




## Article

# A Systematic Review and Bibliometric Analysis of Studies on Care and Gender: The Effects of the Pandemic

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**Abstract:** This study systematically reviews the academic literature on unpaid care work during and after COVID-19, emphasizing gender dimensions. Using Web of Science (WOS) and SCOPUS, it analyzes 75 empirical articles published between 2020 and 2024 in English and Spanish. The selection focused on studies addressing unpaid care from multiple perspectives, particularly family dynamics. Quantitative analysis examined frequencies and percentages, while qualitative analysis explored content depth. Results reveal a dominant biomedical perspective on care, often neglecting emotional well-being and broader socioeconomic impacts. The present study also identifies a lack of critical reflection on care's gendered nature and unequal caregiving responsibilities. Women, historically burdened with care duties, faced increased domestic demands during the pandemic, due to school closures and limited services, exacerbating gender inequality and reducing workforce participation. A bibliometric analysis of research on COVID-19, gender, and social care highlights limited collaboration, with studies fragmented across research groups and lacking international co-authorship. This study calls for governmental and international initiatives to foster cross-border collaboration, enabling a more comprehensive understanding of care that integrates emotional and socioeconomic aspects alongside health concerns. This would promote a more inclusive and reflective approach to unpaid caregiving research.



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## 1. Introduction

Although framing care as a citizenship right suggests collective, rather than individual, responsibility (Tronto 2005), it does not ensure equitable distribution. Women still bear the main caregiving burden in welfare societies where the sexual division of labor persists (Carrasco and Domínguez 2011; Carrasco et al. 2011; Crompton 2006; Domínguez-Amorós et al. 2019).

Care work forms a significant part of—often migrant—women's unpaid labor, including addressing family needs, volunteering in communities, or working as paid caregivers, a dynamic that exacerbates inequalities in gender, ethnicity, and class (Aulenbacher et al. 2018a, 2018b; Fraser 2016; Lyon and Glucksmann 2008; Lutz 2017). Hilary Graham (1993) defined care as both physical labor and emotional effort women invest in family well-being. This concept has since expanded to include public caregiving and paid “substitute services”

provided in homes, often by women (Carrasquer 2013). Daly and Lewis (2000) introduced “social care” to describe activities and relationships, both material and symbolic, that address dependents’ needs, emphasizing well-being. “Social care” is the provision of personal and practical support to help people live their lives as independently as possible, especially those who require support due to age, disability, or other circumstances (Glasby 2017).

The International Labour Organization (ILO 2018) categorizes care work—paid or unpaid—into direct relational tasks (e.g., feeding a child) and indirect tasks (e.g., cooking). Gender perspectives have shaped debates on welfare states, exploring how state, market, family, and community intersect in caregiving responsibilities. Theoretical models such as Esping-Andersen’s welfare regimes (Esping-Andersen 1993) and Sainsbury’s gender regimes (Sainsbury 2016) highlight gender inequalities in care provision. Knijn and Verhagen (2007) outlined four care provision logics: public services, professional services, market-based institutions, and family caregiving. These highlight the diverse ways in which care is organized. Policies directly providing care services aim to recognize, reduce, and redistribute unpaid care through financial support, services, and flexible work arrangements (ILO 2018).

Spain’s welfare model is part of the Mediterranean regime, known not only for universalism in healthcare and education, but also for strong familism, weak public services, and reliance on informal care, often provided by migrant domestic workers (Bettio et al. 2006; Martínez Buján 2011). Since the 1990s, public, market, and third-sector collaboration in care services has increased, but the state often steps in only when families cannot (Leitner 2013; Saraceno 1995).

This review examines the impacts of COVID-19 on caregiving and gender disparities. It analyzes the academic literature addressing these issues from the pandemic’s onset to the present, using a multidisciplinary framework. To answer the primary research question—“What is documented on COVID-19, care work, and gender?”—a systematic review assessed the scope and focus of existing studies. A bibliometric analysis explored secondary questions about researcher collaboration and institutional partnerships in addressing the pandemic’s gendered caregiving challenges, highlighting research trends, gaps, and opportunities for collaboration<sup>1</sup>.

The article offers added value and innovation by employing a dual approach—combining systematic review and bibliometric analysis—to map the academic discourse on social care and gender throughout the COVID-19 pandemic. This integrated methodology allows for both a qualitative synthesis of content and a quantitative exploration of knowledge production patterns in this emerging field.

