PROFESSIONALS WHO CARE:
A NONPROFIT DESIGN FOR INCLUSIVITY OF CAREGIVERS
IN THE WORKPLACE

by
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A capstone project submitted to Johns Hopkins University in conformity with the requirements
for the degree of Master of Arts in Non-Governmental Organization Management

Baltimore, Maryland
May 2022

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Abstract

Informal caregivers provide essential care to the disabled, ill, aging, or injured, services that are valued over $470 billion annually in the United States. Research has shown that nearly half of these caregivers had no choice in taking on their role, and that this population experiences significant financial, physical, and mental health struggles. 32.3 million of these caregivers must balance both care and job responsibilities, and these employed caregivers face widespread discrimination in the workplace. The bias against care providers is based on historic expectations of what makes an ideal worker: traditional hours, uninterrupted, and in person. These cultural standards have limited relevancy in today’s society with high rates of caregiving in the home, advanced technology, and the proven success of remote and flexible work during the covid-19 pandemic. While the workplace has made strides in recognizing the benefits and becoming more thoughtful of diversity-equity-inclusion issues and employment well-being, employed caregivers often encounter experiences as an invisible and marginalized class. This report will explore the struggles of employed caregivers, describe workplace advocacy gaps, and detail the design, benefits, and incorporation for Professionals Who Care, a nonprofit dedicated to inclusivity for employed caregivers in the workplace.

Advised by Dr. Susan Erenrich
Dedication

To my family, Jeremiah, Suzanna, and Phoenix, who have climbed this mountain with me, navigating all the unexpected turns, learning the resiliency of taking the next step, and discovering the beauty of each sunrise – whether on the ragged peaks, in the deep valleys, or somewhere in between. The determination within each of you truly inspires me.

Acknowledgement

To Talia Selove, who contacted me, a stranger, on LinkedIn following my post on what makes caregivers wonderful employees and leaders. You had the show-stopping question on, “Who is advocating and providing community in this space?” Our many shared conversations and scheming to develop a platform for this voice have been a delight. To Frank Choi, Heather Culp, Jenae Seetal, Elizabeth Letourneau, and Morgan Martin who have embodied the idea of allyship in the workplace for employed caregivers. You have exemplified the possible instead of the accepted, and I am witness to the difference it makes. Finally, to all those in my life both close and distant, who make it a habit to provide encouraging words. Your kindness seeped into my spirit, and I thank you.
# Table of Contents

Abstract ............................................................................................................................... ii  
Dedication .......................................................................................................................... iii  
Acknowledgement ............................................................................................................. iii  
Table of Contents ............................................................................................................... iv  
Chapter 1: Introduction ....................................................................................................... 1  
  Caregiving Definitions ............................................................................................... 1  
  Ideal Worker Construct .............................................................................................. 2  
  Increasing Rates of Employed Caregivers ................................................................. 3  
  Project Scope ............................................................................................................. 4  
Chapter 2: Literature Review .............................................................................................. 5  
  The Caregiving Struggle ............................................................................................ 5  
  Discrimination in the Workplace: Caregiving Bias ................................................... 9  
  Advocacy ................................................................................................................. 14  
Chapter 3: Methods for a Project Design .......................................................................... 23  
Chapter 4: Discussion & Deliverable for Project Design ................................................... 25  
  About Professionals Who Care ................................................................................ 25  
  Filing Requirements .................................................................................................. 34  
  Filing Next Steps ....................................................................................................... 35  
  Board and Volunteer Recruitment ........................................................................... 36  
  Timing ...................................................................................................................... 38  
  Constituent Profile Examples .................................................................................. 41  
  Strategy Development .............................................................................................. 46  
Chapter 5: Conclusion/Recommendations: ....................................................................... 61  
Chapter 6: References ....................................................................................................... 64  
  List of Figures .......................................................................................................... 74  
  List of Tables ............................................................................................................ 74
Chapter 1: Introduction

This capstone is a nonprofit design for Professionals Who Care, an organization dedicated to an inclusive workplace for employed caregivers. The report will include this introduction to provide key definitions and a historical view on caregiving in America. The report will then contain a literature review that demonstrates the struggles of employed caregivers and the existing advocacy gaps. Next, there will be a focus on the project itself, with methods for a project design, the framework of the organization, the explanation of filing incorporation papers, and the initial conceptualization of the nonprofit. The result will be a nonprofit design focused on advocacy, support, and change for employed caregivers in the workplace. This capstone on improving the outcomes for employed caregivers is based on an extensive body of research, and it guided by the author’s own experiences and countless personal stories others have privately shared.

Caregiving Definitions

Caregivers provide aid to those who are ill, disabled, sick, or aging (Boumans & Dorant, 2021), in a short-term, long-term, or intermittent capacity (Greene & Hunt, 2017). They deliver essential and non-negotiable services, from feeding, bathing, dressing, transportation, and managing medicine to medical visits, financial management, health care coordination, emotional stabilization, supervision, and more (Roman et al., 2021; Sowa & McCann, 2021). Caregivers have stepped in to provide for a spouse, parent, sibling, child, relative, or even non-relative when the need becomes apparent (Tugend, 2021), taking on the role through the gradual increase of responsibilities or immediately because of a drastic change in someone’s health (Schempp, 2016). There exists a high rate of individuals receiving help from unpaid support, with an estimated 53 million informal caregivers in the United States (Lerner, et al., 2020). It is important to note that
“nearly half of all family caregivers report having no choice in taking on the role” (Bell et al., 2019, p. S45).

Employed caregivers manage the responsibilities for whom they care and the responsibilities of their career. It is estimated that 61% of unpaid caregivers work full-time or part-time, putting the number of employed caregivers at an approximate 32.3 million in the United States (Lerner, et al., 2020). This vulnerable group (Boumans & Dorant, 2021) experiences a range of difficulties in managing their dual responsibilities. The struggle, called role conflict (Li & Lee, 2020), has been exacerbated because of outdated traditions and obsolete cultural expectations in the workplace.

**Ideal Worker Construct**

Much of the workplace has rooted its notions of success on the “ideal worker” archetype (Hirsch et al., 2020). The ideal worker concept first arose in the late eighteenth century as part of the industrial revolution and is widely seen as a construct that was last relevant in the 1950’s (Bornstein et al., 2012). The ideal worker standard defines successful employee behavior as one that is focused on the job from 9-5, uninterrupted, and in-person (O’Connor & Cech, 2018). The system was designed with the assumption that each worker would fully devote their attention to their job during standard work hours, with another person at home to manage all household, family, and community duties (Cech & O’Connor, 2017). Society has changed greatly since the 1950’s, with a rise in single-parent and dual-income homes where employees must manage both work and family responsibilities (Williams, 2006). Additionally, technology has erased many of the previous barriers of what can be accomplished outside the physical walls of work. Despite the changes in our society, many employers consciously and unconsciously elevate the ideal worker construct (O’Connor & Cech, 2018).
Increasing Rates of Employed Caregivers

The ideal worker standard cannot easily be achieved while managing essential caregiving responsibilities (O’Connor & Cech, 2018). Even worse, the number of informal caretakers has risen significantly over the last seventy years because of three social and economic factors. First, starting in the 1950s through the 1980s, the country experienced a period of deinstitutionalization of psychiatric hospitals (Paulson, 2012). Based on the population that was released in the 1980s compared to institutionalized patients of today, over 92% of patients who previously would have received full-time inpatient treatment are now cared for in the society through a thin patchwork of supports (Torrey, 1997). For would-be patients fortunate enough to have loved ones able to help, this work has been absorbed into the informal caregiver network. The responsibilities are significant and many of the disabilities require a lifetime of care (Earle & Heymann, 2012).

“Most of those who were deinstitutionalized from the nation's public psychiatric hospitals were severely mentally ill. Between 50 and 60 percent of them were diagnosed with schizophrenia. Another 10 to 15 percent were diagnosed with manic-depressive illness and severe depression. An additional 10 to 15 percent were diagnosed with organic brain diseases -- epilepsy, strokes, Alzheimer's disease, and brain damage secondary to trauma” (Torrey, 1997).

Second, since the 1980s, the medical system has transferred care to families and friends to manage medical costs (Earle & Heymann, 2012). Hospitals and insurers assume loved ones can fulfill medical and nursing responsibilities (Greenfield, et al., 2018), from expanding outpatient procedures, decreasing length of stays, to delegating serious illness management to caregivers (Bell et al., 2019). “Increasingly, these caregivers are expected to acquire a sophisticated understanding of the recipient's condition and new skills to execute complex medical tasks, previously performed by skilled providers, often with little training or ongoing support” (Bell et al., 2019, p. S451).
Third, there is a nationwide increase in caretaking based on the aging baby boomer generation (Hirsch et al., 2020). In 2010, the ratio of family caregivers for people eighty years or older was 7:1, and by 2030, the U.S. Census predicts the ratio will be 4:1 (Greene & Hunt, 2017). As medical advances extend the life expectancy of the elderly population, much of their care falls to family and friends (Earle & Heymann, 2012). Informal caregivers who provide for both elderly loved ones and their children are commonly known as the *sandwich generation*, facing intense pressure to manage opposing responsibilities (Cech & O’Connor, 2017).

> “Given that modern medicine continues to extend people's lives, an ever-increasing number of workers find themselves with day-to-day or crisis-based responsibilities for care of ill or elderly family members. At stake are not simply maternity leave and the care of young children: Workers worldwide face caregiving responsibilities that can be very long term, sandwiched between aging parents and children” (Bornstein et al., 2012, p. 46).

*Project Scope*

This capstone creates the design of a nonprofit organization that advocates for a more inclusive workplace for employed caregivers. The success of the project will be threefold. First, as the struggle of employed caregivers is considered an invisible problem in the workplace (Bell et al., 2019), this project highlights the scope of the need. This report will substantiate the demand for a nonprofit with a specific focus on advocacy for employed caregivers in the workplace. Second, the project will entail building out the framework of Professionals Who Care for successful incorporation and tax filings. Third, the project will demonstrate the potential for positive change by creating a more inclusive workplace for informal caregivers. The state of employed caregivers represents an opportunity to change systematic discrimination built into the workplace culture, and this capstone will introduce Professionals Who Care as an advocacy organization to effect positive change throughout our society.
Chapter 2: Literature Review

The introduction detailed a three-part dilemma in the American society: the economy is no longer based on a person at home fulltime taking care of family and community matters, the workplace is established on archaic standards of the ideal worker (Hirsch et al., 2020), and the number of people needing informal caregiving has increased. This historic viewpoint indicates that there is a silent crisis in the workplace (Bell et al., 2019), where employed caregivers are managing seemingly impossible demands (Boumans & Dorant, 2021). This literature review will now transition from a historical background to an examination of the current state for employed caregivers, broken out into three sections. First, the literature review will delve into research regarding the specific stressors that employed caregivers experience, including the factors that motivate them to stay in the workforce. Second, the chapter will contain a review on caregiver discrimination with limited protections. Finally, there will be an evaluation of existing advocacy efforts in the workplace. This evaluation will demonstrate the need for a nonprofit that focuses specifically on an inclusive workplace for employed caregivers.

