THE RE:CARE PROJECT

Towards developing resilience in the care workforce:
Lessons from COVID-19 in Malaysia

Policy Brief 1: Care Workforce Resilience

This brief forms the first of a two-part series on strengthening Malaysia's care workforce and infrastructure. While this paper focuses on care workforce resilience, its companion brief on care ecosystem resilience examines the broader systems and structures needed to sustain a resilient care infrastructure.

This policy brief was compiled by Anis Farid, based on the report "Towards A Resilient Care Workforce: Lessons from COVID-19 in Malaysia" authored by Anis Farid, Shazana Agha, Shanthi Thambiah, Denise Spitzer, Wani Hamzah, Alicia Lee Syin-Syin, Ilaiya Barathi Panneerselvam, Yu Ren-Chung, and Abinaya Mohan.
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Executive Summary

Understanding the impact of a crisis like COVID-19 on the wellbeing of the care workforce in Malaysia is important as it has an influence on workforce resilience. Our research focuses on paid essential care workers, who are predominantly women, their paid and unpaid care responsibilities, and the impact this has on their wellbeing. One key driver of vulnerability is the gendered impact of the pandemic, which has perpetuated inequalities into the post-COVID-19 period disproportionately experienced by women, including care workers themselves.

The large-scale, nationwide study undertook a mixed-methods approach, influenced by participatory principles. This study involved 144 women care workers across 24 focus group discussions, complemented by a quantitative survey with 1,534 men and women care worker respondents, and 20 key informant interviews with policy-adjacent stakeholders across government and civil society.

Our findings revealed:

1. *Care workers face intersecting inequalities,* including unpaid care inequalities, income disparities, and broader economic inequalities. These *disproportionately impact women,* who are more likely to be in higher care load households, earn less income, and face greater financial strain, compounding their vulnerabilities in both paid and unpaid care roles.
2. *Wellbeing among care workers declined during the COVID-19 pandemic and has not fully recovered.* Most importantly, Malaysian women's recovery lags behind their Malaysian men and migrant women counterparts. The gap between Malaysian men and women is especially telling: Despite similar contexts, women report poorer wellbeing outcomes, reflecting persistent gender norms and structural inequalities that meaningfully shifts especially how unpaid care work is experienced.
3. *There are high rates of intention to leave their current position within the next five years amongst care workers* (34.5% amongst Malaysian care workers; 56.5% amongst migrant domestic workers), which is concerning for the long-term sustainability of Malaysia's care ecosystem.
4. *Strengthening resilience is crucial for care workforce retention,* as modest improvements in individual resilience increases the odds of a care worker staying in their current position by 33%, whereas improved organisational resilience increases the odds by 112%. Resilience is also crucial for buffering negative impacts such as burnout, leading to improved overall wellbeing for care workers.

These findings demonstrate the importance of initiatives to improve the wellbeing and resilience of the care workforce. Thus, we recommend:

1. *Enhancing Workplace Conditions for Care Workers:* Improving the working conditions for care workers, including enhancing supports and protections for mental health and those experiencing violence, can support the wellbeing and resilience of care workers;
2. *Supporting the Care Responsibilities of the Care Workforce:* There is a critical need for norms and values to shift to better recognise and support the dual roles of care workers, reflected in targeted family-friendly workplace policies and initiatives as well as expansion of community-based care.

Background and Context

Care work is essential to national wellbeing and resilience, yet care workers remain chronically undervalued—both economically and socially. Despite being the backbone of Malaysia's care ecosystems, care workers face persistent challenges ranging from poor working conditions to inadequate support systems.

Malaysia faces a convergence of care crises, ranging from epidemiological shifts from a growing ageing population, to a shortage of care workers. Despite Malaysia's stance on reducing reliance on foreign labour, many care sectors remain unattractive to Malaysians, an issue worsened by high dropout across care sectors. Ensuring the resilience of Malaysia's care ecosystem requires more than physical infrastructure—it demands investment in the wellbeing of care workers themselves. Hence, we focus on paid care workers and their wellbeing, as care workers are the heart of the care ecosystem and they must be adequately supported for the resilience of the national care ecosystem.

Essential care workers included in this study are those from the following sectors and occupations:

TABLE 1:
Categories of Essential Care Workers Included in the RE:CARE Study by Sector.

Healthcare

- *Doctors*
- *Nurses*
- *Hospital cleaners*

Social Care

- *Social workers*
- *Childcare providers*
- *Specialised care providers*
  (those providing care for the elderly or people with disabilities)

Domestic Care

- *Domestic workers from Indonesia*
- *Domestic workers from Philippines*

The paid care workforce in Malaysia is predominantly made up of women, reflecting a global trend where feminised labour is concentrated across care systems.

TABLE 2:

Estimated Share of Women Across Various Care Sectors.[1]

Healthcare

56.5%

Social care

87.7%

Domestic care

99.4%

Although women's economic role has expanded in Malaysia, gender roles in the family have not changed substantially. Mothers in Malaysia spend significantly more time on childcare compared to fathers (Boo 2021; Juhari et al. 2013); Malaysian women also undertake more domestic or household work compared to men (Malaysian Population Research Hub 2017). This means that Malaysia's paid care workforce are disproportionately saddled with what Hochschild (1989) refers to as the "second shift", wherein their attention turns to their unpaid care responsibilities after their paid work.

Deeply ingrained social norms and traditional expectations of women as the primary bearers of care responsibilities within the home have reinforced the idea of care work as 'women's work' (Bauhardt 2019). Care work has become strongly linked to 'femininity' and duties within the home. As a result, men are more likely to engage in remunerative employment, while women tend to shoulder the majority of unpaid care work. Meanwhile, the economic contribution of unpaid care work is gravely underestimated (Wong, Yoong, and Kheng 2021), with the benefits of unpaid care work to households and communities can be thought of as an 'in-kind' income that directly fosters well-being (Folbre 2009). Consequently, unpaid care work acts as a hidden subsidy to the economy, placing a disproportionate time burden on women, who may be less able to engage in remunerative employment due to this time constraint.

The COVID-19 pandemic played an important role in underscoring the importance of strong care systems and comprehensive disaster preparedness plans. At the heart of these systems are care workers, predominantly women, who are often tasked with ensuring the continuity of care amid high levels of uncertainty. A truly resilient workforce, however, is able to provide continuity of care without significant personal costs to workers' mental health and wellbeing. Unless Malaysia begins to rethink its support for care workers, and review how care is addressed and prioritised within the nation, future crises will potentially result in negative impacts on the care workforce and strain our already fragile care ecosystems. In this, we view care workers across all three sectors—healthcare, social care, and domestic care—as essential because they are engaged in services critical to the functioning of society (Berry and Stuart 2021; Guerrero et al. 2020).

