micro moments of care* not only as a form of survival for academic parents in the neoliberal academy, but also as an important articulation of relational care in a context of care deficit enhanced by neoliberal expectations in UK academia. Further, we contribute to literature on academic careers by illustrating the positive impact of micro relational care in the workplace through the experience of academic parents in a professional context that is premised on neoliberal, masculine, and privileged power dynamics which affect people's wellbeing and ability to flourish both personally and in the workplace. We highlight how individual and community dynamics can interact to contrast and reinforce in/equality relegating academics with personal responsibilities to the 'ivory basement' (Fitzgerald, 2012).

Overall, the findings of this paper extend existing knowledge regarding the importance of care in organizing. However, it is important to acknowledge the limitations of this research and to signpost potential future areas for research. In terms of methods, all participants in this research had the experience of becoming parents whilst employed at the same institution, but only eight of our participants identified as men. The experience of our fathers does not support previous research suggesting that they face negative peer relations, stigma, and social mistreatment (see Kelland, Lewis & Fisher, 2022); however, further research into this particular population would be interesting. From our study, it would seem that micro moments of care are particularly beneficial to mothers; however, the limited number of fathers in this research makes it impossible for us to speculate, and it would be interesting to explore this matter in further research.

Although the purpose of this qualitative study was understanding individual experiences rather than offering generalizations, the lack of diversity in our family type was a limitation that is often encountered in this field (see Kelliher, Richardson & Boiarintseva, 2019). For example,

having access to parents in same sex relationships, or single academic parents, could enrich understandings of different types of needs and experiences. As the findings show, the analysis stemming from the three couples who had experienced parenting within the same institution suggested differential treatment and gender bias; thus, it would be useful to conduct further studies with parent couples exploring this issue specifically. This paper focuses on parenthood as an illustration of a personal lived experience that is often considered at odds with the notion of the disembodied unencumbered ideal worker; however further research could usefully explore different needs and responsibilities (e.g., elderly care, disability or illness care) that often result in challenges and barriers in the workplace.

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Table 1. Participant information

Participant ID code	Gender	Age*	Child age**	Country of origin***	Parental leave taken	Childcare (in order of responsibility/ time share)
F1	F	34	Pre-schooler	Europe	2 months	Main carer Other: family members, nursery
F2	F	44	Pre-schooler Primary-school age	UK	12 months 12 months	Main carer Other: family members, nursery
F3	F	36	Pre-schooler	Asia	9 months	Main carer Other: nursery
F4	F	40	Primary school age Primary school age	UK	2 months 2 months	Partner is main carer

F5	F	48	Primary school age	Europe	6 months	Equal share with partner Other: nursery, childminder, family members
F6	F	49	Primary school age	Asia	6 months	Main carer Other: childminder
F7	F	33	Pre-schooler	North America	12 months	Partner is main carer Other: nursery
F8	F	49	Primary school age Primary school age	UK	6 months 10 months	Main carer Other: nursery, family, childminder
F9	F	45	Pre-schooler	Europe	3 months	Equal share with partner Other: nursery

F10	F	46	Adult	UK	2 months	Main carer
			Secondary school age		5 months	Other: nursery
F11	F	37	Pre-schooler	Europe	5 months	Main carer Other: nursery, family members
F12	F	43	Primary school age	South America	6 months from work (and 12 months from grant)	Main carer Other: nursery, family members, childminder
F13	F	35	Pre-schooler	Europe	4 months	Main carer Other: nursery
F14	F	44	Primary school age	UK	5 months	Equal share with partner
			Primary school age		6 months	Other: nursery, childminder, family members, friends

F15	F	39	Pre-schoolers (twins)	Europe	10 months for twin pregnancy	Partner is main carer Other: nursery
F16	F	38	Primary school age Pre-schooler	Europe	12 months 12 months	Equal share with partner Other: nursery
F17	F	44	Primary school age	North America	4 months	Partner Other: nursery
F18	F	35	Pre-schooler	Europe	3 months	Equal share with partner Other: nursery
F19	F	41	Primary school age	Europe	2 months	Partner is main carer
F20	F	49	Primary school age Primary school age	UK	9 months	Equal share with partner Other: nursery, family

						members, childminder
F21	F	36	Primary school age Primary school age	UK	9 months 8 months	Main carer Other: nursery, family members
F22	F	42	Primary school age Primary school age Primary school age	UK	Not in work 6 months 12 months	Main carer Other: family members
F23	F	42	Pre- schooler	Europe	2 months	Main carer other: nursery, childminder
M1	M	51	Adult	South America	0	Partner is main carer

			Secondary school age			
M2	M	38	Primary school age Primary school age	UK	0 1 week	Partner is main carer
M3	M	37	Pre-school age (one baby on the way)	UK	2 weeks	Partner is main carer Other: nursery
M4	M	41	Primary school age Primary school age Pre-school age	Europe	2 weeks 2 weeks 2 weeks	Partner is main carer Other: nursery
M5	M	41	Primary school age	South America	1 week	Equal share with partner

			Pre-schooler		0	Other: nursery
M6	M	52	Primary school age Primary school age	UK	0 0	Partner is main carer Other: nursery
M7	M	34	Pre-schooler	Asia	0	Equal share with partner Other: nursery
M8	M	29	Pre-schooler	UK	2 weeks	Partner is main carer

* To preserve anonymity, we have grouped participants' ages into ONS age groups

** Pre-schooler (1–3 yo); Primary school (4–12 yo); Secondary school (13–17 yo); Adult (18+ yo)

*** To preserve anonymity, we have grouped and classified the country of origin as UK, Europe, North America, South America, Asia, and Africa.