The Caregiving Struggle

Caregivers experience distinct struggles in managing their diverse responsibilities. These difficulties set them apart as a unique class in America facing higher rates of setbacks. Despite the challenges, there are limited supports and protections offered to caregivers. Professionals Who Care will highlight these difficulties in order to advocate for greater supports.

Financial Loss

First, caregivers experience financial stress that can feel overwhelming and devastating through direct and indirect struggles (Sowa & McCann, 2021). According to Lerner, et al. (2020), medicine, tests, appointments, supports, and accommodations create the financial burden of direct
costs. The study highlighted a national survey demonstrating that caregivers have $7,000 in annual out-of-pocket expenses, along with another study calculating annual costs at $20,000 per year. Furthermore, Greenfield, et al. (2018) described the financial devastation of indirect costs, often in the form of lost wages. The study revealed that caregivers lost an estimated $522 billion in foregone wages in the United States in 2012 alone. Meyer et al. (2019) explained that leaving the workplace for caregiving responsibilities can result in an increased rate of poverty and cumulative costs in the hundreds of thousands in lost wages, lost retirement savings, and lost Social Security benefits. Sowa & McCann (2021, p. 1030) reported that “caregivers are more likely than non-caregivers to stop saving, take on debt, or deplete their savings as a result of their caregiving responsibilities.”

Time Loss

Secondly, caregivers experience a loss of time. Informal caregivers spend an average of twenty-four hours per week on their services (Lerner, et al., 2020). This average includes both employed and unemployed individuals, with unemployed caregivers often compelled to leave the workforce because of their long hours of care (Greenfield, et al., 2018). Employed caregivers frequently manage responsibilities before work, during breaks, and after work (Williams, 2006), along with using their vacation and sick leave to meet the scope of the need (Li & Lee, 2020). Caregivers can also experience a bilateral dilemma of having both increased tasks and decreased help. For example, if a spouse experiences a debilitating stroke, their ‘healthy’ spouse will have increased responsibilities from the new caregiving role, such as managing medications, assisting with feedings, and attending doctor and therapy appointments. Simultaneously, the caregiving spouse will have decreased help as the disabled spouse can no longer manage their traditional household tasks, such as mowing the lawn, managing the finances, or washing the dishes.
Health Loss

Third, role conflict can cause caregivers to experience health struggles. Mofidi et al. (2019, p. 461) demonstrated that employed caregivers are “significantly more likely to report fair or poor health, depression, diabetes, hypertension, or pulmonary disease regardless of age, sex, and type of job.” Cech and O’Connor (2017) reported on employed caregivers who face discrimination in the workplace, detailing how they experience poor sleep quality, depression, health problems, reduced exercise, and poor self-rated health. Green and Hunt (2017) described additional setbacks that correlate to caregivers’ time being dedicated to caring for others instead of themselves, including not participating in preventative health screenings, postponing treatment, having poor nutrition, and even experiencing a higher rate of injuries. Li and Lee (2020) found further health issues, including isolation, loss of social ties, and decreases in mental health. Bell et al. (2019) showed that there are higher levels of distress, burden, spiritual distress, and lower levels of friendship, marital satisfaction, and social supports.

The Right to Work

While an estimated of 60% of employed caregivers describe significant difficulties in managing their ‘role conflict’ of working and caregiving (Lerner, et al., 2020), many employees choose to maintain both responsibilities. Instead of forfeiting one of their roles, they search for greater cohesion between the two (Bittman et al., 2007; Scharlach, 1994). In fact, when examining caregivers who were forced to minimize their careers because of their caring responsibilities, Greenfield et. al (2018) found that “caregivers who left work or reduced hours reported worse mental health than those who did not leave work” (p. 857). There are three primary reasons employed caregivers stay in the workplace, including financial benefit, identity, and social connections, as described below.
Financial Benefit

Most Americans face constant and significant economic pressures, with 64% of Americans living paycheck to paycheck (Jdickler, 2022). For employed caregivers, there are additional factors of direct caregiving costs, indirect caregiving financial difficulties, and health insurance, resulting in an impetus to continue providing for the entire family. Leaving the workplace, reducing hours, or being demoted can greatly increase the financial burden (Greenfield, et al., 2018). Indeed, research is clear that the financial stress of caregiving and the stress from potential income loss is a major factor in the poor health of caregivers (Joseph & Joseph, 2019; Li & Lee, 2020). As Greenfield, et. al. (2018) found, “Economic stress was the most significant factor in decreased quality of life for caregivers of people with complex long-term care needs” (p. 852).

Identity

Remaining employed allows workers to maintain an identity separate from caregiving. Caregiving can be an all-consuming role, focused on the needs of someone else. Joseph & Joseph (2019) found that while some caregivers prefer to devote themselves to a loved one fulltime, others find employment as key to maintaining a sense of worth, identity outside of caring, and a psychological respite from their personal duties. One caregiver described, “So my work is very meaningful to me because it’s almost like my, my outlet sometimes, where I can kind of forget about what’s going on at home” (Joseph & Joseph, 2019, p. 1485). Indeed, work can offer a break from the demands and difficulties of caregiving, where they are “no longer required to maintain their identity as caregiver and report feeling a sense of freedom to just ‘be themselves’” (Joseph & Joseph, 2019, p. 1483).
Social Connections

The connections and relationships developed within a workplace can play a positive role in the mental health of employed caregivers. Caregiving can be isolating because of the time demands, stigma, and stress related to the service (Phelan, et al., 2011). Li & Lee (2020) observed that experiencing normalized social interactions and developing relationships that do not orbit around the recipient’s well-being can improve the health of a caregiver. They explain that reducing hours or leaving the workplace “may affect employed family caregivers’ opportunities to enjoy positive experiences and interaction with others, which can buffer negative outcomes of family caregiving” (p. 2078).

Discrimination in the Workplace: Caregiving Bias

Instead of employers creating an inclusive workplace to reduce the strain on caregivers, they often perpetuate the trauma and victimization of the caregiving experience. Caregiver bias is the practice of discriminating against a caregiver, in part because they do not fit the archetype of the ideal worker (Templeman, et al., 2020). It has been found that caregivers are often passed for promotions, assigned sub-par assignments, and given lower wages (Anderson et al., 2020). In short, the marginalization of employed caregivers reduces the earning potential of the very people who experience greater financial distress. Professionals Who Care will bring awareness to the various forms of caregiver workplace discrimination and provide education on how to counter it.

Flexibility Bias

Flexibility bias is the practice of treating employees differently based on their use of flexible workplace accommodations, or FWA (Cech & O’Connor, 2017). O’Connor & Cech (2018, p. 811) explained that those who need access to flexible schedules “are perceived as less committed and competent and receive worse performance evaluations and job assignments, less
pay, and fewer promotions than their coworkers who do not use FWAs.” Cech & O’Connor (2017) showed that a supervisor might marginalize the employee who has been identified as a caregiver simply because of the threat of not conforming to the ideal worker standards, thereby applying a stigma to an identity that the employee has not necessarily chosen for themselves. As Cech & O’Connor (p. 547) noted: “Even workers who do not request schedule adjustments but who simply disclose their familial responsibilities to colleagues can be stigmatized as lacking work ethic and career dedication.” In fact, employees are often known to hide their caregiving status because of the culture of marginalization in the workplace (Templeman, et al., 2020).

Prescriptive Bias

Employers can also apply a prescriptive bias to their employed caregivers (Bornstein et al., 2012). This discrimination can be masked by a compassionate stance of an employer who might prevent the employee from career opportunities because of the caregiving responsibilities. It is broadly recognized that there are many forms of prescriptive bias, such as inhibiting an employee who is deaf and needs technical support from participating in an important meeting, preventing a new mom from receiving a high-potential client, or stopping an attractive female employee from attending a male-dominated conference ‘for her own good’ (Ammerman & Groysberg, 2021). Employers have been trained to identify and eliminate many forms of prescriptive bias, but caregiver prescriptive bias is often unchecked (Zeidner, 2018).

Descriptive Bias & Leniency Bias

Another form of discrimination comes in the way of descriptive bias. Bornstein, et al. (2012, p. 26) stated that descriptive bias “stems from the fact that stereotype-affirming information tends to be noticed, recalled, and used in drawing inferences, while behavior inconsistent with stereotypes tends to be overlooked or forgotten.” Non-caregivers might be given attributes of
‘dependable and committed’ because the stereotype suggests that they follow the norms of the ideal worker, whereas caregivers might be automatically viewed as ‘less competent’ and ‘unreliable,’ no matter what the actual attendance or achievements are (Bornstein et al., 2012). A form of descriptive bias is leniency bias, where the benefit of the doubt is applied to one group but not another, meaning that one needs to “try twice as hard to get half as far” (Bornstein et al., 2012, p. 53). One attorney observed leniency bias when she moved from full-time to part-time due to family responsibilities.

“Before I went part-time, when I wasn't at my desk, people assumed I was at a business meeting. Afterwards, they assumed I was home with my kids - even if I was with a client. Also, before I went part-time, when I did not give people the turnaround they hoped for, they gave me the benefit of the doubt. All that ended when I went part-time. As a result, my performance evaluations fell, even though the quality of my work did not change” (Bornstein et al., 2012, p. 53).

**Stigma-by-Association**

Phelan, et al. (2011) explained another type of discrimination against caregivers in the form of ‘stigma-by-association.’ This bias is found when there are prejudices against the person receiving care for their disability, illness, or injury, and those biases are then applied to the caregiver. The authors described that stigma-by-association is often related to severe mental illnesses, traumatic brain injuries, or other neurological issues. Phelan, et al. (2011, p. 178) documented the harmful effects of this bias:

“There are multiple pathways whereby stigma experiences may affect the caregiver. First, experiencing stigma or discrimination can cause a cascade of physiologic reactions, contributing to anxiety and other mental health outcomes. Second, caregivers may engage in maladaptive coping strategies, which may include avoidance of social situations, leading to reduced social support and social isolation.”
Relationship to Other Systematic Discrimination

The previous mentioned forms of bias against employed caregivers reinforces other systematic discrimination in our country. Bornstein et al. (2012) explained that women fulfill the caregiving roles more than men, leaving themselves exposed to lost wages, stymied careers, forced part-time status, termination, or early retirement. The study emphasized that even women who take time off to provide non-paid caregiving services have a difficult time re-entering the workforce - and re-entering the workforce at their previous level. Joseph and Joseph (2019) found that men also struggle with the consequences of the ideal worker norm. Male caregivers in the workplace can experience reduced access to flexible schedules and increased career ramifications because caregiving is not traditionally seen as the man’s role. Greenfield, et al. (2018) demonstrated that people of color have higher rates of poverty and lower income jobs in the United States, and caregiver bias and the resulting loss wages and costs can cause devastating effects to the economic stability of families. The study showed that the intersectionality of race and caregiving status created an elevated level of financial stress.

“A final key point about caregivers’ financial strain is that in this sample, and consistent with other work in this area, race/ethnicity is strongly related to the experience of financial strain. Wealth in the United States is disproportionately higher among Whites, and the disparities extend into later life, with people of color being far more likely to experience poverty at older ages” (p. 863).