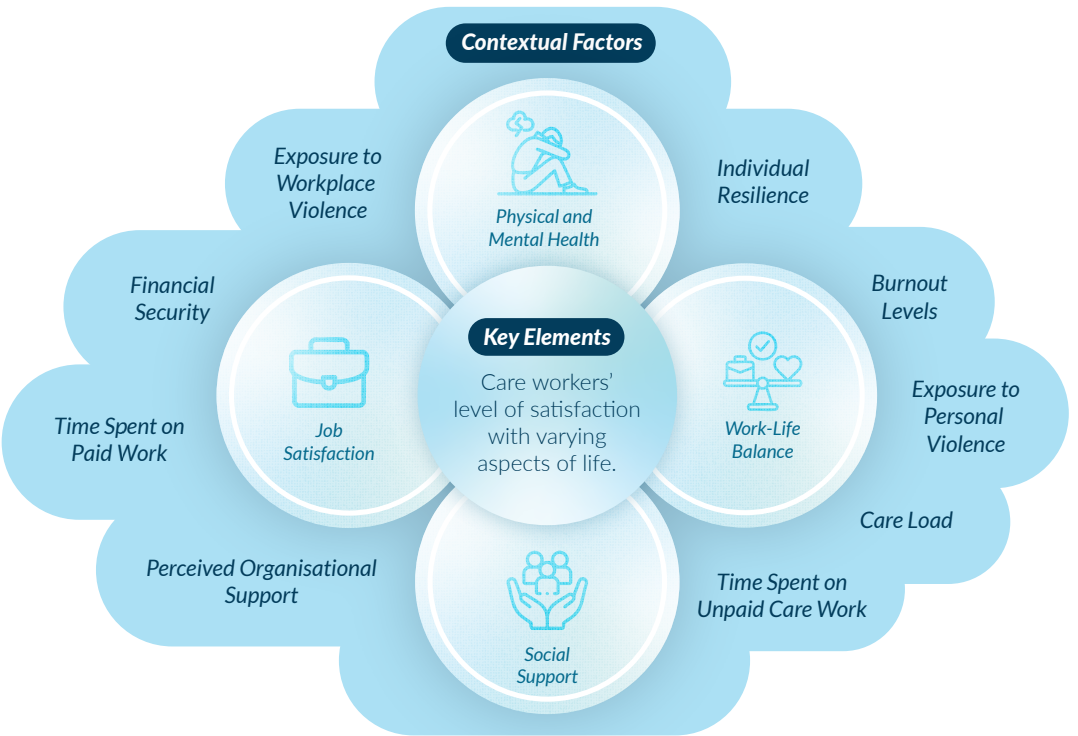
As care workers form the backbone of the care ecosystem, their wellbeing is central to the resilience of the care workforce and infrastructure.

Wellbeing (Figure 1) is shaped by key elements, conceptualised in this study as care workers' satisfaction with their physical and mental health, job/work conditions, work-life balance, and perceived social support. Simultaneously, it is also shaped by contextual factors that include individual resilience, burnout levels, exposure to violence in the workplace and/or the home, unpaid care loads, the interplay between paid and unpaid care work, perceived organisational resilience and support, and financial security.

1 Figures are from 2021. For healthcare, refer to Hafiz Hafizi Suhaimi and Hawati Abdul Hamid, 2024. Figure for social care and domestic care are the authors' own calculation, based on data from the Ministry of Education, the Social Welfare Department, and the Ministry of Economy.

FIGURE 1:

The Subjective Wellbeing of Care Workers: Key Elements and Contextual Factors



Resilience is defined as systematic agility or resourcefulness to "anticipate, adapt and reorganise itself" and "retain control over its structure and functions" (e.g. continue delivering critical services, maintaining the wellbeing of its workers) while facing shocks or crises (Blanchet et al. 2017, 432; Ungar 2018, 1). How systems, networks or actors respond to adversity or shocks is often described through three levels of resilience capacities or strategies—absorptive, adaptive and transformative (Barasa et al. 2017; Blanchet et al. 2017; Haider and Cleaver 2023). These capacities may occur at the individual, organisational/employer or systemic level.

TABLE 3:

Definitions of the Types of Resilience Capacities.

Absorptive capacity	*The ability to absorb and bounce back from shocks in the short term; typically thought of as the ability to withstand or absorb stresses and shocks.*
Adaptive capacity	*The ability to learn from and adapt to "a range of environmental and social contingencies".*

Transformative capacity

The ability to "shift to a substantively new system, often intentionally, and involving priorities different to the status quo, leading to changes across multiple scales."

Generally refers to ***structural shifts*** *(e.g., policy, institutional, infrastructural changes, social norms change) that bring about change and enable individuals or communities to respond more effectively to a changing environment (Jeans et al. 2016).*

Source: Haider and Cleaver 2023

This framework of resilience capacities helps us analyse how care workers respond individually to crises like the pandemic, and to identify points at which systems, organisations and employers must evolve to support care workers' capacities in a more sustainable and equitable manner, while taking into consideration specific vulnerabilities arising from care workers' social identities (e.g., women, migrant workers, persons with disabilities and those with significant unpaid care work loads). In this policy brief, focused particularly on care workers, when resilience is mentioned, it often refers to how these capacities, across all three levels, can be enhanced to ensure care workers are able to continue responding effectively, without detriment to their wellbeing.

Key Findings and Policy Recommendations

Three-fourths (75.7%) of the care workforce surveyed experienced a decline in wellbeing during the COVID-19 pandemic, with two-thirds (67.5%) of these care workers still not recovering to pre-pandemic levels of wellbeing.

FIGURE 2

Three in Four Care Workers (75.7%) Were Hit by This Decline in Wellbeing (n = 1,534).

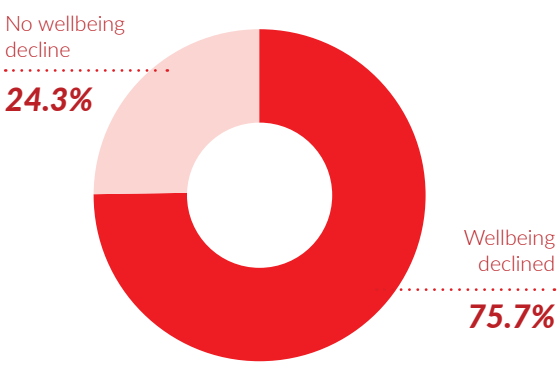
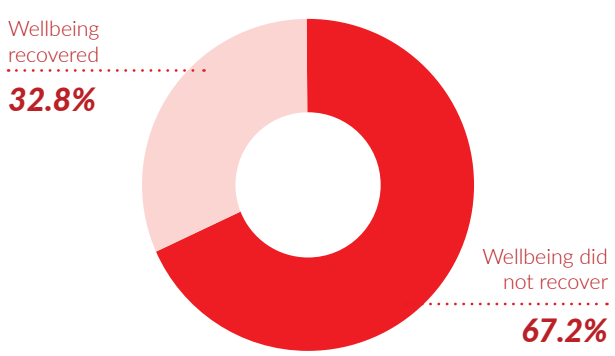


FIGURE 3

Of these, Two in Three (67.2%) Have Not Recovered to Pre-pandemic Levels of Wellbeing (n = 1,161).