## 2. Materials and Methods

To achieve the first objective, this study conducted a systematic literature review (SLR), characterized by being systematic, comprehensive, explicit, and replicable (Hutton et al. 2016; Pardal-Refoyo and Pardal-Peláez 2020; Page et al. 2022). While the systematic review includes international literature, our analytical interest lies in understanding how the Spanish context fits within or diverges from broader trends.

This study followed the PRISMA-P (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocol), which ensures clarity, consistency, and integrity in reviews. This four-phase process involves identifying relevant literature, selecting sources based on predefined criteria, classifying articles using predetermined codes and themes, and determining the final articles for inclusion. Scopus and Web of Science (WOS) databases were used due to their extensive coverage, keyword search capabilities, and academic accessibility (Colares et al. 2020; de Souza et al. 2019). The WOS search focused on its core collection of journals, books, and conference proceedings in various disciplines.

In a systematic review, the selection of search terms is a fundamental element for its proper execution. To determine the keywords for this study, two distinct actions were undertaken prior to initiating the methodological process: a focus group with subject matter experts, and database searches using alternative keywords (such as unpaid care, domestic work, care work, and their respective permutations). The focus group was explicitly aimed at identifying the most appropriate and representative keywords for this study, while the second action resulted in an excessively broad, fragmented, and heterogeneous set of articles and references—a dataset with limited scope and low representativeness. The outcome of these two actions was the selection of the following keyword triplet: “social care”, “COVID”, and “gender”.

Search terms “social care + gender + COVID” were applied to both databases, filtering for articles and reviews. Searches, conducted in October 2024, yielded 54 references from Web of Science (TS = (COVID AND “social care” AND gender)) and 13 from Scopus. Following the PRISMA methodology, the following inclusion criteria were established to ensure the relevance and quality of the selected literature: (1) only publications dated between 2020 and 2024 were considered; (2) only peer-reviewed journal articles and systematic reviews were included, excluding books, book chapters, conference proceedings, and other grey literature; and (3) all selected publications had to be available in open access. After excluding duplicates and irrelevant or non-peer-reviewed items, 54 publications from the 2020–2024 period were retained for analysis.

For the bibliometric analysis, VOSviewer software (version 1.6.15) was used to generate relational maps among academic actors, such as authors, institutions, and research topics. Nodes represent scientific elements, while edges indicate interactions such as citations or co-authorships (Van Eck et al. 2010).

### 3. Results

A bibliometric analysis was conducted for each article, including the year of publication, keywords, number of citations, journal, and country of publication. Table 1 presents the 54 articles that meet the established criteria according to the systematic review analysis.

They present a similar bibliometric profile. Of the articles, 82.1% were scientific publications, primarily published between 2022 and 2023 (70.4%), almost all in English. The main countries of origin of the authors were Great Britain, Spain, Italy, Canada, and Ireland. It is noteworthy that nearly 80% of the articles focused on SDG 3 and 5, analyzing well-being and gender equality, with a strong biomedical perspective (Table 2).

In terms of the publication field, a very high percentage of articles were published in bioscience areas such as general medicine, psychology, geriatrics, etc., while the percentage of articles published in social sciences was significantly lower, suggesting a trend that was later confirmed.

Next, a bibliometric analysis of the selected articles was conducted to identify and evaluate research trends and patterns within this disciplinary field, addressing the second objective of this study. The first variable analyzed was the keywords. In total, there were 347 terms, with “COVID-19” and “gender” being the two most frequently repeated key terms in the studies. This seems logical, since these are two of the chosen search terms. However, the third search term (“social care”) does not appear until the eighth position in the keywords. In other words, many more works have been published on the relationship between COVID-19 and gender than those incorporating the concept of “social care”.

This idea is confirmed by the relationship maps. In these maps, each keyword is represented by a circle, and its size reflects the number of documents published with that keyword (Figure 1).