Lack of Workplace Protections

Part of the struggle for employed caregivers is that there are no clear discrimination protections. While a disabled person has certain rights for reasonable accommodations, the caregiver who needs to drive the disabled person to the doctor’s office and assist in the communication in the appointment is not automatically eligible for protections. They are often vulnerable to the decisions and treatment of their supervisors, and the supervisors have received
little, if any, training on managing employed caregivers (Zeidner, 2018). While the Family Medical Leave Act (FMLA) offers some employees certain provisions for caregiving, its scope is limited and leaves an estimated 40% - or an astounding 13 million - of employed caregivers with no rights (Meyer et al., 2019). Additionally, FMLA only applies to caregiving for certain family members, and it does not encompass the caring that occurs outside of the traditional family framework (Weldon-Johns, 2015).

Professional Gaslighting

Several additional studies highlighted the unreliability of employed caregivers, as individuals who miss work more frequently and do not stay employed as long (Greenfield, et al., 2018). This report contends that these studies reflect the concept of professional gaslighting. According to Gordon (2022), gaslighting is a modern term where a person holding power will undermine a victim’s sense of reasoning and self-worth. Gordon explained that gaslighting can include behaviors of shifting blame, by stating it is the victim’s fault that the perpetrator acts in a certain way. The author also described that gaslighting can include denying wrongdoing, with the perpetrator not taking responsibility of any actions that contributed to a problem. When employers view employed caregivers as a liability because of increased time off requests and potential for quitting, they are not considering their own role in creating an inflexible and toxic workplace (Cech & O’Connor, 2017). In contrast, Hackett (2020, p. 20) described a caregiver’s change in official time off requests once her employer developed inclusive and flexible policies. “I’ve had zero sickness, zero compassionate leave, zero carer’s leave and when they are short of staff, I am the first person who will come and help.” Roman et. al (2021, p. 1046) revealed research in California where the implementation of family leave benefits led to “increased worker retention, loyalty, and productivity.” Leadership can take responsibility for their role in developing a
healthier employer-employee relationship with decreased discrimination and increased inclusivity for caregivers.

Consequences of Workplace Discrimination

Caregivers have difficulty conforming to the norms of the ideal worker (O’Connor & Cech, 2018). Working under inflexible and unsupportive conditions further increases the burden this group experiences (Reinhard & Horwitz, 1995). While employers have made positive inroads in recognizing and mitigating the stress caused from identities such as race, nationality, gender or sexual identity, caregivers are treated as an invisible class and an invisible workforce (Bittman et al., 2007).

The financial distress, workplace discrimination, and the lack of protections can escalate to a crisis-mentality for the caregiver (Porter, 2019). Furthermore, if an employed caregiver is experiencing discrimination in the workplace, it is difficult to be hired at another job with caregiving-friendly benefits immediately offered, such as sick leave, medical insurance benefits, FMLA (available only after the first year of employment), flex time, or remote work. This obstacle creates unbalanced power dynamics in their current jobs and leaves employed caregivers vulnerable, powerless, and unprotected to the treatment they might receive (Meyer et al., 2019).

Advocacy

While the state of employed caregivers is a national problem, there has been limited advocacy in the workplace centered on this issue. This section will examine the existing caregiving nonprofits and explain their focus. Next, workplace advocacy organizations will be reviewed. The report will demonstrate the potential for positive change with an organization focused on inclusivity for caregivers in the workplace.
Specified Caregiving Nonprofits

According to GuideStar (2022), a nonprofit oversight organization, there are 391 organizations with the keyword “caregiving” or “caregive.” Of these, some are focused on a specific illness, such as Alzheimer’s Foundation of America or Lung Cancer Initiative. Others are based on providing local, in-person supports, such as Caregiver Foundation which offers in-person services in Hawaii or a Caregiver Relief Program of Bedford County, which delivers in-person assistance in Tennessee. Many others are connected to medical institutions, such as Adult Day Center of Somerset County Inc, Southern Regional Resource Center, Cole County Residential Services Inc, and Paraprofessional Healthcare Institute, Inc.

One leading organization with a specific caregiving focus is AARP, formerly The American Association of Retired Persons. It is a “United States–based interest group focusing on issues affecting those over the age of fifty” (AARP), with over $3 billion in assets (GuideStar, 2022). Because elder care is dependent on the assistance of loved ones as health declines, AARP has invested in research on the importance of caregivers. They have a webpage on “Home & Family Caregiving” devoted to resources for both new and existing caregivers, such as how to monitor safety when you are caregiving from a remote distance, managing stress better through improved sleep, or navigating through legal and medical paperwork (AARP).

General Caregiving Nonprofits

There are several national caregiving organizations that cover a broad scope of caregiving issues. Caring Across Generations is committed to “families, caregivers, people with disabilities, and aging Americans, creating a new way to live well and age with dignity” (Caring Across Generations, 2021). They call for improved support for families, better wages and working conditions for professional caregivers, increased home care, and decreased ageism and
institutionalism for seniors. The organization specifically focuses on policy to effect change in America.

Family Caregiving Alliance is another national nonprofit devoted primarily to caregiving issues. Their mission is “to improve the quality of the life for family caregivers and the people who receive their care” (Family Caregiving Alliance). They provide caregiving advice, funding for research, discussions on caregiving identity, and a caregiving network. The organization offers resources for caring for someone and caring for self. They also offer in-person supports in the Bay-area of California as they originally were focused on California-related services.

An additional organization is National Alliance for Caregiving based in Washington DC, originally created for issues related to the aging population in America. They are “dedicated to improving quality of life for friend and family caregivers and those in their care, by advancing research, advocacy, and innovation” (The National Alliance for Caregiving, 2022). The organization includes a membership component for local supports and an advocacy arm for improving workplace conditions. “Workers and employers suffer from workplace cultures unprepared to support their 1 in 6 caregiver employees” (The National Alliance for Caregiving, 2022).

Each of these national organizations play a vital role in elevating the plight of the caregiver in America. They increase the research, advocacy, and education of caregiving issues. There are no known organizations who have a primary goal of increasing inclusivity in the workplace at the grassroots level for employed caregivers. Professionals Who Care will provide a focused spotlight to this critical area of the caregiver experience.
Workplace Advocacy

Indeed, Professionals Who Care will include grassroots workplace advocacy with similarities to other identity groups. Historically in America, career success has been reserved for healthy, white, cisgender, straight men. Advocacy efforts for LGBTQIA+, people of color, disability, and women groups have helped encourage changing policies and assumptions in the workplace. This final section of the literature review will provide examples of advocacy efforts dedicated to workplace experiences.

Minnesota Workplace Alliance

Foldy & Creed (1999) focused on a case study of Minnesota Workplace Alliance for gay, lesbian, bisexual and transgender (GLBT) employees, and their work to create the most inclusive policies for this population within a specific company in the 1990’s. The company had previously been proud of their role for valuing diversity, but GLBT employees felt the recurring effects of insensitivity and homophobia. This perceived hypocrisy prompted a few employees to start becoming motivated to speak up.

In 1992, one employee joined the diversity committee, but was cut off when he brought up GLBT issues such as same-sex partner benefits because they were considered “too controversial” (Foldy & Creed, 1999, p. 241). As a result, four employees who identified as GLBT connected with each other. This connection was powerful and surprising, as they had previously been unknown to each other due to the “corporate closet” (p. 241). The small group decided to create a network to start systematic and grassroots education to propel policy change.

The network challenged existing biases, met with leadership, wished for more leaders who secretly identified as GLBT to speak up, and built connections with each other. Continual efforts led to gradual progress, and the company soon became a leader in GLBT rights just over two years
later. The author reflected that the change was based on triple-loop action learning, by not just questioning an individual’s values, but considering the “values of the societal tradition system in which their actions are taking place” (Foldy & Creed, 1999, p. 213).

“Single-loop learning changes an actor’s strategies, or the assumptions behind those strategies, without addressing the actor’s driving values. Here, actors (individual or collective) change their approach to more effectively or efficiently reach existing goals. In double-loop learning, actors question and ultimately transform their driving values. Triple-loop learning goes beyond the actors’ values, addressing the values of the actors’ societal environments or tradition systems” (Foldy & Creed, 1999, p. 208).

The efforts of the Minnesota Workplace Alliance offer promising similarities for the efforts of Professionals Who Care. As previously shown, employed caregivers often hide their caring status in the workplace because of the perceived stigma around this identity. Additionally, the Minnesota Workplace Alliance found that their collective power was much greater than individuals speaking up in ad hoc occasions. Professionals Who Care will seek to connect employed caregivers and their allies to provide a more united front against the exclusive workplace policies and biases. Finally, Minnesota Workplace Alliance invested in triple-loop action learning by tackling the systematic and cultural discrimination. Professionals Who Care will highlight the systematic discrimination and outdated cultural practices based on the ideal worker to challenge caregiving policies and to build support.

An additional study was completed on the advocacy for inclusive LGBTQIA+ policies during this time. In Nicole Raeburn’s book, Changing Corporate America from inside out; lesbian and gay workplace rights (2004), the original Minnesota efforts are explored along with extensive research on companies who had and who had not adopted same-sex partner benefits. Raeburn found two important factors in fighting for change in the workplace. First, employee groups created a greater voice and stronger identity. Second, the development of allies was critical.
Both lessons can also be applied to the design of Professionals Who Care. First, through social media, Professionals Who Care will seek to increase the concept of the caregiving identity, shared experiences, networking, support, and advocacy. Second, Professionals Who Care will include a strong emphasis on increasing allyship. Allyship in the workplace is especially important as caregivers often are a vulnerable group because of their financial instability, the vital importance of health insurance, their reliance on supervisor support, their difficulty in being hired elsewhere with inclusive benefits immediately offered, and the fact that they are often evaluated through a biased viewpoint (Cech & O’Connor, 2017). This vulnerability increases the reliance on allyship, though limited resources promoting this collaboration have been found.

The Memo

Another organization focused on an inclusive workplace is The Memo, LLC. The Memo’s mission is to “motivate and encourage women of color to achieve their personal and professional goals with balance, generosity, integrity, and resilience.” The company has a book with the same name that offers “what women of color need to know to secure a seat at the table,” a podcast called “Secure the Seat,” speaking engagements at other companies, and Women of Resilience awards for those who are champions of others in the workplace and community (The Memo, 2021).

The organization focuses on providing women of color the tools they need to succeed in the workplace. Professionals Who Care can draw on important insights from The Memo, as employed caregivers face systemic marginalization in the workplace by being passed for promotions and increased responsibilities (Li & Lee, 2020). To counter these employment struggles, Professionals Who Care would do well to emulate The Memo’s grassroots advocacy, peer support through special recognition and award ceremonies, and employment resources.
National Disability Rights Network

National Disability Rights Network, or NDRN, focuses on the economic well-being of the disability population, with their vision “being a society in which people with disabilities have the same opportunities to achieve financial stability and independence as people without disabilities” (NDRN, 2021). They focus on a multi-pronged goal in achieving economic health, including financial management, education, policy changes, and an inclusive workplace. National Disability Rights Network offer a specific suite of services in the categories of financial wellness, employment, and capacity building (NDRN, 2021).

“One in four people with disabilities live in poverty and face barriers that hinder their access to employment, education, skills development, financial services and full participation in their communities. Policies, expectations and services must change to improve the lives of people with disabilities living in poverty.”