Our findings indicate that wellbeing is shaped by stressors experienced both at work and at home, and their interactions, underscoring how interconnected the spheres of care are. Stressors in the paid care work realm include the number of hours of paid care work and experiencing burnout and violence in the workplace. At home, stressors include the number of hours spent on unpaid care work, how many people contribute to caregiving in the household, how many people there are to look after in the household, financial strain, and experiencing

violence. *The compounding effect of these stressors is linked to poorer wellbeing outcomes across time, with women most significantly impacted.* Experiencing these stressors appears linked to care workers' intention to leave their current positions within the next five years, as those who intend to leave have lower levels of wellbeing.

Importantly, our findings demonstrate that *adequately supporting the retention of our care workforce and addressing gender gaps in wellbeing outcomes requires strengthening both individual resilience and perceived organisational resilience,* that is how supportive and responsive care workers perceive their organisations.

Broadly, our recommendations are guided by the International Labour Organization (ILO) 5R Framework for Decent Care Work.

TABLE 4:
The 5R Framework for Decent Care Work.

Recognise	***Recognise** the value of care work and the rights of care recipients, care workers, and caregivers*
Reduce	***Reduce** labour-intensive unpaid care work through investments in infrastructure, technology, and services*
Redistribute	***Redistribute** unpaid care work more equitably between genders, and between households and the state, businesses and community*
Reward	***Reward** paid care workers with decent wages, fair allowances, and social protection*
Representation	***Representation** and meaningful participation of care workers, caregivers, and care recipients in decision-making*

Source: ILO. (2018). Care work and care jobs for the future of decent work; United Nations. (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda.

In order to strengthen the resilience of the care ecosystem, we propose the following:

STRATEGIC PILLAR 1

Enhance Working Conditions of Care Workers

Care workers are essential to the nation's resilience and wellbeing, yet many are underpaid, overworked, and unrecognised. While this study calls for increased recognition of care workers and for care workers to be

considered a part of the essential workforce, we contend that this is not possible without first ensuring that care work is 'decent work' (Ghai 2003). Improving perceived organisational resilience increases the odds of care workers staying within their current positions by 112%, suggesting that enhancing workplace conditions for care workers can improve retention in the care workforce. In order to do this, we suggest the following focus areas:

A Ensure Fair Employment Standards for Care Workers

i Review and improve current salary structures to ensure fair remuneration.

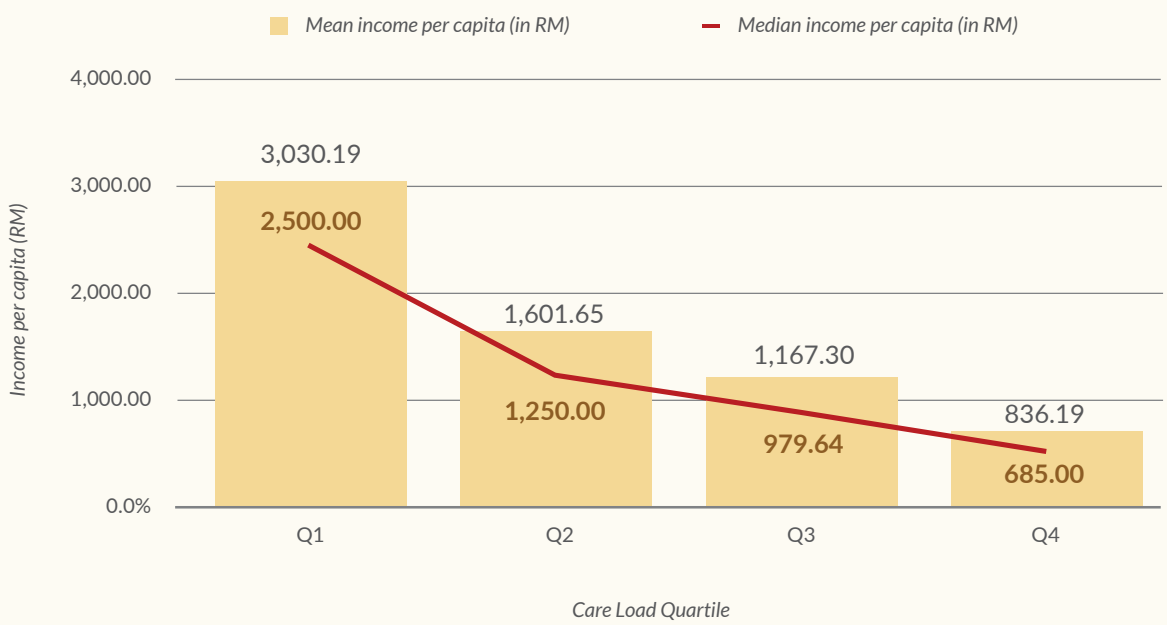
Relevant Findings

Over two-thirds of care workers *(70.7%) believe their salary could be improved.*

Households with higher care loads typically have less income per capita compared to households with smaller care loads, indicating a *care-finance squeeze,* where families face both intensive caregiving responsibilities and financial strain.

FIGURE 4

Households with Heavier Care Loads Had Much Lower Per Capita Incomes During the COVID-19 Pandemic.