**Table 1.** 54 Articles selected for the systematic review (according to the PRISMA approach).

Authors	Article Short Title	Source Title	Keywords Plus	Year
(Zuma et al. 2024)	A mixed methods process evaluation ...	Trials	Women; art	2024
(Cooper et al. 2024)	Informing evidence-based policy during the COVID-19 pandemic ...	Global health research and policy		2024
(Medina-Perucha et al. 2023)	Spanish residents' experiences of care ...	International journal of qualitative studies on health and well-being	Women health; photography; psychology; community	2023
(Chattoo et al. 2023)	A social profile of deaths related to sickle cell disease in India ...	Frontiers in public health	Morbidity pattern; health; population; children; Africa	2023
(Estévez et al. 2024)	Early maladaptive schemas and perceived impact of COVID-19 ...	Current psychology	Substance-abusers; mental-health	2024
(de Laat et al. 2023)	More than employment policies? Parental leaves, ...	Community work & family	Child-care; gendered division; benefits; family; workplace; housework; Canada; impact; income; labor	2023
(Kirsebom et al. 2022)	Duration of protection of ancestral-strain monovalent vaccines ...	Lancet infectious diseases		2023
(Sekeris et al. 2023)	Trends in deaths following drug use in England ...	Frontiers in public health	Overdose deaths; mental health; substance use; alcohol; adults; prevalence; diversion; drinking; patterns; anxiety	2023
(Eccles et al. 2023)	The joint impact of symptom deterioration and social factors ...	Journal of the neurological sciences	Disease; loneliness; health; scale; consequences; performance; prevalence; lockdown; care	2023
(Dos Santos and Lo 2023)	Motivations, career decisions, and decision-making processes ...	Social work education	Nursing-students; UK; stress; COVID-19; burnout; impact; resilience; intention; people; gender	2023
(Undurraga and López-Hornickel 2023)	The Experience of Women Regarding Chilean Government Measures ...	Bulletin of Latinamerican research		2023

Table 1. Cont.

Authors	Article Short Title	Source Title	Keywords Plus	Year
(Madia et al. 2023)	Studying informal care during the pandemic ...	Economics & human biology		2023
(Palmar-Santos et al. 2023)	Resilience among primary care professionals in a time of pandemic ...	BMJ open	Healthcare; COVID-19; lessons	2023
(Olson et al. 2023)	The impact of the COVID-19 pandemic on socially ...	International journal of disaster risk reduction	Cognitive-behavioural therapy	2023
(Benoit and Euchner 2023)	Contested social care- is there a right? way? ...	European journal of politics and gender	Western; morality; family; matter; policy; women	2023
(Yakubovich et al. 2023)	Recommendations for Canada? ...	Health promotion and chronic disease prevention in Canada-research policy and practice	Particulate air-pollution; blood-pressure; exposure assessment; children; health; childhood; hypertension; adolescents; disorders	2023
(Humphrey et al. 2023)	Creating Time for LGBT plus Disabled Youth ...	Sociological research online	People; crip	2024
(da Silva et al. 2023)	Women and working in healthcare during the COVID-19 ...	Globalization and health	Moral harassment; socialworkers; perceptions; nurses; sector	2023
(Lowry et al. 2023)	Wellbeing and mental health outcomes ...	Irish journal of psychological medicine	Brief-resilience-scale; generalized anxiety; construct-validity; depression	2023
(Allard and Whitfield 2024)	Guilt, care, and the ideal worker ...	Gender work and organization	Domiciliary care; experience; identity; gender; family; roles; labor; race	2024
(García-Basanta and Romagnoli 2023)	The origin of caring behaviors ...	Complutum	Los huesos; evolution; archaeology; Atapuerca; pathology; grooves; posture; trauma; teeth; sima	2023
(Daly and Edwards 2022)	Tracing State Accountability for COVID-19 ...	Social policy and society	Healthcare; policy	2022
(Cogan et al. 2023)	COVID-19 vaccine hesitancy among health and social care workers ...	Psychology health & medicine	United states; risk perception; staff	2023

Table 1. Cont.

Authors	Article Short Title	Source Title	Keywords Plus	Year
(Dorado Barbé et al. 2023)	Impact of Social and Personal Factors on Psychological Distress . . .	British journal of social work	Depression; resilience	2023
(Smith and Sinkford 2022)	Gender equality in the 21st century . . .	Journal of dental education	Stereotype threat; men	2022
(Brulin et al. 2022)	Work-Life Enrichment and Interference Among Swedish Workers . . .	Frontiers in psychology	Family conflict; gender; health; balance; interface; impacts	2022
(Anderson et al. 2022)	Family Caregiving during the COVID-19 Pandemic in Canada . . .	International journal of environmental research and public health	Social loneliness; reducing frailty; mental health; care; support; dementia; burden; scale; involvement; people	2022
(Sheikhbardsiri et al. 2022)	Investigating the burden of disease dimensions . . .	Bmc primary care	Depression	2022
(Grycuk et al. 2022)	Care burden, loneliness, and social isolation . . .	International journal of geriatric psychiatry	Quality-of-life; older-adults; psychological health; family caregivers; dementia; impact; depression; disease; gender; scale	2022
(Merenda and Garro 2022)	Shielding families' experiences during the COVID-19 pandemic . . .	Minerva psychiatry	Posttraumatic-stress-disorder; intimate partner violence; mental-health; natural disasters; population; children; impact	2022
(Perera et al. 2022)	Impact of social protection on gender equality . . .	Campbell systematic reviews	Reproductive health-services; conditional cash transfers; prevent child marriage; young-people; complex interventions; program; vouchers; outcomes; improve; policy	2022
(Jirón Martínez et al. 2022)	The spatialization of care . . .	Revista INVI	Social care; gender	2022
(Curran et al. 2023)	Prevalence and Risk Factors of Psychiatric Symptoms . . .	International journal of mental health and addiction	Depressive symptoms; loneliness; anxiety; adults; health; scale	2023