Like Professionals Who Care, their population is vulnerable to poverty because of systemic issues related to exclusivity and discrimination (Bornstein et al., 2012). NDRN is similar to the Minnesota Workplace Alliance in that they focus on triple-loop action, by confronting the cultural and traditional limitations that are placed on the population. The organization’s scope is much larger than the initial goals of Professionals Who Care, as they offer in-depth services across the financial and workplace spectrum.

Lean In

The final organization reviewed is Lean In. Their mission is “we help women achieve their ambitions and work to create an equal world.” The nonprofit is founded by Sheryl Sandberg, COO of Facebook. Like The Memo, Lean In has a book to explain its philosophy. The nonprofit is based on the premise that women need to lean into their career growth to achieve success, instead of self-opting out of opportunities (Hübner, 2019). The organization has traditionally operated on
Facebook and has encouraged participation in Lean In Circles, which are comprised of women who can support each other in their professional development (Taylor, 2013). They also include a range of additional initiatives, such as promoting Equal Pay Day, sexual harassment support, a digital program on fighting bias, and a podcast (Lean In, 2022).

Of note, after skyrocketing in popularity amongst ambitious women, the organization has received negative reviews the last several years because of placing such an onus on women to overcome discriminatory practices without addressing the systematic biases in the workplace. Michelle Obama famously said to a large crowd, “And it’s not always enough to lean in, because that shit doesn’t work all the time” (Kane, 2018). Another woman described moving from an ardent follower of Lean In as a young and independent professional, to realizing its limitations once she had a baby who needed special care for a season.

“My son was born in July 2015 with some serious but treatable health problems. His illness filled my earliest moments of motherhood with trauma and anxiety. But I was still back at my desk when my too-short maternity leave was up because I was terrified that my colleagues would judge me as not committed to my job if I tried to take more time to be with my baby. I went on to lose that job shortly after returning from leave. This turn of events shattered my self-confidence and led me to question my whole identity as a competent professional... Mothers face [serious barriers] in hiring and they are judged more harshly than childless colleagues. For women who have children during the prime childbearing years of 25 to 35, their earnings never recover, and their salaries often drop precipitously after having a kid. All of this does serious, long-term damage to women’s economic prospects” (Goldstein, 2018).

Like Lean In, Professionals Who Care strives to use a social platform to change the conversation on workplace success. Similarly, Professionals Who Care will also challenge the notion that a certain class in the workforce cannot be ambitious nor have professional goals. However, Professionals Who Care will encompass a stronger emphasis on the triple-action loop
of building the case that many issues are related to systematic discrimination and archaic workplace standards.

*Literature Review Conclusion*

This literature review has included the stressors of employed caregivers, the bias against them in the workplace, and the potential for change in workplace advocacy. The chapter sets the justification for the creation of Professionals Who Care, an organization that provides grassroots advocacy for inclusive treatment of employed caregivers in the workplace. The next two chapters will detail the nonprofit design itself.
Chapter 3: Methods for a Project Design

The project will include the plan for the incorporation of Professionals Who Care within the state of Maryland. As this will be designed to start as a volunteer-run and low-budget organization, the filing will be a limited-based application. The process has a variety of steps, some of which must be followed sequentially. For the purposes of this report, the necessary information will be prepared, though all the steps will not be immediately completed. Categories for this process are described in Figure 1.

Figure 1: Categories for Nonprofit Incorporation

- **Planning**
  1. Develop a mission, vision, brand, strategy, target, budget, and initial goals.
  2. Create communications and resources to share with potential volunteers.
  3. Begin recruiting board of directors and volunteers and prepare for first meeting.
  4. Draft bylaws and conflict of interest policy

- **Preparing Forms**
  1. Prepare bylaws and articles of incorporation through an expedited filing.
  2. Prepare form for federal employer identification number from the IRS.
  3. Prepare 501(c)3 for Form 1023EZ.

- **Practical Steps**
  1. Establish social media, website URLs, and technical supports.
  2. Develop initial communications plan.
  3. Create initial constituent and volunteer management plan.

- **Post-501(c)3 Prep**
  1. Prepare registration with the Maryland Secretary of State.
  2. Prepare state income tax exemption.
This report will include the information needed for the filings, but not the paperwork itself. Additionally, to be clear, not all paperwork can be filed by the completion of this capstone due to the sequential nature of the paperwork. Figure 2 documents the extensive filing process. For the purposes of this report, the initial steps will be completed while the others will have their preparation and framework completed.

**Figure 2: Filing Process for Nonprofit Incorporation**

- **Initial Filing & Board Recruitment**
  - File expedited articles of incorporation.
  - Prepare form for federal employer identification number from the IRS.
  - Draft nonprofit design for leadership review.

- **Inaugural Board Meeting**
  - Finalize board positions.
  - Finalize strategy and goals.
  - Approve bylaws needed for 501(c)3.

- **501(c)3**
  - Though filing is expedited, it will take time for approval.

- **Final State Filings**
  - Once 501(c)3 status is approved, register with the Maryland Secretary of State and for state income tax exemption.
Chapter 4: Discussion & Deliverable for Project Design

The previous chapters have documented the need for a more inclusive workplace for employed caregivers and created the outline for filing for nonprofit status for Professionals Who Care. In this chapter, the nonprofit concept will be described, detailing the information needed for successful filing and board development. Next, the actual steps for filing will be explained. Finally, the deeper strategy and plans will be explored.

About Professionals Who Care

Beliefs

Vision: An inclusive workplace for every professional who is also a caregiver.

Mission: Advocating for an inclusive workplace, increasing allyship, reducing marginalization, and building community for professionals who are also caregivers.

Values: Professionals Who Care will seek to embody the following values in Figure 3.

Figure 3: Values
Goals

Below are the initial goals to achieve the mission of Professionals Who Care. The tagline for the goals is, “ASC for a more inclusive workplace.”

Advocate

- Feature the positive attributes, beneficial skills, and leadership abilities of employed caregivers.
- Spotlight the difficulties and marginalization of employed caregivers.
- Highlight stories of employers, managers, and colleagues who promote an inclusive space for employed caregivers.

Support

- Provide an online community for employed caregivers to share stories, guidance, and encouragement.
- Create a framework, a knowledge base, and inclusive language for allies to support employed caregivers.
- Share an online forum of resources to streamline access to support, ease the navigation of caregiving, and connect with other organizations.

Change

- Achieve flexible and remote work opportunities where possible and without stigmatization for employed caregivers.
- Increase allyship in the workplace for employed caregivers.
- Realize the positive and collaborative possibilities for employed caregivers, caregiving recipients, standard employees, and employers.
Draft a Two-Year Action Plan Gantt Chart

This plan will depend on initial board feedback while a short and long-term strategy are developed. Expertise from the board will be gathered to refine the plan. Next, the plan will depend on volunteer availability. As Professionals Who Care will begin as a volunteer-run organization, the focus on some responsibilities and the delay of others will be dependent on volunteer passion, skill, availability, and commitment. Next, the schedule will rely on partnerships that are developed with other organizations. Finally, the plan will adapt based on the success of resource development. The action plan is staggered to incorporate measured growth without overwhelming volunteers.

**Figure 4: Action Plan**
Budget

Below are initial budget projections for the development of Professionals Who Care, as detailed in Tables 1-3 and Figure 5.

Table 1-3: Projected Budgets

### Table 1: FY22 (April 2022 – June 2022)

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent Registration</td>
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<td>(Maryland Register Agent, 2022)</td>
</tr>
<tr>
<td>Expedited Articles of Incorp</td>
<td>$170.00</td>
<td>(State Dept of Assessments &amp; Taxation, 2022)</td>
</tr>
<tr>
<td>501(c)3 Filing</td>
<td>$275.00</td>
<td>(Internal Review Service, 2022)</td>
</tr>
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<td>Website Development</td>
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<td>(Carney, 2022)</td>
</tr>
<tr>
<td>Canva (Professional)</td>
<td>$26.00</td>
<td>(Canva, 2022)</td>
</tr>
<tr>
<td>Zoom (Professional)</td>
<td>$149.90</td>
<td>(Zoom, 2022)</td>
</tr>
<tr>
<td>Shutterstock</td>
<td>$58.00</td>
<td>(Shutterstock, 2022)</td>
</tr>
<tr>
<td>Misc Administrative Costs</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,248.90</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2: FY23 Expenses (July 2022 – June 2023)

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Management</td>
<td>$700.00</td>
<td>(Carney, 2022)</td>
</tr>
<tr>
<td>Canva (Professional)</td>
<td>$180.00</td>
<td>(Canva, 2022)</td>
</tr>
<tr>
<td>Zoom (Professional)</td>
<td>$149.90</td>
<td>(Zoom, 2022)</td>
</tr>
<tr>
<td>Film Editing (Filmora Pro)</td>
<td>$155.88</td>
<td>(Donnelly, 2022)</td>
</tr>
<tr>
<td>Shutterstock</td>
<td>$330.00</td>
<td>(Shutterstock, 2022)</td>
</tr>
<tr>
<td>Print</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Technology Misc</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Relationship Dev (Travel, Meals)</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Board &amp; Volunteer Training</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>Misc Administrative Costs</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td>Professional Consultation (MD Nonprofits, Accountant, Lawyer, Etc)</td>
<td>$1,100.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,615.78</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: FY24 Expenses (July 2023 – June 2024)

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Management</td>
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<td>(Carney, 2022)</td>
</tr>
<tr>
<td>Canva (Professional)</td>
<td>$200.00</td>
<td>(Canva, 2022)</td>
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<tr>
<td>Zoom (Professional)</td>
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<td>(Zoom, 2022)</td>
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<tr>
<td>Film Editing (Filmora Pro)</td>
<td>$175.88</td>
<td>(Donnelly, 2022)</td>
</tr>
<tr>
<td>Maryland Nonprofits Mbrshp</td>
<td>$150.00</td>
<td>(Maryland Nonprofits, 2021)</td>
</tr>
<tr>
<td>Shutterstock</td>
<td>$360.00</td>
<td>(Shutterstock, 2022)</td>
</tr>
<tr>
<td>Communications Consultant (PT)</td>
<td>$25,000.00</td>
<td>(Zippia, 2022)</td>
</tr>
<tr>
<td>Print</td>
<td>$400.00</td>
<td></td>
</tr>
<tr>
<td>Technology Misc</td>
<td>$4,000.00</td>
<td></td>
</tr>
<tr>
<td>Relationship Dev (Travel, Meals)</td>
<td>$4,000.00</td>
<td></td>
</tr>
<tr>
<td>Board &amp; Volunteer Training</td>
<td>$700.00</td>
<td></td>
</tr>
<tr>
<td>Misc Administrative Costs</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Professional Consultation</td>
<td>$1,800.00</td>
<td></td>
</tr>
<tr>
<td>(Accountant, Lawyer, HR, Other)</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$38,865.78</strong></td>
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</tr>
</tbody>
</table>

**Figure 5: 3-Year Expense Projections**

![3-Year Expense Projection]

3-Year Total Expense Projection

$45,730
Funding

There are multiple funding models that can be pursued individually or in consortium with each other. Each option has advantages and disadvantages. The overarching challenge is that every option has a financial and/or time investment that must be fulfilled to access the funding. As Professionals Who Care is starting as a low-budget, volunteer-run organization, it will be difficult to cross the threshold of accessing enough finances to afford the pursuit of more significant funding. There will be occasions when Professionals Who Care will need to decide to stay lower-resourced with a smaller, sustainable model or to take the risk to invest in greater funding, thereby requiring expenses and reliable human resources. Possible funding options include membership, organizational sponsorship, gifts and grants, campaigns, webinars and conferences, and consultation.