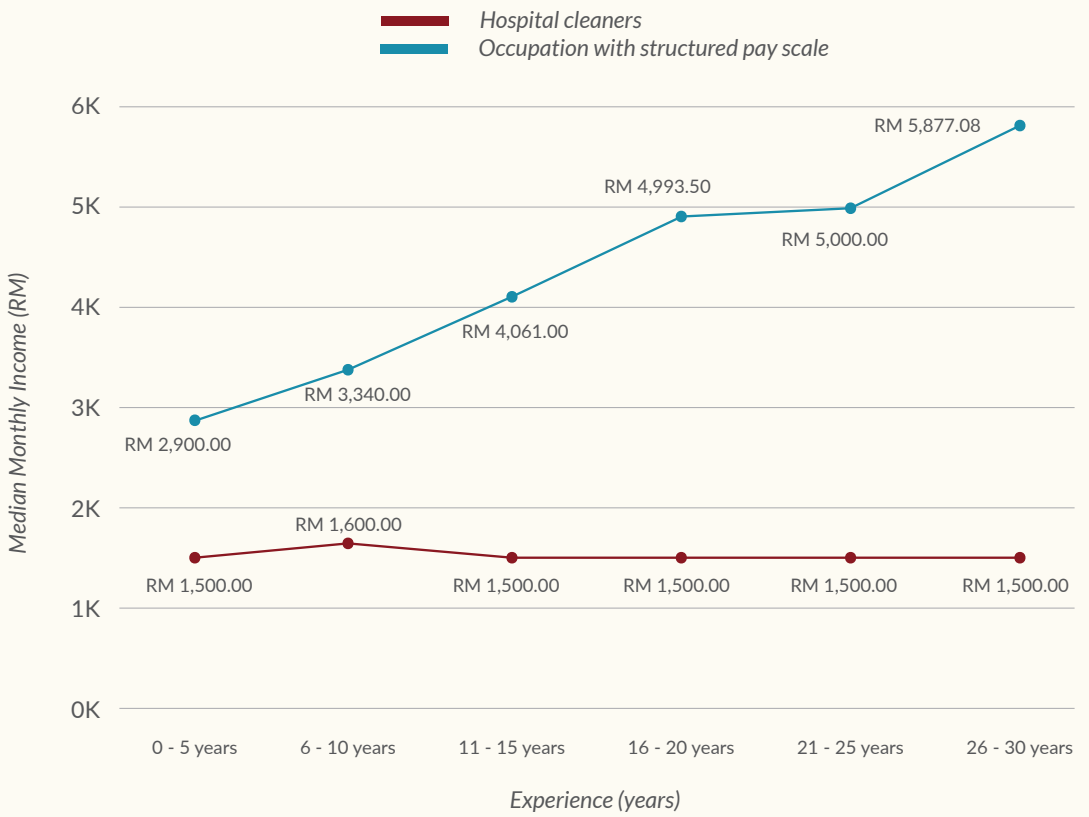


Certain care occupations do not have progressive wage scales, linked to a lack of career development opportunities. For example, in our sample, hospital cleaners and domestic workers, despite having

accumulated over 15 years of experience, still typically earn around minimum wage, ranging from RM1,300 to RM1,700, on average.

FIGURE 5

Median Monthly Wages by Years of Experience: Hospital Cleaners vs. Structured Pay Occupations.



For care workers, fair pay means receiving remuneration that is commensurate with qualifications (recognising the value of their qualifications), years of experience (including years of service while under contract), and demands required for the roles (intensity and scope of work).

Providing fair compensation would promote the resilience of the care workforce by addressing the financial pressures care workers face, particularly those who face the care-finance squeeze.

ii Review work hours and/or shift systems.

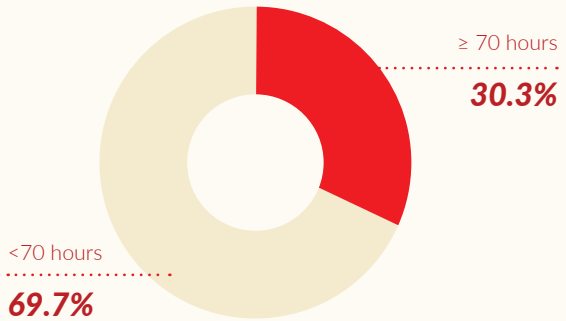
Relevant Findings

Care work, which spans roles in healthcare, social care, and domestic care, is a demanding profession that remains highly feminised. Over 80% of the RE:CARE survey respondents were women, highlighting the stark gender gap in paid care sectors.

During the pandemic, approximately 1 in 3 care workers (30.3%) reported working over 70 hours a week.

FIGURE 6

Proportion of Care Workers Reporting Working Over 70 Hours a Week, on Average, During the COVID-19 Pandemic (n = 1,534).



While some care workers saw, on average, over ten hours of additional work during the COVID-19 pandemic, *many have already been working over the maximum 45 hours of full time work a week prescribed in the Employment Act even before the pandemic.* Post-pandemic, *many still continue to work over 45 hours a week.*

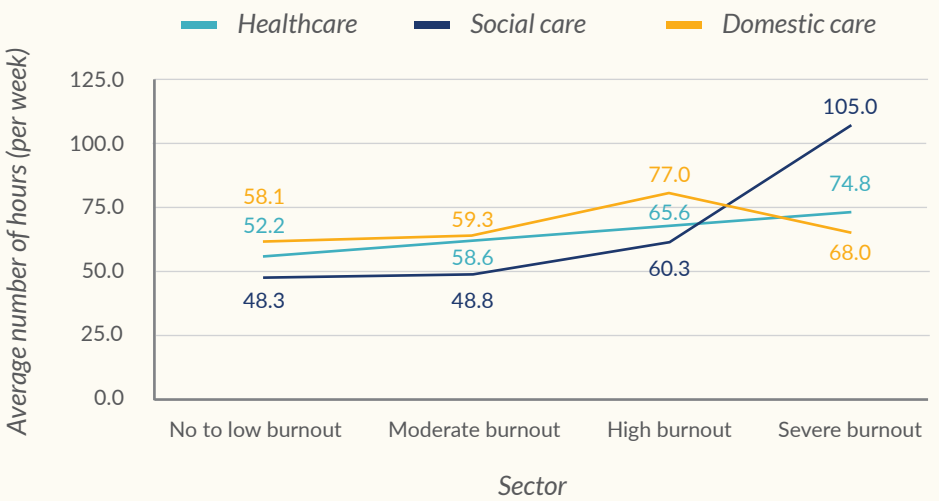
FIGURE 7

Average Number of Hours of Time Spent on Paid Care Work Per Week Across Time, by Occupation.

As care workers were working longer hours during the COVID-19 pandemic, there were also elevated rates of burnout. Those who worked longer hours appeared to experience high levels of burnout compared to those who did not.

FIGURE 8

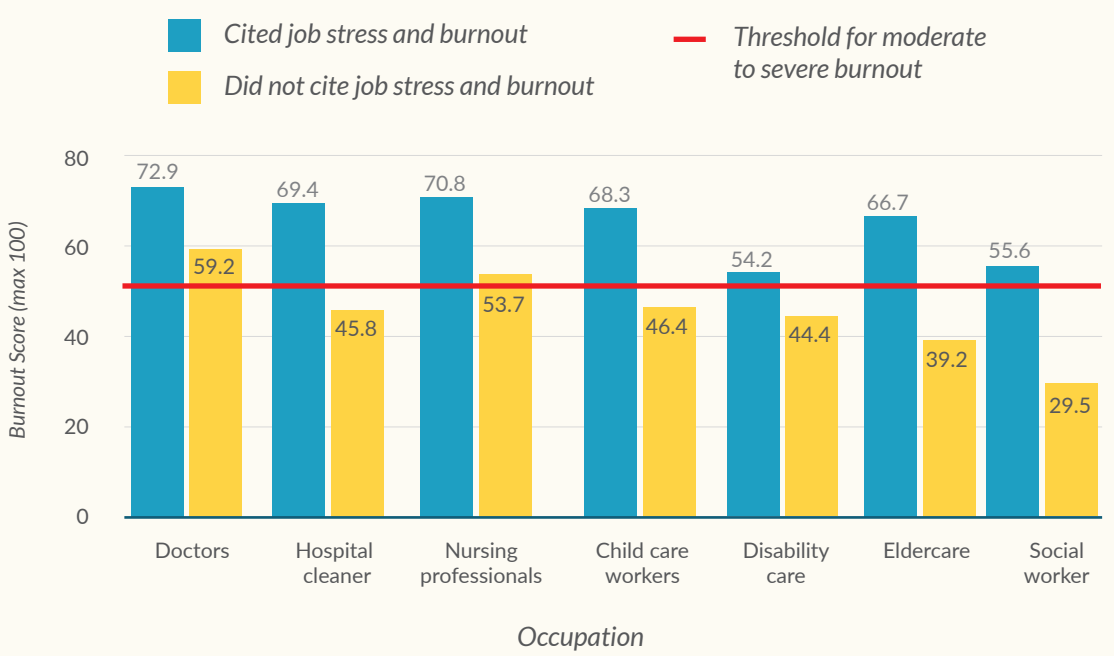
Generally, the More Time a Care Worker Spends on Paid Care Work, the Higher the Level of Burnout Reported, Across Sectors.