Table 1. Cont.

Authors	Article Short Title	Source Title	Keywords Plus	Year
(Hussein 2022)	Employment Inequalities Among British Minority Ethnic ...	Social policy and society	Long-term-care; experiences; nurses	2022
(Andrews et al. 2022)	Risk of venous thrombotic events and ...	Lancet regional health-Europe		2022
(Liotta et al. 2022)	Pro-active monitoring and social interventions ...	Plos one	Loneliness	2022
(Daley et al. 2022)	COVID-19 and the quality of life of people with dementia ...	Plos one	Family carers; health	2022
(Comas-d'Argemir et al. 2022)	Social care for the elderly in the pandemia ...	Disparidades. Revista de antropologia		2022
(Soronellas Masdeu et al. 2022)	Sort it out as best you can! Moral dilemmas in family care ...	Disparidades. Revista de antropologia		2022
(Tomar and Hossain 2022)	Health disparities among older women in India ...	Journal of health research	Adults	2022
(Goffe et al. 2021)	Factors associated with vaccine intention in adults ...	Human vaccines & Immunotherapeutics	Health belief model; anticipated regret; determinants; influenza; behaviour; adoption	2021
(Pagorek-Eshel et al. 2022)	The Association of Social Factors and COVID-19 ...	Psychological trauma-theory research practice and policy	Discrimination; health; impact; phq-9; terrorism; disorder; validity; gender; war	2022
(Anderson et al. 2021)	Rethinking labor migration ...	Comparative migration studies	Skill; immigration; security; gender; policy	2021
(Toze et al. 2023)	Social support and unmet needs ...	International journal of transgender health	Mentalhealth; transgender; resilience; reconceptualization; populations; stress; adults; size; risk; gay	2023
(Michie et al. 2021)	Factors associated with non-essential workplace attendance ...	Public health		2021

Table 1. Cont.

Authors	Article Short Title	Source Title	Keywords Plus	Year
(Brewin et al. 2021)	What symptoms best predict severe distress in an online survey . . .	Bmj open	Anxiety disorders; mentalhealth; prevalence	2021
(Davies and Hogarth 2021)	The effect of COVID-19 lockdown on psychiatric . . .	Bjpsych open	Mentalhealthcare; outcomes; service; stress; impact	2021
(Sajir 2021)	Centre-periphery trade, migration, security . . .	Relaciones internacionales-madrid	Crisis	2021
(De Kock et al. 2021)	A rapid review of the impact of COVID-19 . . .	Bmc public health	Disease; outcomes; sars	2021
(González-Fraile et al. 2021)	Remotely delivered information, . . .	Cochrane database of systematic reviews	Cognitive-behavioural therapy; randomized controlled-trial; life enhancing activities; care management program; family caregivers; telephone intervention; Alzheimer's-disease; psychosocial interventions; African-American; older-adults	2021
(White 2020)	Men and COVID-19: the aftermath	Postgraduate medicine	Economic recession; immune responses; impact; gender; sex; testosterone; depression; suicide; risk; masculinity	2020
(Bone et al. 2020)	Changing patterns of mortality during the COVID-19 pandemic: . . .	Palliative medicine	Of-life care; projections	2020
(Baxter 2020)	A Hitchhiker's Guideto . . .	Gender work and organization	Work-life balance; informal care; unpaid care; gender; time; risk; paid	2020
(Mbiba et al. 2020)	At the deep end . . .	Journal of migration and health		2020