Membership: Invite individuals to become members for $10/year to support Professionals Who Care. Membership can be considered a donation, as there are no financial benefits to membership. Members can receive the following advantages: 1) Receive early access to first-come, first-serve events; 2) Attend an annual membership meeting; 3) Guide the direction of the organization through an annual membership feedback survey. Scholarships can be provided for individuals who cannot afford the cost. The disadvantage is that membership must be tracked. Membership software can be $2,000/year for base costs, though tools such as donorbox advertise that they take a small percentage of each payment dues instead of a large expense during the startup phase (Ensor, 2022; g2, 2022).

Organizational Sponsorship: Invite organizations with a mutual interest in caregiver well-being to invest in an organization that focuses exclusively on caregivers in the workplace. Sponsorship costs can depend on the annual budget of the organizations. Proposed levels
would be on a 3-year cycle to reduce the time investment of each ask. Recurring payments can also be established. Organizations would need to be convinced of the value-added and dependability of Professionals Who Care, assured that donors would not be siphoned off, and understand the importance of partnership to achieve better health and well-being for caregivers. The disadvantage is the significant time required to develop relationships, solicit funds, process the gifts, manage expectations, and steward sponsors. Potential giving levels are indicated Table 4.

**Table 4: Sponsorship Levels**

<table>
<thead>
<tr>
<th>Organizational Revenue</th>
<th>Three Year Financial Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000,000+</td>
<td>$18,000</td>
</tr>
<tr>
<td>$1,000,000-$9,999,999</td>
<td>$6,000</td>
</tr>
<tr>
<td>$100,000-$999,999</td>
<td>$900</td>
</tr>
<tr>
<td>$0-$99,999</td>
<td>$90</td>
</tr>
</tbody>
</table>

**Gifts and Grants:** Once a website is established, Professionals Who Care can include a third-party giving plugin to accept gifts. Grants from foundations and the government can also be pursued. Initial grants can include funding designated for nonprofit startups. The disadvantage is that individual giving, foundation support, and government grants can be time-consuming to submit, process, and maintain. Another disadvantage is that sponsor organizations might view these solicitations as a form of competition, making them less likely to commit to providing support.
**Campaigns:** Professionals Who Care can reach out two times yearly on LinkedIn and through their other social media sites, website, and emails, to host a one-day giving campaign. This arrangement would reduce the number of continuous hours that volunteers and potential staff would need to invest into individual fundraising through the year. However, as many constituents are experiencing financial distress because of their caregiving role, it is not expected that there would be significant giving. Also, any sponsoring organizations could see this direct fundraising as a threat, and they could resist sharing posts or referring constituents to Professionals Who Care. As a possible alternative to being viewed as competition, Professionals Who Care could petition that individual support their own organization, sponsoring organizations, and other caregiving nonprofits. Professionals Who Care could also invite other organizations to participate in the short campaign to raise awareness throughout the country that additional funding is needed for this field.

**Webinars and Conferences:** Over time, Professionals Who Care can consider optional fees for webinar and potential conference attendees. A required fee (without scholarships) would not be aligned with the organization’s educational and inclusive mission, so this revenue would most likely be supplemental instead of a constant, strong source of funding.

**Consultation:** A long-term source of revenue can be through offering employers the opportunity to pay for consulting services to develop improved inclusive culture, practices, and policies. The disadvantage is that the consulting fees would most likely not generate significant funding for Professionals Who Care core expense, but instead mostly cover costs for a specific position, oversight, and product development. In-depth resources can also be placed behind a paywall, but they should not become difficult to access, as this inaccessibility would be contrary to the primary goals of the organization.
Branding

The branding will inform and standardize the communications plan. The below style guide was selected by Professionals Who Care co-founder, Talia Selove (2022), as designated in Figure 6.

**Figure 8: Style Guide**

<table>
<thead>
<tr>
<th>Primary Colors</th>
<th>Secondary Colors</th>
</tr>
</thead>
<tbody>
<tr>
<td>#00AEC7 3125 C</td>
<td>#007C58 2419 C</td>
</tr>
<tr>
<td>#8EDD65 7487 C</td>
<td>#E9EC6B 386 C</td>
</tr>
<tr>
<td>#00BAB3 2398 C</td>
<td>#825DC7 2088 C</td>
</tr>
</tbody>
</table>

The logo includes a strong, heroic stance of an individual with timeless, achromatic black and white colors (Schofield, 2021; Shpitula, 2022). This individual – labeled a professional - has two similar, but distinct shadows: one with a laptop for work and the other serving a tray in a caregiving posture (Schofield, 2021). The image, as shown in Figure 7 and 8, embodies the message that a person can successfully have two roles as both a professional and a caregiver, and that this individual can be awe-inspiring in what they accomplish (Schofield, 2021).

**Figure 7: Vertical Logo**
Figure 8: *Horizontal Logo*

[Image of a logo with the text “Professionals Who Care” and a subtitle “an inclusive workplace for every professional who is also a caregiver”]

**Filing Requirements**

The following steps were completed to prepare for a successful incorporation of a nonprofit entity (Eisenstein, 2021; Maryland Nonprofits, 2022).

**Contact Data**

- **Requirement:** Establish initial contact information for forms.
- **Completed Action:** Created a Google account for email and phone number (Google, 2022).
  
  Used personal home address for mailing address.

**Resident Agent**

- **Requirement:** Secure a Resident Agent.
- **Completed Action:** Applied for representation with Maryland Resident Agent (2022).

**Incorporation**

- **Requirement:** Incorporate organization with the State of Maryland.
- **Completed Action:** Expedited form completed and filed (Mathis, 2022, Maryland Secretary of State, State of Maryland, 2022).

**Bylaws**

- **Requirement:** Develop draft bylaws to be approved by board.
• Completed Action: Created draft bylaws based on free online templates (Alliance for Justice, 2010; nonPROFITALLY, 2022) and in consideration of the organizational health and culture specific to Professionals Who Care.

Conflict of Interest Policy

• Requirement: Create conflict of interest policy to be approved and signed by the board.

• Completed Action: Drafted policy based on online templates (Sorbi, 2022).

Employer Identification ID

• Requirement: Create an Employer Identification ID (EIN).

• Completed Action: Completed application and acquired an EIN (IRS, 2022a).

Board Development & Initial Meeting

• Requirement: Create a startup board, hold meeting to determine positions and pass bylaws.

• Completed Action: Recruited members for the board.

1023-EZ Streamlined Application for Recognition of Exemption Under Section 501(c)(3)

• Requirement: Complete and submit application.

• Completed Action: Prepared information for application (Department of the Treasury Internal Revenue Service, 2021).

Filing Next Steps

Board Establishment

• Hold first board meeting for recruited members.

• Submit application 1023-EZ Streamlined Application for 501(c)3.

• After 501(c)3 status is approved:
  o Submit registration with the Maryland Secretary of State.
  o Submit state income tax exemption.
**Board and Volunteer Recruitment**

Professionals Who Care must develop a talented and passionate volunteer base to achieve its mission. There will be three levels of volunteering: Board of Directors, Advisory Council, and General Volunteers. The Board of Directors will be individuals who can carry the duties of obedience, loyalty, and care (Trautman & Ford, 2018). The Advisory Council will be individuals with specific insights and skill, who are not able to commit to a greater responsibility of the Board, but who can provide expert advice and guidance. Finally, General Volunteers can select their level of involvement and commitment.

There will be at least four board members for the initial filing and incorporation, with additional growth through the inaugural year. The board size initially will remain smaller, with no more than nine members, to maintain a level of agility during the early development. Board members can be selected by using the following qualification characteristics, shown in Figure 9.

**Figure 9: Board Qualifications**

<table>
<thead>
<tr>
<th>Caregiving Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
</tr>
<tr>
<td>Diversity Representation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy or Lobbying</td>
</tr>
<tr>
<td>Financial</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Security</td>
</tr>
</tbody>
</table>
Figure 10 includes the first page flyer for board and volunteer recruitment.

**Figure 10: Board and Volunteer Recruitment**

**Professionals Who Care**

an inclusive workplace for every professional who is also a caregiver

**ADVOCATE**
Highlight strengths of caregivers as employees and leaders

**SUPPORT**
Share stories to increase understanding and reduce isolation

**CHANGE**
Unite to make workplace policy and procedures inclusive of caregivers

There are approximately 43.5M caregivers in the USA, but their unique strengths and needs are often ignored in the workplace. *Professionals Who Care* unites caregivers and allies to ‘ASC’ for a more inclusive workplace.
Timing

Below are considerations on the timing of the development of Professionals Who Care.

Technology Advancements Create New Opportunities

Technology has drastically changed the workplace since the concept of the ideal worker was created. It is now possible to hold meetings remotely, access one’s work from any computer, and access necessary tools from one’s personal smartphone (Willcocks, 2020). Along with these advancements, there are also proven tools to manage more complex work schedules which allow for greater flexibility—such as on-site employees being able to exchange shifts (Hackett, 2020). Additionally, success in the workplace does not always need to be verified by a supervisor watching staff over their shoulders, as technology can provide accountability and performance metrics (Hirsch, 2019). Technology is the game changer in enabling more inclusive practices for those who cannot conform to traditional work standards (Das et al., 2021).

The Catalyst of Covid-19 Pandemic

The timing of the creation of Professionals Who Care is important as the country enters into a post-pandemic phase. The covid-19 pandemic was devastating across the globe. In the United States, the lack of familial supports caused a large exodus of women from the workforce, including 2 million women by the first fifteen months (Ammerman & Groysberg, 2021). However, the pandemic also escalated the country’s adaptation of flex time and remote work, as seen by the virtual meeting platform of Zoom having their profits multiply by 49.47 times from 2019 to 2021, with 300 million daily meeting participants being reported by June 2020 on Zoom alone (Iqbal, 2022). Importantly, the pandemic created a season where there could be significantly less flexibility bias against those asking for non-traditional work hours or work locations for many jobs—especially office work—because most people were also conducting their work virtually.
The pandemic inadvertently created more inclusive workplace guidelines for many parents, guardians, those with disabilities, and caregivers (Peralta, 2021). As the country enters the post-pandemic phase, 73% of employers believe that a flexible workplace will help them retain their staff, and 43% of employees share that they intend to look for another job if flexibility and caregiving benefits are reduced (Tugend, 2021).

The Continuum of Invisibility during the Pandemic

However, it is important to emphasize that most companies were not trying to purposely make the workplace more inclusive for caregivers during the lockdown phase of the pandemic. The country’s response to the pandemic was to maximize work-from-home opportunities to limit the spread of the virus, not to develop greater inclusivity. Additionally, employers became more focused on home responsibilities and personal stressors primarily because of the parental crisis with closed schools and daycares – resulting in parents or guardians working remotely with children at home or working in-person with children at home (Tugend, 2021). Employers focused on families struggling to respond to the drastic shifts in childcare. For example, one study showed that 66% of employers stated high levels of support for parents with young children, yet only 32% of employers felt the same regarding family caregivers (Kasten, 2021; Tugend, 2021).