Job stress and burnout was cited by nearly half of the respondents who said they were thinking of leaving their current positions within the next five years. Those citing this reason, on average, appear to be experiencing higher levels of burnout compared to those who did not.

FIGURE 9

Many Citing Job Stress and Burnout Are Experiencing Higher Levels of Burnout Compared to Those in the Same Profession Who Did Not Cite the Reason (n = 421).



Care work should not be regarded in the same way as other forms of employment. The intensity of the tasks and the emotional load involved make the demands of care work different from most other jobs that are office-based.

The ILO standards of a 40-hour work week provides a useful benchmark, and there is a strong case for extending this to the wider care workforce to promote the resilience of the care workforce. Care workers who work longer hours are more likely to burn out, and job stress and burn out is one of the top cited reasons for care workers who want to leave their current position within the next five years. Taken together, it appears critical to review the work hours that care workers are expected to undertake, to ensure their wellbeing and resilience can be strengthened.

Other key recommendations raised by care workers

The following recommendations would address the precarity governing the working conditions of care workers by providing professionalisation and job security. Addressing these concerns, in turn, supports care worker resilience.

1. Implement and enact the Social Work Profession Bill and ensure that it applies to both the private and public sector.

2. Review the management of contracts for hospital cleaners.
   a. Over one-third of hospital cleaners surveyed (38.1%) believe contract management should be reviewed. With hospital cleaner unions calling for the end of the contract systems which have disadvantaged them, there is a clear need to meaningfully engage with hospital cleaners in reviewing the management of their contracts.

3. Review the management of contracts for doctors and nurses.
   a. Over one-third of doctors and nurses surveyed (38.1%) believe the way contracts are managed should be reviewed.

4. Professionalise and elevate the childcare, eldercare, and disability care workforce.
   a. The lack of standardised training, accreditation, and clear career pathways continues to limit professional growth and perpetuates undervaluation. Recognition comes with the professionalisation of roles supported through regulations, standards, accreditation, and institutional reforms.

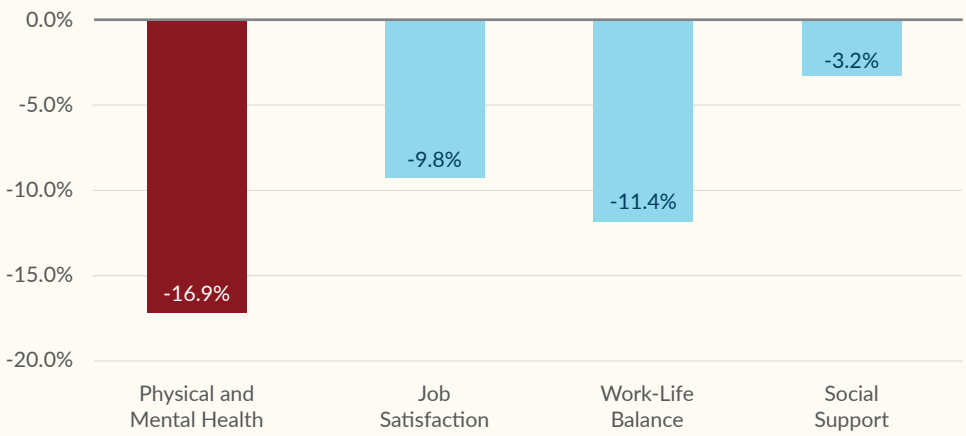
B Strengthen Mental Health Support for Care Workers

Relevant Findings

The aspect of wellbeing that experienced the greatest decline was satisfaction with physical and mental health.

FIGURE 10

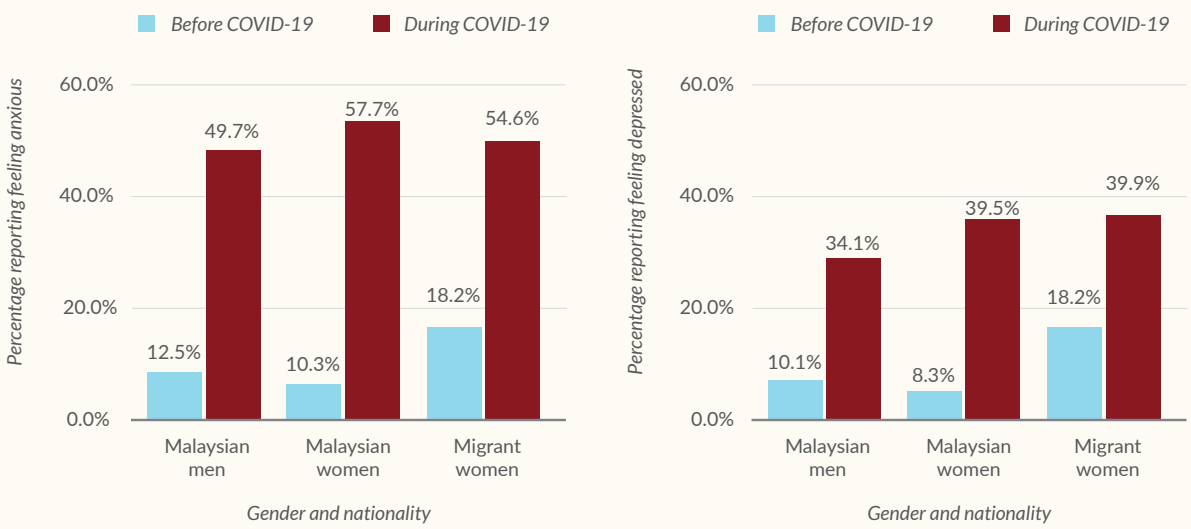
Average Decline Across All Aspects of Wellbeing, with Physical and Mental Health Experiencing the Strongest Decline.



Reported rates of feeling anxious increased 4.7x while reported rates of feeling depressed increased by 3.7x during the pandemic.