**Table 2.** Descriptive analysis of the articles.

Document Type	Number	Percentage
- Article	46	82.1%
- Early Access	2	3.6%
- Editorial Material	1	1.8%
- Review Article	7	12.5%
Year of Publication		
- 2020	4	7.4%
- 2021	10	18.5%
- 2022	19	35.2%
- 2023	19	35.2%
- 2024	2	3.7%
Language		
- English	50	92.5%
- Spanish	4	7.5%
Countries		
- Australia	1	1.35%
- Belgium	1	1.35%
- Brazil	1	1.35%
- Canada	3	4.05%
- Chile	2	2.70%
- England	25	33.78%
- Estonia	1	1.35%
- France	1	1.35%
- Germany	2	2.70%
- India	1	1.35%
- Iran	1	1.35%
- Ireland	3	4.05%
- Israel	2	2.70%
- Italy	5	6.76%
- Netherlands	1	1.35%
- Northern Ireland	2	2.70%
- Norway	1	1.35%
- People's Republic of China	1	1.35%
- Scotland	5	6.76%
- South Africa	1	1.35%
- South Korea	1	1.35%
- Spain	9	12.16%
- Sweden	1	1.35%
- United States	2	2.70%
- Wales	1	1.35%

Table 2. Cont.

Document Type	Number	Percentage
Sustainable Development Goals (SDGs)		
01 No Poverty	2	3.70%
03 Good Health and Well-being	32	59.26%
04 Quality Education	2	3.70%
05 Gender Equality	11	20.37%
10 Reduced Inequality	2	3.70%
11 Sustainable Cities and Communities	1	1.85%
13 Climate Action	1	1.85%
15 Life on Land	1	1.85%
16 Peace, Justice, and Strong Institutions	2	3.70%

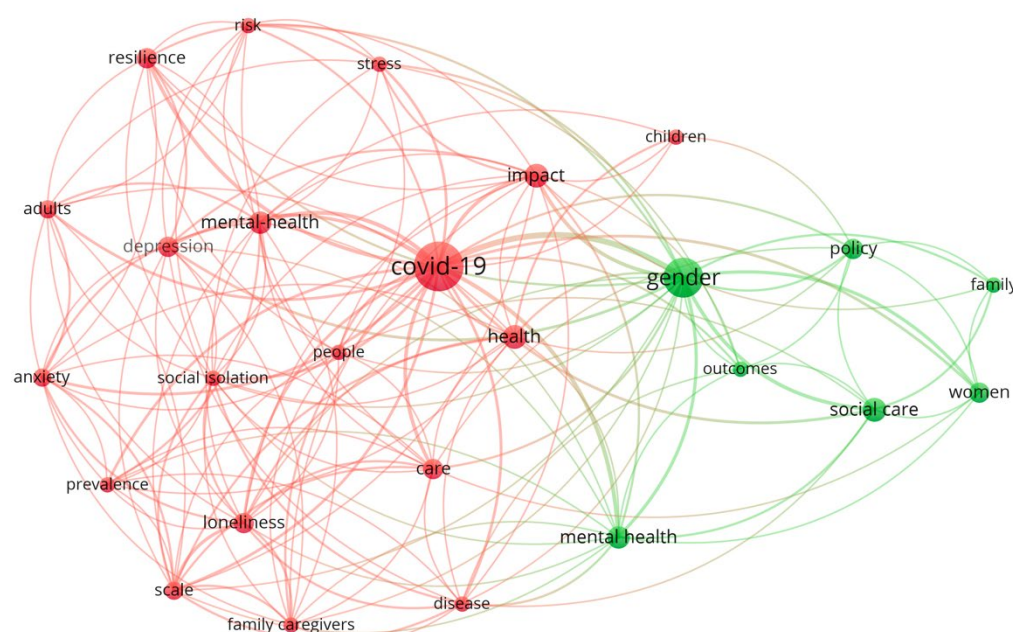
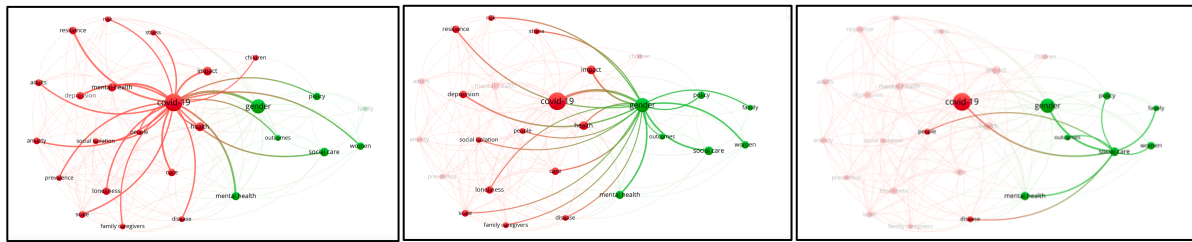


Figure 1. Relationship map of the keywords. Source: Map created using VOSviewer.