As it has been established in this report, there are an estimated 32.3 million employed caregivers in the United States. Yet most of the messaging during the pandemic concerning home struggles overlooked these caregivers and focused on how parents and guardians were coping (Tugend, 2021). Sowa and McCann (2021) stated, “Employers rushed to implement solutions for parents with young children, such as daycare and nanny access, but most approaches did not address the full continuum of caregiving needs in their diverse population” (p. 1030). Roman et al. (2021) similarly noted “Though the pandemic caused employers to expand flexible working
arrangements for their employees, these benefits have typically favored working parents over working family caregivers due to a lack of understanding about family caregivers’ needs” (p. 1046).

The caregiving bias continued during the pandemic. Employers primarily discussed the stress of standard childcare, even though caregivers had overwhelmingly difficult and often traumatic experiences during the pandemic including: the widespread cancellation of disability and elderly supports; the risk of passing the virus onto those for whom they were caring (who had higher rates of vulnerability); higher rates of death from the covid-19 virus for those whom they were caring, alongside with high death tolls in nursing homes; de-prioritization of medical care for those whom they were caring compared to abled-bodied individuals; separation from those whom they are caring during medical care and hospital stays, and more (Ruksakulpiwat et al., 2021; Skinner, 2021). For the most part, the state of invisibility continued for employed caregivers, even with expanded work benefits and greater focus on employee well-being (Roman et al., 2021).

The Exclusive Messaging of Getting Back to the Way Things Were

As covid-19 vaccinations rolled out, employers grappled with the question of what the post-pandemic workplace would look like. Because of the long-term nature of the pandemic, many employees have adjusted to virtual work and preferred the arrangement (Saad & Wigert, 2022). In contrast, however, many in power have called for a return to ‘the way things were,’ or to ‘get back to normal’. Degrading labels have been given to those who prefer virtual work, such as lazy or uncommitted, thereby returning to the tradition of flexibility bias in the workplace (Khazan, 2021). For example, one hiring manager was put in the spotlight for posting discriminatory comments, “As a nation it seems we have become spoilt and entitled… They want to see their children in the morning or their sister can have their children at certain hours, but deep down, I'm just seeing a
lazy mentality” (Tilo, 2021). In essence, this pushback is a call to return to the ideal worker standards that are not inclusive to parents, guardians, those with disabilities, or caregivers.

“It is imperative that we do not return to normal in a world where for some people, “normal” means being discriminated against daily while others turn a blind eye to the issue, or where normal means unsustainable expectations for our time, labor and productivity” (Schroeder, 2022).

Instead of returning to the acceptance of the archaic ideal worker standard, we should use the catalyst of the proven success of widespread flexible employment opportunities and seek to create a more inclusive workplace (Peters et al., 2022). It is important to advocate now for greater inclusivity by offering remote and flexible work opportunities without marginalization or stigma.

But if all we do is try to get back to the pre-pandemic playing field, we’ll have missed an enormous opportunity to treat the true causes of these dramatic disparities. The uneven effects of the pandemic are, ultimately, symptoms of deeper problems in the workplace that were present long before COVID-19—and will only calcify if organizations don't tackle them head on” (Ammerman & Groysberg, 2021).

Constituent Profile Examples

The below constituent profiles are a composite of common challenges, experiences, and feeling of the employed caregivers’ experience, folded into stories of a fictional characters. These profiles can help Professionals Who Care understand their constituents for communications outreach, volunteer engagement, fundraising, and program development.

Name: Darius Robinson, 62, he/his (Ammerman & Groysberg, 2021; Bell et al., 2019; Greene & Hunt, 2017; Joseph & Joseph, 2019; Sowa & McCann, 2021; Torrey, 1997)

Interests: Remote work, Alzheimer’s, senior rights, male rights, allyship

Story: Darius builds cloud-based solutions, and he has been at the same company for 19 years. Darius’s wife was diagnosed with early onset Alzheimer’s disease two years ago. Darius has resisted putting her in permanent care and does not have the budget for at-home care
during the workday. He has petitioned to work remotely just to make sure the oven is turned off or that his wife does not walk out of the home in a confused state. His employer offers generous benefits to parents with children but laughed off the idea of Darius’s needs as a caretaker. Darius requires health insurance from his work and has not been able to find anyone interested in hiring him elsewhere with remote benefits. He privately wonders if his inability to be hired elsewhere has to do with his age or race, and Darius is also increasingly concerned about his ability to be hired when he discloses his reason for wanting remote work. Darius is also responsible for all the home and spousal care, causing him to have limited energy and time to apply for jobs in the evenings. He loves his actual work and would like to stay if he could manage his dual roles. Darius is also worried about being laid off if he makes a fuss about remote options. He wishes his colleagues would advocate for more remote work for everyone, but he simply hears them talking about the generous parental benefits and how his employer is so supportive to families. Darius now just stays silent and keeps his head down, praying that his wife is okay at home alone and praying she won’t get worse too quickly. Darius feels isolated, stressed, frequently sick with headaches and stomach cramps, diminished, and low on options.

Name: Elena de la Fuente, 37, she/her (Bell et al., 2019; Cech & O’Connor, 2017; Henning & Lahr, 2019; Li & Lee, 2020; Phelan, et al., 2011; Tugend, 2021)

Interests: Sandwich generation, flex work, community, rural health care, stigma-by-association

Story: Elena’s husband was serving oversees in the Army when his transportation unit was attacked. He now has traumatic brain injury that renders him incapable of supporting her and their 11-year-old son and 8-year-old daughter. Elena works full time in-person with standard hours as an accountant at a small business while her elderly mother watches her
husband in the day. They live in a rural community, and the Veteran Affairs hospital is 1.5 hours away. Elena’s mother is too old to drive, and Elena must transport her husband to his twice weekly physical rehabilitation appointments at the hospital. Her work does not allow flex time and Elena has limited vacation or sick leave remaining – and because of the continuous nature of the appointments, she does not see how her leave can accrue. She tries to keep the appointments at the end of the day to limit time off, but she has no remaining PTO to take anyone else to any medical appointments, let alone attend school events or go on vacation. Elena’s mother is also showing signs of deteriorating health. Elena is unsure how she can keep her job and take care of the medical needs of the family. If she could have access to flexible and/or remote work, she would be able to balance her dual roles.

As it is now, Elena feels exhausted and out of options, and she frequently finds herself secretly crying in her car during her husband’s appointments – the only time she is alone.

**Name:** Isra Simsak, 51, she/her (Ammerman & Groysberg, 2021; Bell et al., 2019; Greene & Hunt, 2017; Henning & Lahr, 2019; Williams, 2006)

**Interests:** None at this time

**Story:** Isra has never cared about flexible schedules, remote work, inclusivity, or even allyship. Her mother lives on the other side of the country, and they have always celebrated each other’s independence and health. In the last three months, however, Isra’s mother has fallen two different times. The first time resulted in a broken hip and concussion. The second time, her mother was alone on the floor for five hours before Isra became concerned about unanswered texts and had a neighbor check in. Neither Isra nor her mother have any plans to move closer to each other, and Isra still does not consider herself a caregiver. However, she finds herself needing time in the day to participate in her mother’s doctor appointments
and to help arrange complex medical care and finances. Isra also believes she needs to fly out to see her mother occasionally, as she would like to have a better sense of her mom’s well-being. She would like to work remotely for a week at a time, but she is scared to ask her supervisor, as remote work is generally frowned upon. Isra has never considered herself a caregiver, but the increasing demands on her schedule are becoming stressful and overwhelming, and she worries constantly about her mother’s care. Isra hasn’t quite figured out why everything suddenly seems so difficult, and it is keeping her up most nights.

Name: Leif Jacobsen, 31, he/his (Boumans & Dorant, 2021; Hackett, 2020; Raeburn, 2004; Sowa & McCann, 2021)

Interests: Allyship, diversity and inclusion, mental health

Story: Leif has always been known for his empathy, so it was no surprise when he became a pediatric nurse for cancer patients. While the culture at the hospital seemed solely concerned about patient care, Leif gained a reputation for being a listening ear for his co-workers as well. He learned that several of them were balancing their jobs with personal caregiving responsibilities, especially as their extended families would go to them anytime there was a medical issue – as they were the nurses in the family. He found that his caregiving colleagues felt stressed, disregarded, and ignored by the hospital, even though the terms ‘compassion’ and ‘kindness’ were frequently discussed in meetings and trainings. Leif used his natural influence to successfully petition for nurses to have greater say in what days and shifts they worked. Everyone understood the importance of their work, so shift coverage did not falter. However, what changed was that the morale of all nurses improved, as they felt that management cared for them more than just shift names on a
schedule. Several nurses privately expressed their gratitude to Leif. He believed it was an obvious decision and thought nothing of it. Now, Leif is wondering what else can be done.

Name: Mae Zhang, 24, they/them (Foldy & Creed, 1999; Li et al., 2015; Templeman, et al., 2020; Torrey, 1997; Weldon-Johns, 2015; Williams, 2006)

Interests: Expanding FMLA, job security, mental illnesses, allyship, supervisor support

Story: Mae is a waitress at a 24-hour diner. Mae grew up in the foster care system and has worked to develop their own sense of family. They have taken in a former foster sister who suffers from debilitating schizophrenia and was experiencing houselessness. Mae’s partner is an artist and works from home to keep an eye on Mae’s sister, but she also frequently travels for her art. When their partner is home, Mae picks up extra shifts to help pay the bills. However, Mae needs greater flexibility for their work hours when their sister becomes unstable, when Mae is needed at their sister’s medical appointments, when Mae needs a break to manage their own depression, or when Mae’s partner is out of town. Mae knows that they have no legal rights for caregiving as their foster sister is not officially family, but they do not need to worry about it. The owners work with Mae and allow all staff to exchange shifts when needed, and everyone at work is very supportive of Mae. Mae has even brought their sister to sit at the diner during a few shifts. Mae has thought about a career in graphic design, but they have no plans to leave such a supportive work environment. They are extraordinarily grateful for their work community.

Name: Mandy Castleton, 46, she/her (Anderson et al., 2020; Li & Lee, 2020; Connor & Cech, 2018; Greenfield, et al., 2018; Home Instead, 2020; Williams, 2006)

Interests: Autism, women’s rights, career growth, community
**Story:** Mandy has a seven-year-old son who has lower functioning autism. Her ex-husband left when her son was two years old as he was overwhelmed by the challenges of care. Mandy is an investor relations manager at a financial firm. She seeks greater financial security and wants to grow in her career. However, she has received comments at work disparaging her occasional needs to pick her son up from his school or after-school-care when he is experiencing significant meltdowns. Mandy’s boss tells her that he walks the floor three times a day to see who is showing their commitment by being at their desk. Mandy often works late into the night to make up for any time off in the day, and she is proud of her metrics of very satisfied customers and financial growth. On four different occasions in the last three years, however, Mandy has seen men promoted over her who have worse recorded performance, who are younger and newer to the company, but who do not need flexible time. Mandy has not looked for other jobs as she is the sole caretaker for her son, and she does not want to lose FMLA protection (as it only takes effect a year into employment). Mandy feels trapped, alone, increasingly hopeless, and significantly frustrated about her career trajectory.