FIGURE 11

Reported Rates of Anxiety (left) and Depression (right) Increased Across Survey Respondents, by Gender and Nationality (n = 1,534).



1. *Foster a culture where mental health of care workers is a system-wide priority.*

There must be a shift towards organisations that are equipped to manage and mitigate the mental health of workers. To accomplish this, ensure:

a. *Supervisors and managers are equipped with training to monitor care worker well-being* to recognise signs of burnout and stress and respond if an intervention is needed.
b. *Mental health support services are provided by independent providers* to ensure confidentiality and encourage uptake. Based on our findings, external provision builds care worker trust in support services.
c. Mental health support is *consistent and meaningful.*

Simultaneously, organisational culture must shift to centre wellbeing and psychological safety by:

- *Valuing rest and recovery,* ensuring that care workers can utilise leave entitlements without stigma or guilt.
- *Normalising help-seeking behaviours* to challenge stigma associated with accessing mental health support.
- *Encouraging peer-support groups* that could provide safe spaces for shared experiences.
- *Raising awareness on policies and measures* in place to *address harassment and bullying.*
- *Designing workspace infrastructure with wellbeing spaces for workers (e.g. resting rooms with privacy, quiet spaces, showering facilities).*

2. *Ensure migrant and domestic workers are connected with psychosocial support* as this can help migrant domestic workers manage homesickness, isolation, workplace stress, and the emotional impact of family separation. This support is crucial for ensuring their holistic wellbeing. This can be done by:
   a. *Integrating a mental health component in Post-Arrival Orientation Seminars (PAOS) for migrant domestic workers* by including briefings on mental health awareness, stress management, workers rights, and available support services.
   b. *Mandating pre-employment orientation briefings (online or in person) for employers* on fair labour practices, respectful communication and available mental health support for domestic workers.

C Enhance Protection Against Violence

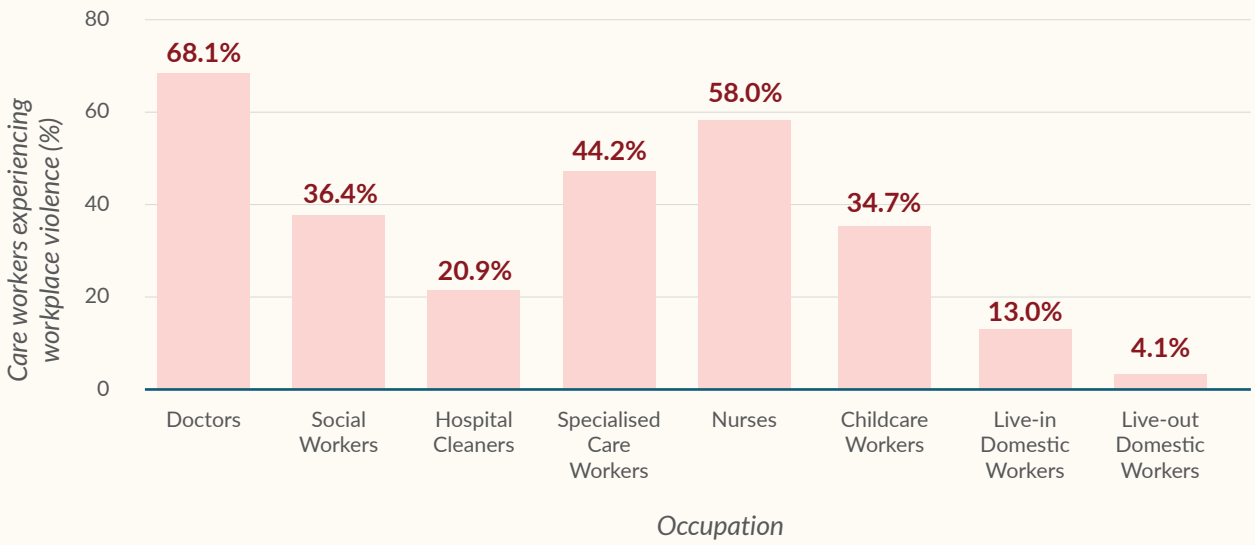
Relevant Findings

Those intending to leave their current position within the next five years appear to face more violence in the workplace, regardless of gender, than those who are intending to stay.

Over two in five care workers surveyed (43.1%) experienced violence in the workplace, while nearly one third of care workers surveyed (30.4%) reported experiencing violence at home.

FIGURE 12

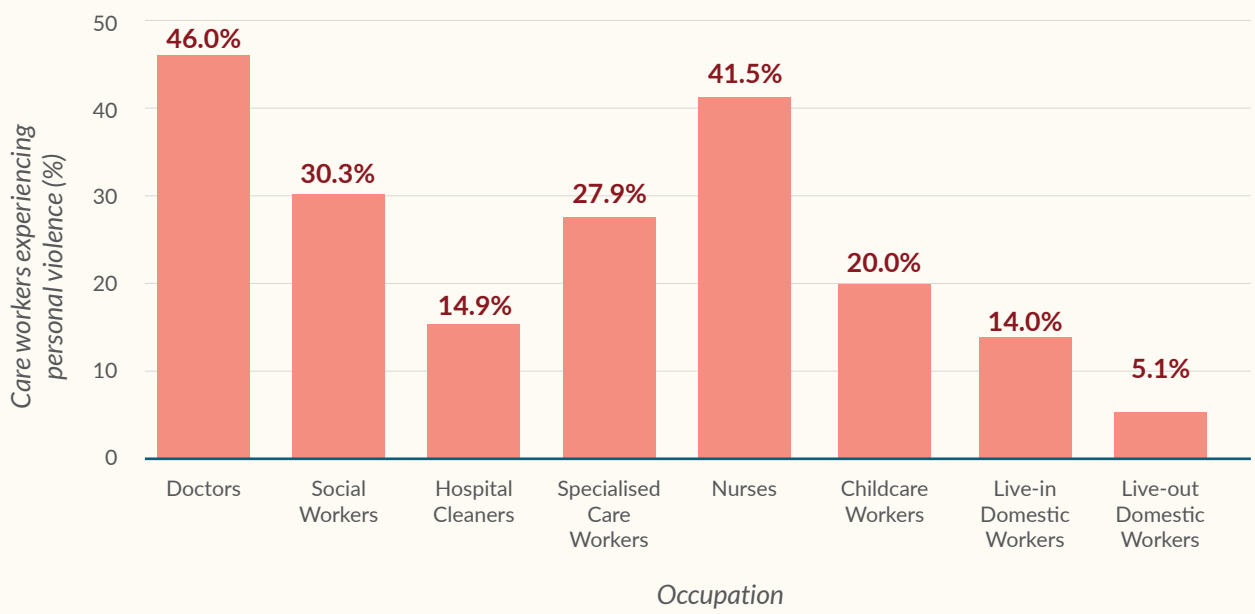
Percentage of Care Workers Reporting That They Experienced a Form of Violence in the Workplace by Occupation (n = 1,534)



Malaysian women who intend to leave their current position appear to report higher instances of personal violence than those who intend to stay in their current position.[2]

FIGURE 13

Percentage of Women Care Workers Reporting That They Experienced a Form of Personal Violence, by Occupation (n = 1,238)



2 There was no significant difference in the reported levels of personal violence for Malaysian men or migrant women intending to stay or leave their current position in the next five years.