It is evident that two distinct clusters emerge, each formed around a central term that attracts the surrounding words and is visually represented by two different colors. The first cluster, comprising nineteen items (adults, anxiety, care, children, COVID-19, depression, disease, family caregivers, health, impact, loneliness, mental health, people, prevalence, resilience, risk, scale, social isolation, and stress), encompasses studies more closely related to health outcomes during or resulting from COVID-19. The second cluster, with seven items (family, gender, mental health, outcomes, policy, social care, and women), brings together articles focused on “gender”, the role of women in this context, and the outcomes, policies, and social care during the pandemic. The first cluster is more connected to biomedical studies—on both physical and mental health—while the second cluster pertains to articles related to gender and its stakeholders.

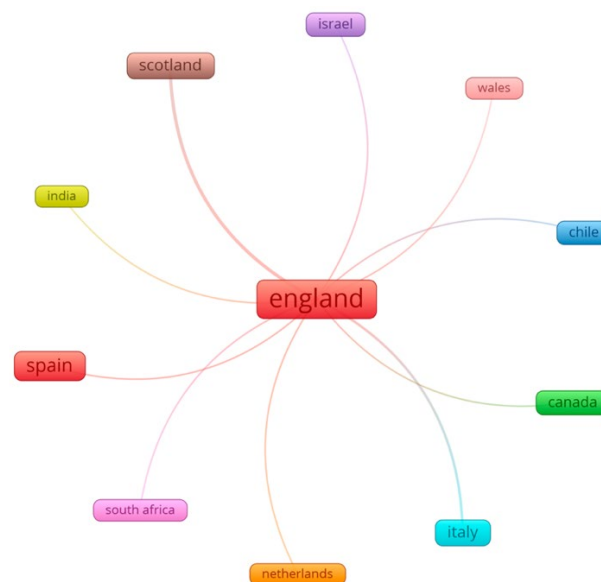
An individualized analysis of each search term used in the bibliographic review further confirms this assertion (Figure 2). The term “COVID-19” is linked to almost all the items in both clusters. The unprecedented situation led to a wide range of publications centered on this term across all levels of analysis. In contrast, the term “social care” stands apart. Despite the exceptional circumstances, there are relatively few studies that analyze the situation

from the perspective of “social care”. Its analysis is more limited, and, consequently, there is less published work on this topic.



**Figure 2.** Individual maps for each keyword in the search engine (the first is the map for “COVID-19”, the second for “gender”, and the third for “social care”). Source: Map created using VOSviewer.

Figure 3 displays the co-authorship visualization among countries. Each circle represents a country, and its size reflects the number of published documents. The proximity or distance between countries indicates the strength of co-authorship ties. That is, the closer one country is to another, the stronger the co-authorship relationship between them. Conversely, countries that are farther apart have weaker co-authorship relationships. The colors represent clusters of countries that are relatively connected to each other.



**Figure 3.** Map of a co-authorship network among countries whose authors published at least two documents. Source: Map created using VOSviewer.