*Strategy Development*

Professionals Who Care strategy to effect positive change will depend on the strength of the organization’s social change strategy. This section provides an outline of several types of strategy that the organization will initially incorporate in the communications, engagement, and advocacy plan. These include: triple-loop action learning theory, social influence theory, and social networking theory. Additional informal strategies will be explained including highlighting the effects of inclusivity, increasing allyship, a topical communications plan, and a pursuit of desired outcomes.
**Triple-Loop Action Learning Theory**

As previously discussed, triple-loop action learning seeks more meaningful change by relating individual struggles to historical and societal issues (Foldy & Creed, 1999). The benefit to triple-loop action learning is that it gives responsibility to everyone to participate in changing societal norms by challenging the basis for accepted practices. Figure 11 details the strategy for change with this theory (Aston, 2021; Edgett, 2017).

**Figure 11: Triple-Loop Learning Theory**

- **Context:** How can we move away from ideal worker standards?
- **Assumptions:** Do our policies consider caregivers?
- **Action:** Advocate for more flex and remote opportunities
- **Result:** Greater inclusivity for employed caregivers

**Triple Loop Learning**

“What is right?”

How do biases against employed caregivers relate to historical and societal issues, and how can we address injustices and discrimination in the workplace?

**Double Loop Learning**

“Are we doing the right things?”

Are we purposefully and thoughtfully creating policies, practices, education, and a culture where we develop and maintain an inclusive workplace for employed caregivers?

**Single Loop Learning**

“Are we doing things right?”

What rules do we need to create change in the workplace to make sure we are a leading organization in inclusivity, retaining our staff and attracting the best talent?
**Social Influence Theory**

Social influence theory is based on three levels of influence that demonstrate the depth of change in one’s attitude, beliefs, and actions (Kelman, 1958). The concept was originally explained by social psychologist Herbert Kelman in 1958, and its effectiveness in creating change is still relevant today. Figure 12 explains the three levels of compliance, identification, and internalization as applied to Professionals Who Care (Friedkin and Johnsen, 2011; Hwang, 2016).

**Figure 12:** Social Influence Theory

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**Level 1: Compliance, shallow change**

*Description:* Listen to influence as a type of rule, to gain approval, and avoid disapproval.

*Example 1:* Inclusivity of caregivers as a matter of DEI, and ‘you should follow DEI standards.’
Example 2: Inclusivity of caregivers is a matter of mental health supports in the workplace, and caregivers’ distinct needs should be considered in workplace mental health outreach.

Note: The strategy of aligning with DEI or mental health is a way of accessing supports otherwise unavailable to caregivers (Sowa & McCann, 2021).

Level 2: Identification, moderate change

Description: Change behavior to conform to the standards of another person or group, in a sense to feel included with that identity.

Example 1: Company X has high retention and attract top recruits. They are the leading standard for inclusivity. I am a member of Company Y, and I would like to follow their philosophical model to align with Company X.

Example 2: Celebrity A states that caregiving is difficult and helped them become a better person. Caregiver B wants to emulate the celebrity, so aligns beliefs of valuing the caregiver identity, thereby feeling a sense of pride.

Note: One of the significant struggles in caregiving advocacy is that informal care providers do not identify as actual caregivers (Kasten, 2021; Phelan, et al., 2011). There is also no recognized identity for caregiving allies. Creating a sense of identity and uniting caregivers and allies within this group identity would create the catalyst for significant change (Greene & Hunt, 2017).

Level 3: Internalization, deep and long-lasting change

Description: Change behavior because of the satisfaction of it aligning with one’s values, is useful, or it fulfills a need. The individual sees the new change as part of their own self-perception.
Example 1: An employee prides herself on being an ally for marginalized communities. The employee has learned that employed caregivers are often marginalized, and therefore she now views herself as an ally for them.

Example 2: Caregivers are important members of our society and should be respected for the role that they serve. This includes valuing the traits that they have gained from their caregiving role that they can bring to the workplace.

Note: Caregivers who have gone through traumatic experiences in their role often express a period of internal change, called post-traumatic growth (Balaban et al., 2017). Post-traumatic growth “generates a greater sense of personal strength, values, psychological maturity, and empathy. Additionally, it improves interpersonal relationships, participation in social activities, and planning for the future” (Nouzari, et. al, 2019).

Additionally, two-thirds of caregivers report greater skills in leadership, empathy, communication, time management, and stress tolerance due to their caregiving (Brower, 2021). The development of these traits and soft skills from the caregiving experience should be recognized and valued in the workplace. In essence, caregivers can be celebrated instead of stigmatized.
Social Networking Theory

Social networking theory describes the power for people to influence each other. The level of influence can be calculated by “degree, closeness, and betweenness” (Liu, et al, 2017, p, 1). This theory will be incorporated into social media activity, with the strategy shown in Figure 13.

**Figure 13: Social Networking Theory**

- **Dialogue with Strangers**
  Conversations allow diverse groups to discover they have commonalities in employed caregiving experiences, building a sense of identity (Petersen, 2018).

- **Engage Opinion Leaders**
  Engaging with digital opinion leaders can create greater legitimacy to the cause of employed caregivers. Incorporate opinion leaders from academia, other nonprofits, and companies (Anju Team, 2021).

- **Develop Community**
  Participation in the employed caregiving cause on social media increases an individual’s affinity to the cause (Magigabla and Jili, 2019).

- **Collect Stories & Buy-In**
  Providing a venue for caregivers and allies to share stories, collect evidence, and create the narrative of advocacy will increase buy-in and commitment (MacPhail & Colla, 2020).

- **Build ‘Weak’ Ties**
  Networks built off informal and casual connections are more likely to help each other in their careers compared to close relationships. Build a network to enhance the development of caregiving supports on social media (Liu, et al, 2017).

- **Use Platform to Provide Protection**
  Group member interaction can fight caregiving bias and use the platform to voice protection for vulnerable employed caregivers (O’Flynn & White, 2020).
There are extensive positive effects based on increasing the inclusivity of caregivers in the workplace. Figure 14 displays the waves of impact that can be experienced based on this change.

**Figure 14: Improved Outcomes from Inclusivity**

1. **Inclusivity for employed caregivers improves the outcomes for employed caregivers.**

   As previously discussed, creating a workplace not based on the standards of the artificial construct of the ideal worker, but designed on the existing structure of our society will allow employed caregivers to better manage their dual roles (Hackett, 2020). It will reduce discrimination and improve the physical health, mental health, financial health, social health, career success, and time management for individuals who must carry both employment and caregiving responsibilities (Bell, et al., 2019). “When employees work in workplaces that understand their family responsibilities, they tend to regard their workplace as resources rather than as work-related demands” (Li & Lee, 2020, p. 2079). Additionally, another study found that when an employed caregiver has a supportive supervisor, the likelihood of wage loss from their caregiving status decreases by 37% (Earle & Heymann, 2012).

2. **Inclusivity for employed caregivers improves the outcomes for care recipients.**

   The correlation between caregiver health and care recipient health is well documented. For example, Schulz and Beach (1999) demonstrated that a decline in caregiver’s health can result in
the institutionalization of the care recipient. Conversely, supports for employed caregivers lead to better cost-effective outcomes for those who need caretaking (Bell et al., 2019; Roman et al., 2021). Creating a more inclusive workplace for caregivers will improve the well-being for the disabled, sick, injured, and aging (Deeken et al., 2003).

3. Inclusivity for employed caregivers improves the outcomes for all employees

It is important to note that inclusive policies will have additional positive effects for all employees, not just caregivers. Studies have shown that the ideal worker standard with its demands for structured, in-person work hours negatively impacts all staff (Zeidner, 2018); this is not a benefit that only affects caregiver outcomes in the workplace. O’Connor & Cech (2018) noted that flexibility provides employees with a better sense of schedule control, increased management of their personal responsibilities, and a stronger feeling of working at a place where an employer cares for their staff. O’Conner & Cech (2018) also noted that when employees observe caregiving discrimination against their peers, that they report reduced job satisfaction. Additionally, employers might experience higher turnover or reduced engagement with their ideal workers when there is a culture of inflexibility and discrimination. As O’Connor & Cech (2018, p. 809) noted:

“We find that perceptions of high levels of workplace flexibility bias is associated with worse job satisfaction and engagement, and increased turnover intentions and job-to-home and home-to-job spillover, and that the effects of perceived flexibility bias on these outcomes occur even for ideal workers.”

4. Inclusivity for employed caregivers improves the outcomes for employers

While work can play a positive role for employees, offering inclusive policies is also beneficial for the employer. Generally speaking, it is not the employer’s core responsibility to provide social services and mental supports to their staff, as they must pay attention to the bottom line (Williams, 2006). However, there are many business reasons to create a workplace that allows non-traditional employees to succeed. For example, employers of today are struggling to attract
qualified candidates, and flex time and remote work are seen as *optimal* factors that will draw in additional talent (Tugend, 2021). Conversely, during the current age of high turnover, employed caregivers under inclusive policies are more likely to stay in their current jobs (O’Connor & Cech, 2018). Lerner, et al. (2020) suggests that “employers cannot afford to lose the talent and productivity” (p. 754) of the employed caregiver group. Increased retention saves costs on employment gaps, hiring, training, and onboarding learning curves (Holtom et al., 2008). Additionally, “caregiving programs are one of the few employer-sponsored benefits that both address social determinants of health and promote DEI” (Sowa & McCann, 2021, p. 1030), both which are important qualities to retention and attraction of top talent. Finally,

> “Most working people will tend to a family member’s health at some point during their careers. If HR and supervisors aren’t careful about how they manage those employees, the result can be costly litigation, low morale and bad press, among other problems” (Zeidner, 2018, p. 49).

Investing in flexible opportunities is good for the employer’s bottom line. In one 2016 study, for every dollar invested in flextime, an employer received $1.70 to $4.34 in return, and for every dollar invested in remote opportunities, an employer received $2.46 to $4.45 in return. According to Templeman, et al.,

> *We are no longer living in a society where we view work and home as two separate spheres. Organizations of the future must adopt a whole person approach to supporting employees, which includes supporting caregivers in the important role of caring for their loved ones* (2020, p. 706).

### 5. Inclusivity for employed caregivers improves the outcomes for the nation.

Finally, increasing the inclusivity of employed caregivers in the workplace is beneficial to the nation. Many caregivers have had to leave the workforce in the past due to the incongruent nature of a rigid work schedule and caregiving responsibilities (Greenfield, et al., 2018). It has been found that 23.7% of parents with special needs children reported work loss because of their
Remote work, flexible time, the elimination of the caregiver bias, among other policies, can help re-incorporate a portion of these capable adults, as making the workplace more inclusive will enable employed caregivers the ability to manage the role conflict (Greenfield, et al., 2018). This population has largely been excluded from the workplace because of the rigid, biased, and often impossible standards of the ideal worker. Redefining what it means to be successful at work and re-imaging work as an inclusive place will be transformational for millions (Weldon-Johns, 2015). “A 2021 AARP analysis found that if employers and state governments bolster supports for working family caregivers age 50 and older, not only would worker productivity increase, but the U.S. gross domestic product could grow by as much as $1.7 trillion by 2030” (Roman et al., 2021 p. 1046).