Experiencing violence appears to play a role in care workforce retention, suggesting urgent attention is required to address the issue and promote care worker resilience. Workplaces must ensure that care workers experiencing violence, whether at work or in their personal lives, are supported. To appropriately do this, consider:

a. Developing or strengthening organisational/institutional SOPs for addressing workplace violence.
   i. *Ensure clear and comprehensive definitions of workplace violence* including physical, verbal, sexual, psychosocial forms of violence and harassment *perpetrated by both staff and non-staff.*
   ii. *Ensure the procedures for reporting are accessible, confidential, and non-retaliatory to organisation staff.*
   iii. *Ensure the procedures are survivor-centric.*
   iv. *Ensure victim/survivors' access to psychosocial support and counselling services.*

b. *Ensuring workplace policies respond to personal violence.* Currently, Malaysia does not have national standards on how employers should respond to employees experiencing personal violence. A key measure that could be taken is to encourage workplaces to *develop national standards and guidelines for workplace employers detailing procedures and steps that can be taken to support survivors experiencing personal violence at home.*

c. *Developing a grievance mechanism for domestic workers.* A formal grievance mechanism should be developed and implemented to monitor and ensure enforcement of contract terms, standards and regulations, while ensuring migrant workers are protected from abuse and exploitation.

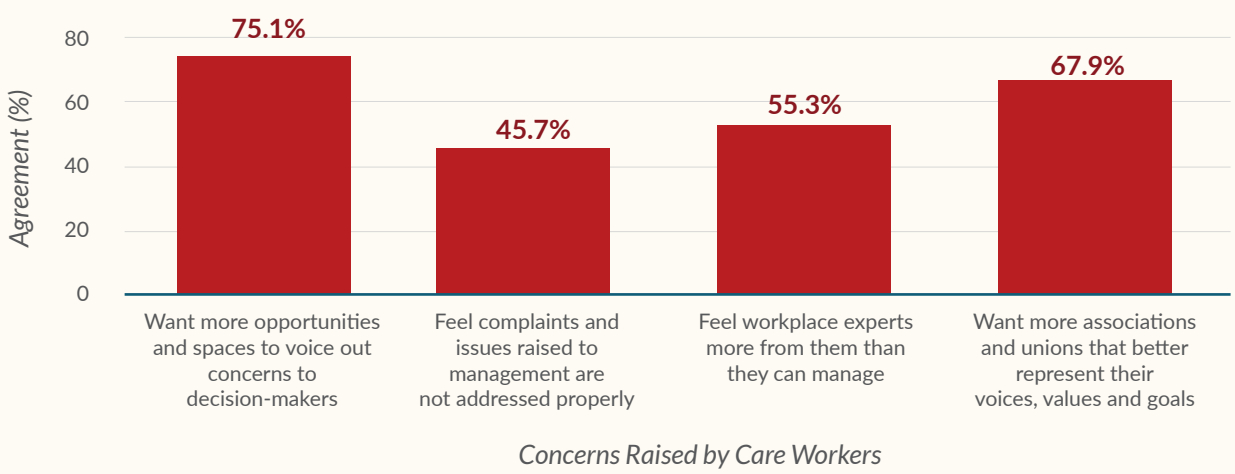
D *Strengthen Feedback Loops, Representation of Care Workers at Decision-Making Levels, and Spaces for Organising*

Relevant Findings

There was a distinct concern emerging from the focus group discussions around how care workers felt excluded from decisions impacting them and their work conditions, especially during the COVID-19 pandemic when new SOPs had implications on managing tasks and workloads day-to-day. These concerns, along with others, are still felt by care workers to this day (Figure 14).

FIGURE 14

Agreement, in Percent, of Health and Social Care Workers by Concern (n = 1,221)



Within the healthcare and social care sectors, care workers have demonstrated a clear desire for better communication with decision-makers. The meaningful inclusion of care workers in decisions impacting their working conditions is necessary to promote their resilience, as it allows them to address issues which may be negatively impacting their wellbeing. Key measures that would facilitate this include:

1. *Strengthen institutional processes for feedback,* as this would facilitate opportunities for care workers' to voice out concerns to decision-makers within institutions/organisation.
2. *Increase representation of care workers, especially women, at decision-making levels.* Care workers are experts in their own right, possessing important insights into how policies, processes and systems operate on the ground.
3. *Strengthen care workers' capacities to self-organise and advocate more effectively.* Encourage and recognise the role of worker associations and unions and their efforts to improve working conditions for care workers.

STRATEGIC PILLAR 2

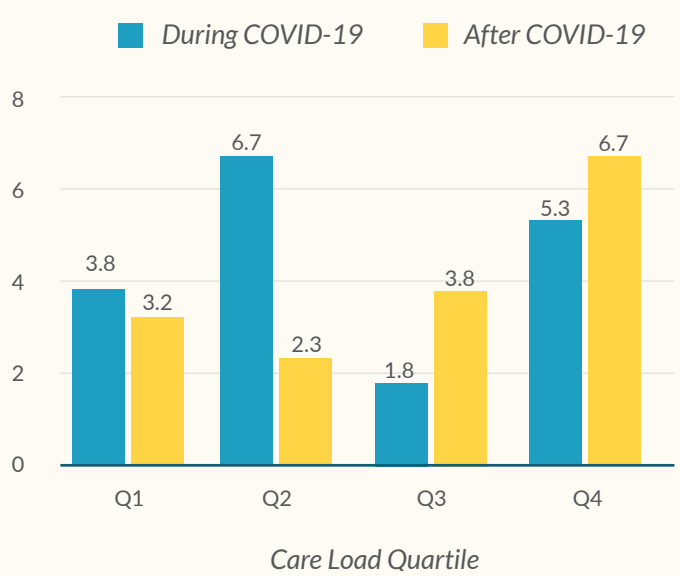
Strengthen Family-Friendly Policies and Supports for Care Workers

Relevant Findings

Gendered norms still shape participation trends in both paid and unpaid care work. Across different household types, women still undertake more hours of unpaid care work than men in similar households.