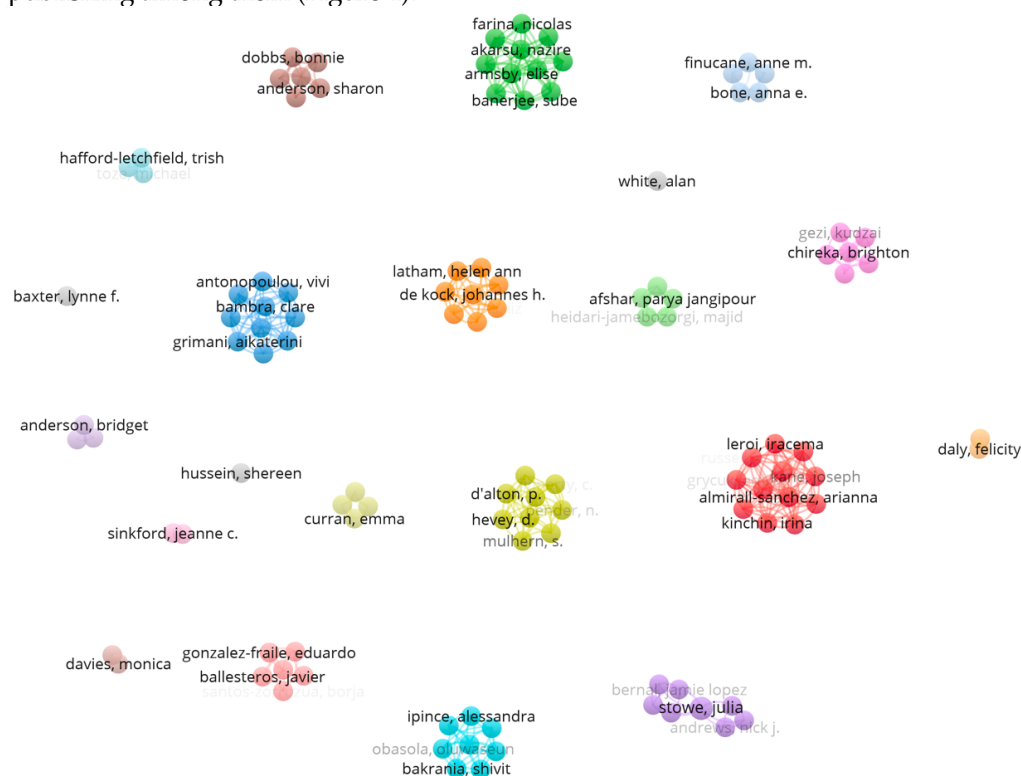
England is the most productive territory, with twenty-five documents. It is followed by Spain and Scotland, with nine each, and Italy, with five, making England the nexus among all of them. The graph indicates a low level of co-authorship among the different countries. Analyzing the colors, England and Spain exhibit the highest collaboration in their co-authorship when it comes to publishing.

After conducting a cluster analysis of co-authorship arrangements, four groupings were identified. The first group consists of four countries (Canada, England, Spain, and Italy) that collaborate among themselves, followed by three isolated groups, each with one country: Scotland, Israel, and Chile. These relationships appear to stem more from personal connections or common projects among authors rather than from institutional or governmental policies.

Finally, the analysis of authors in this study can be approached from various perspectives. It is important to highlight different aspects, such as productivity, collaboration (including

co-authorship networks), and citation indices of authors and their works. To this end, a co-authorship study was conducted, analyzing the connections and awareness among authors (Newman 2001), identifying universities, research groups, and inter-institutional relationships. The threshold of two or more authors has been established as the criterion that indicates that works written in collaboration represent a co-authorship network.

The results of the map show a low degree of collaboration among the various research teams. Similarly to the patterns observed among countries and institutions, authors tend to publish with their research groups, but there is a lack of collaboration when it comes to publishing among them (Figure 4).



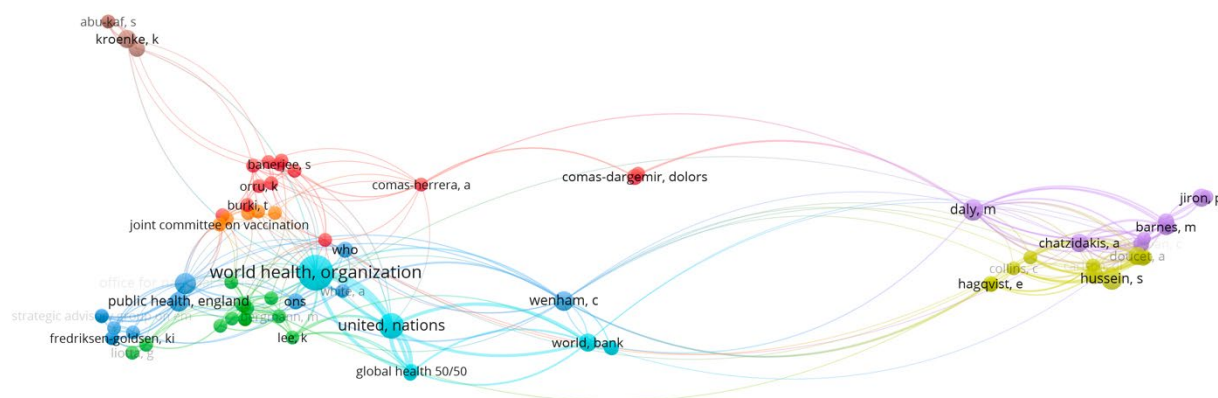
**Figure 4.** Co-authorship map. Source: Map created using VOSviewer.