Increasing Allyship

It is vital to build the concept of allyship to effect change for employed caregivers. “An ally is any person that actively promotes and aspires to advance the culture of inclusion through intentional, positive and conscious efforts that benefit people as a whole” (Atcheson, 2018). As previously described, employed caregivers are in a more vulnerable and disadvantaged state in their personal lives and careers. Allies can provide support, be a voice, and increase inclusivity for caregivers. In fact, the title of the organization, “Professionals Who Care,” is meant to be inclusive of allies, as they are a critical part of the strategy for improving the workplace experience for employed caregivers. Below are some key points on allyship, as shown in Figure 16.
**Figure 16: Allyship in the Workplace**

**Disclosure Risk**
Communicating caregiver status causes increased physical and emotional stress when caregivers are unsure if it is safe to disclose based on a risk of stigma and loss of opportunities (Templeman, et al., 2020).

**Compassion in the Workplace**
Supervisor and colleague support have been found to be significantly correlated with reduced stress of the employed caregiver (Li & Lee, 2020).

**Catalyst of Supervisor Support**
Supervisors have an outsized effect on employed caregivers. Their support is positively associated with life satisfaction (Li & Lee, 2020). Lack of supervisor support was a significant risk factor for poor mental health for employed caregivers (Boumans & Dorant, 2021).

**Leadership Voice**
It is beneficial when professional leaders who are also caregivers speak up about their caregiving experiences to staff (Hackett, 2020).

**Educational Need**
Professional education on caregiving inclusivity is limited, yet supervisors and colleagues should receive training on this topic (Anderson et al., 2020).
Communication Plan

Professionals Who Care will rely on a strong communications plan to effect positive change for a more inclusive workplace. The initial goal will be to start on LinkedIn with two to three posts a week. LinkedIn communication best practices for organizations will be followed. As Professionals Who Care migrates to other social media platforms, research will be conducted to learn appropriate practices for each unique platform. Posts can include original written content, graphics, video, and shares. Possibly categories for social media postings are listed below, within the goals of advocate, support, and change.

Advocate

- Introduce concept of caregiver, raising the concept of it as an identity.
- Highlight the skills of caregivers as employees and leaders, including post-traumatic growth that generates highly desired soft skills.
- Explain the historical and social norms that create difficult and sometimes impossible expectations for employed caregivers.
- Spotlight the struggles and difficult stories of employed caregivers.
- Focus on colleagues and leaders who advocate for or provide an inclusive place.
- Share links on celebrities who discuss caregiving.
- Describe (fictional) stories in shows and movies that relate viewers to the issue.

Support

- Provide encouraging comments to caregivers.
- Express gratitude to allies.
- Respond to people who comment.
• Offer celebration of other organizations that promote caregiving support.

• Offer information on how to access supports and regulations.

Change

• Highlight companies and organizations that have inclusive policies.

• Refer to human resources concepts on inclusivity.

• Provide research on benefits to inclusivity.

• Share current events for caregiver inclusivity.

• Communicate government initiatives to increase supports and protections for employed caregivers.

**Desired Outcomes**

Professionals Who Care seeks for greater inclusivity for employed caregivers in the workplace. Inclusivity can vary by industry, company, and position type. Possible methods of inclusivity in the workplace include:

**Create an inclusive foundation**

• Reimagine what inclusivity can look like for each organization (Sowa & McCann, 2021).


**Update policies and procedures**

• Increase flexible and remote work opportunities (Sowa & McCann, 2021). Evaluate positions to determine the extent of flexibility that can be given to each role (Anderson et al., 2020).
• Offer flexible and remote opportunities to all employees where possible to reduce flexibility penalties and to increase morale and retention for all (Templeman, et al., 2020).

• Work with an organization’s legal counsel to create inclusive policies and procedures that detail what constitutes caregiving discrimination. “When there is no policy or procedure, there is risk. If you just leave things up to line managers, there’s a lot of opportunity for screw-ups” (Zeidner, 2018, p. 49).

• Update protocols for when employees request caregiving accommodations (Anderson et al., 2020).

• Offer comprehensive and holistic paid family leave (Roman et al., 2021). Allow employees to access paid family leave before using up their vacation and sick leave (Zeidner, 2018).

• Incorporate caregiving inclusivity in DEI and mental health benefits (Sowa & McCann, 2021).

**Provide training, education, and resources**

• Train human resources on employed caregivers’ policies, procedures, strengths, disadvantages, and biases (Meyer et al., 2019).

• Train supervisors and managers on inclusivity and communication (Mofidi et al., 2019).

• Share existing possible supports to those identified as employed caregivers (Mofidi et al., 2019).

• Distribute information on policies and supports for employed caregivers to all staff annually, as individuals will find themselves with changing needs based on life events (Meyer et al., 2019; Roman et al., 2021).
• Educate employees on filing complaints and implement established procedures on how companies should quickly respond (Anderson et al., 2020).

• Offer resource libraries or an array of sponsored caregiving supports (Sowa & McCann, 2021; Zeidner, 2018).

**Build awareness**

• Include procedures and protections for identifying employed caregivers in the workplace (Meyer et al., 2019; Roman et al., 2021).

• Encourage leaders who are also caregivers to share their experiences (Hackett, 2020).

• Increase awareness of supportive policies to supervisors and managers (Anderson et al., 2020; Mofidi et al., 2019; Sowa & McCann, 2021).

• Train employees to be allies, including on how to reduce one’s own biases, to speak up, to use inclusive language, and to advocate for their peers (Greene & Hunt, 2017).

• Consider hiring a consultant who can provide training on unconscious bias (Zeidner, 2018). Train human resources, managers, and supervisors to avoid making assumptions on what is best for caregivers (Anderson et al., 2020).

• Be an advocate in the industry for inclusivity for employed caregivers (Sowa & McCann, 2021).
Chapter 5: Conclusion/Recommendations:

Creating a more inclusive workplace for employed caregivers is an important movement that has wide-reaching effects. It is critical to elevate workplace advocacy now, as the country transitions to the post-pandemic phase. Everyone in the workplace, regardless of their position or role, can help change the perspective of employed caregivers from second-rate workers to individuals with valuable contributions. Policies, procedures, and culture should abandon the implicit bias of the ideal worker and transform the possibilities for everyone in the workplace.

This capstone project detailed the historic and societal implications for creating a more inclusive workplace for employed caregivers through advocacy, support, and change. This report and the initial scope of the Professionals Who Care organization did not incorporate several other effective and needed strategies. These strategies can be considered if Professionals Who Care experience strong and sustained growth.

- **Data Collection.** Because many caregivers do not disclose their caregiving role due to caregiving discrimination and stigma, and because most companies and organizations do not collect data on their employee’s caregiving status, there exists significant gaps in data intelligence on this issue (Meyer et al., 2019). It is easier to ignore a problem that is not tracked, and it is difficult to understand progress on an issue if there are limited benchmarks (Sowa & McCann, 2021). One government taskforce member focused on data collection for policy change described her state as being “'data allergic,' suggesting a possible reluctance from some state agencies in collecting and analyzing data that could uncover unmet caregiver needs and prompt a need for action” (Meyer et al., 2019, p. 73). Additionally, “employees might be less willing to self-identify due to psychological safety, stigma around talking about caregiving, and fear that careers may be impacted” (Sowa &
McCann, 2021, p. 1030). Professionals Who Care would do well to support the safe collection of more comprehensive data on employed caregiver rates in various industries, their levels of inclusivity, and their levels of well-being.

- **Research**: Professionals Who Care would realize greater strategic change if they raised money to provide grants to social scientists on the issue of employed caregivers. These scientists could provide additional evidence-based insights to guide this vision of inclusivity (Meyer et al., 2019; Kasten, 2021). The social scientists could also compare international practices to determine leading efforts on the inclusivity of employed caregivers.

- **Legal Ramifications**: There are a few pathways to bring legal action against companies that have sub-standard inclusivity. Zeidner (2018) warns of increasing legal risk that employers carry for discriminatory practices against caregivers, suggesting that employers incorporate change similar to the rapid change from the #MeToo movement. According to Zeidner, employed caregivers are not a protected class, but some of the issues can be related to a protected class, such as discrimination based on gender. If a person can prove that caregiving responsibilities fall on women more than men, and if they can prove their employer is disregarding inclusive policies, they have the potential to sue based on gender discrimination. Lawsuits do cause companies and organizations to take discrimination cases more seriously, and there has been an increase in these types of cases. For example, “family responsibilities discrimination cases decided between 2006 and 2015 was more than three times higher than during the previous decade (1996-2005)” (Zeidner, 2018, p. 50). However, for the most part, the scope of these legal action is limited as each problem must be related to a protected class. FMLA and The Americans with Disabilities Act have
additional ramifications for discrimination that can be explored, and Professionals Who Care would do well to support expert volunteers and eventual employees who could speak with authority on legal matters and to partner with organizations who specialize in civil rights, employment, or disability lawsuits.

- **Government Advocacy**: Significant change can occur with successful federal and state advocacy on behalf of employed caregivers to increase legal protections and funding, thereby removing the caregiving penalty that millions experience (Bittman, 2007; Meyer et al., 2019).

- **Education**: The scope of this project incorporates the concept of education into social media, webinars, conferences, and employer consultation, but a more comprehensive and holistic education plan could be developed. This plan could include high quality and proven educational techniques to escalate the inclusivity of caregivers in the workplace.

The need for an inclusive workplace for caregivers is significant, based on deep roots in the country’s history and culture. Professionals Who Care has the opportunity to help drive change in this issue through grassroots advocacy, uniting caregivers and allies alike. Improving the outcomes of employed caregivers improves the well-being for all. As Rosalyn Carter, former First Lady stated, “There are only four kinds of people in the world, those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers” (Meyer et al., 2019, p. 67).
Chapter 6: References


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List of Figures

Figure 1. Categories for Nonprofit Incorporation ........................................................... 23
Figure 2. Filing Process for Nonprofit Incorporation ..................................................... 24
Figure 3. Values .............................................................................................................. 25
Figure 4. Action Plan ................................................................................................. 27
Figure 5. 3-Year Expense Projections ........................................................................... 29
Figure 6. Style Guide .................................................................................................. 32
Figure 7. Vertical Logo ............................................................................................... 33
Figure 8. Horizontal Logo .......................................................................................... 34
Figure 9. Board Qualifications .................................................................................. 36
Figure 10. Board and Volunteer Recruitment ............................................................. 37
Figure 11. Triple-Loop Learning Theory ..................................................................... 47
Figure 12. Social Influence Theory ............................................................................ 48
Figure 13. Social Networking Theory ........................................................................ 51
Figure 14. Improved Outcomes from Inclusivity ....................................................... 52
Figure 15. Allyship in the Workplace ......................................................................... 56

List of Tables

Table 1. Projected Budget: FY22 (April 2022 – June 2022) ........................................... 28
Table 2. Projected Budget: FY23 (April 2023 – June 2024) ........................................... 28
Table 3. Projected Budget: FY24 (April 2024 – June 2025) ........................................... 29
Table 4. Sponsorship Levels ....................................................................................... 31