FIGURE 15

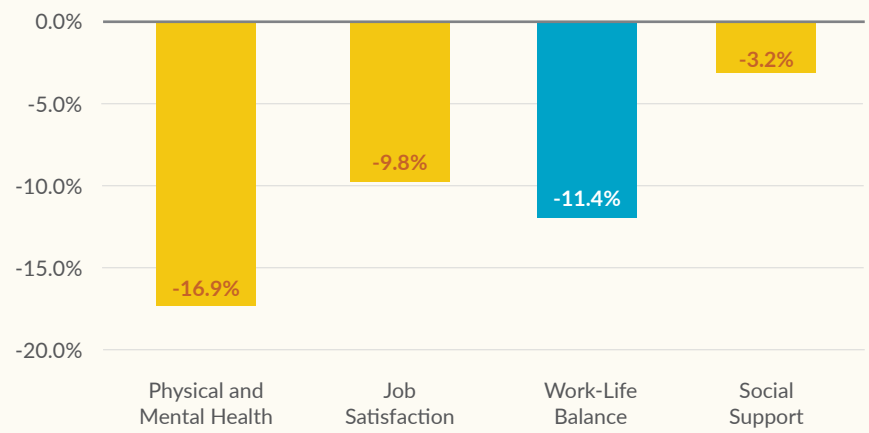
Average Additional Hours of Unpaid Care Work Per Week Undertaken by Malaysian Women, by Care Load Quartile Post-Pandemic (n = 925)



Work-life balance satisfaction had the second steepest decline during the COVID-19 pandemic, as care workers had to accommodate for increased work demands, with 61.3% of care workers reporting low satisfaction with work-life balance.

FIGURE 16

Satisfaction with Work-life Balance Experienced the Second Largest Decline During the COVID-19 Pandemic.



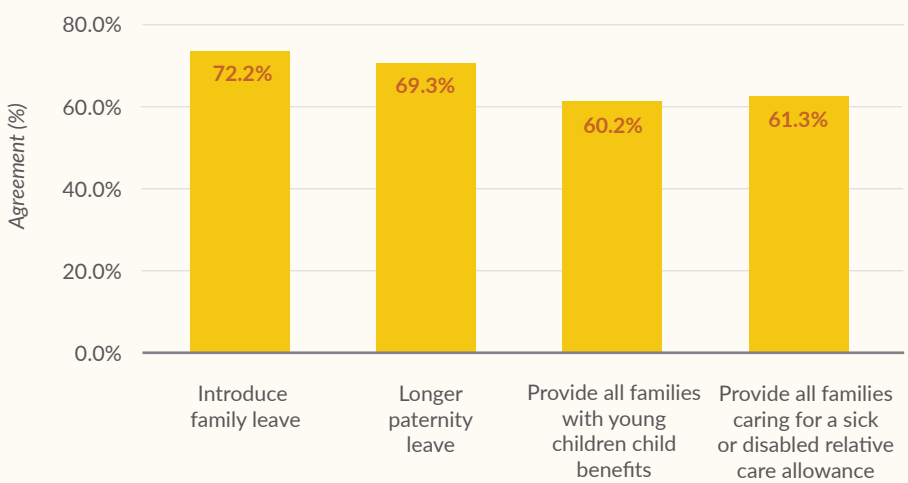
Post-pandemic, 49.0% of care workers report feeling low satisfaction with work-life balance.

Malaysian women's work-life balance satisfaction has always been lower compared to Malaysian men, suggesting *existing support structures at work and in their personal lives may make it harder for women to enjoy work-life balance satisfaction.* This is potentially because women do perform more unpaid care work than men, even across different household types.

Broadly, care workers are supportive of having more family-friendly policies.

FIGURE 17

Care Workers are Generally Supportive of Family-friendly Policies (n = 1,221).



Care workers' ability to manage their personal care responsibilities is shaped by the broader family-friendly policy environment in Malaysia. There is a positive association between individual resilience and perceived organisational resilience, such increases in one reflects increases in the other as well. In our study, perceived organisational resilience is largely measured by how supported workers feel by their workplaces, thus it appears

organisations supporting the unpaid care needs of its workers can support employees' individual resilience. Family-friendly policies, in essence, would help care workers manage work-life balance better.

Introducing these measures, beyond supporting care workers to better manage work-life balance, also can directly strengthen organisational resilience by reducing attrition and improving retention. This, in turn, could enable care workers to sustain their roles during crises.

Hence, we propose the following:

i Tailor Family Friendly Workplace Policies and Supports to Care Workers' Context

Care workers face unique challenges that require policies to be tailored to their realities. For example, in the healthcare sector, many workers become married partners, which often leads to challenges in managing care responsibilities, especially when both are required to be on duty. Within the context of a pandemic or national crises, such pressures are exacerbated when the demand for services increases and staff shortages are most acute. As such, *introducing a special parental leave scheme* for healthcare worker spouses, with non-transferable leave days for each partner, could ease this burden.

Beyond leave provisions, provision of facilities must also be established, including:

1. **Subsidised care centres** (e.g. childcare, eldercare) near hospitals and major workplaces of care workers.

2. **Maternal health facilities** such as adequate and private breastfeeding or pumping spaces are accessible and consistent across institutions. In one focus group discussion, a doctor shared that she resorted to pumping breast milk in her car because the available facilities in the hospital lacked privacy.

ii Foster Workplace Cultures That Value Work–Life Balance

One key informant observed a tendency for their workplace to be punitive towards workers, especially women, who needed to attend to their care responsibilities. While family-friendly policies are important to institute, they are only effective if accompanied by a workplace culture that values and prioritises work-life balance. In an adequately care-supportive environment, *workers should be able to prioritise family care responsibilities over work responsibilities when necessary, without fearing penalty or discrimination.*

iii Invest in and Improve Community-Based Care Infrastructure and Service Models

Community-based care, according to Pattyn et al. (2021) refers to "care provided by volunteers, family members, friends, personal assistants, home care services, and respite care services." Crucially, community-based care is embedded in local social networks, as opposed to institutional care. For policy-makers, *investing in community-based care will have a multiplier effect* in that it will support women labour force participation by reducing the double burden of care, while alleviating pressure on hospitals and care institutions by *redistributing some portion of care work into the community.* It also promotes aging-in-place or a caring-in-place concept, which appears to be a preferred approach in Malaysia compared to institutionalisation, where the elderly and persons with disabilities are able to remain near their homes and communities while accessing quality care.

iv Shift Norms and Values Around Care

There is a critical need for norms and values to shift to better recognise and support the dual roles of care workers. *Care must shift from being thought of as an individual responsibility to a co-responsibility*–not just between members of a household, but between members of the community, as well as the state and the workplace.

Conclusion

The recommendations outlined in this policy brief highlight strategies to bolster care workforce resilience. Care workers are the backbone of Malaysia's care ecosystem, yet fragmented post-pandemic support draws into question the long-term resilience of the care workforce. Ultimately, care workforce resilience is a strategic investment into Malaysia's care ecosystem; an enabling environment where care workers are adequately supported promotes retention, which, in the long term, builds efficiency, continuity and crisis-preparedness for Malaysia. Further strategies for bolstering Malaysia's care ecosystem are explored in the companion policy brief.

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