They are grouped into twenty-one different clusters, with each cluster representing a research group focused on the topic. The groups are of similar sizes: the red cluster has the most members, comprising twelve members, followed by the green cluster, with eleven members, the blue cluster, with ten, and so forth. The most productive authors hold prominent positions in different groups, although their positions are not necessarily central. Furthermore, the number of co-authorships varies significantly.

The most cited article (489 citations among the selected articles, with a total of 934 citations) is by De Kock, JH; Latham, HA; Leslie, SJ; Grindle, M; Munoz, SA; Ellis, L; Polson, R; and O'Malley, CM. However, this does not indicate that the authors belong to the most prolific research group, as they only have one publication among those included in the systematic review. The size of their group is like that of others, consisting of eight researchers. Similarly, author Julia Stowe is the second most cited author, but, in this case, she has two publications within the selected articles, albeit still within her research group of eight researchers. Therefore, the size of a group does not appear to be a variable that affects its productivity.

In contrast, when analyzing the references cited in each of the articles, a relationship map does emerge (Figure 5). In this case, there are government references that are included in a high percentage of the articles. Thus, citations from official organizations, such as the World Health Organization, Public Health England, the United Nations, and the World

Bank, are widely utilized by the authors. Additionally, significant relationships exist among the citations of each article.



**Figure 5.** Co-citation map. Source: Map created using VOSviewer.

#### 4. Discussion

Regarding the systematic review, the application of the PRISMA methodology within the WOS and Scopus databases allowed for the selection of a total of 54 definitive articles for the corresponding review, of which 50 are in English and 4 are in Spanish. The review period spanned five years (2020–2024), which was necessary to establish the advancements in care management following the pandemic, identify any changes, and explore whether new interpretations have emerged concerning the central issue of care inequality. It should be noted that the systematic review was not geographically confined to any specific country or continent.

The results reveal the predominance of a biomedical perspective in understanding care, alongside a lack of reflective engagement concerning this understanding. Analyzing the keywords of the selected articles, they can be segmented into two distinct clusters: one more closely linked to the biomedical domain, and another more associated with the social domain. The first cluster encompasses studies, primarily related to health, that occurred during or as a result of COVID-19, consisting of nineteen items (adults, anxiety, care, children, COVID-19, depression, disease, family caregivers, health, impact, loneliness, mental health, people, prevalence, resilience, risk, scale, social isolation, and stress). Conversely, the second cluster comprises seven items (family, gender, mental health, outcomes, policy, social care, and women) that aggregate articles related to “gender”, the role of women in this context, and the resulting policies and social care during the pandemic.

From the analysis of the articles in the second cluster, a critical reflection on the nature of care itself emerges, particularly regarding how gender affects the distribution of this type of work. Historically, women have borne most caregiving responsibilities, a trend that intensified during the pandemic, when the closure of institutions such as schools and care centers compelled many women to assume increased responsibilities at home. This phenomenon has perpetuated gender inequalities, limiting women’s participation in the labor market and exacerbating wage and opportunity gaps.

The results indicate that the term “COVID-19” is associated with almost all keywords in both clusters. The context was so exceptional that it led to publications focused on this situation across various analytical levels. At the other end of the spectrum lies the term “social care”. Despite the exceptional nature of the circumstances, the number of studies analyzing the situation from the perspective of “social care” is minimal.

Examining the countries where the publications originate, the majority are European, with England being the most productive territory, followed by Spain, Scotland, and Italy. Outside of Europe, Canada, Israel, and Chile have contributed research on the topic.

However, these relationships appear to be more personal or project-based, rather than stemming from institutional or governmental policies.

This assertion is further corroborated by the analysis of co-authorships. The results demonstrate a limited degree of collaboration among various research teams. Like the patterns observed with countries and institutions, authors publish with their respective research groups, but do not collaborate with one another when publishing. However, an analysis of the bibliographic references cited in each article reveals a network of relationships. Therefore, while researchers do not collaborate to publish, they are aware of the publications produced by colleagues at other universities and around the world.

Finally, it is important to note that some limitations of our systematic review correspond to what [Dickersin \(1994\)](#) refers to as “publication bias”. We can assume that a significant portion of the articles analyzed reflects the interests of the scientific community and the journals themselves, even if this means omitting relevant aspects of the research. This leads to a phenomenon wherein such articles tend to align with their initial assumptions and/or hypotheses, often neglecting their own limitations and aspects that do not conform to established views. Moreover, regarding the limitations inherent in the design of our review, we consider the sources utilized for article selection and their respective characteristics. The final limitation of this study concerns the process of keyword selection for the systematic review. Although significant efforts were undertaken to ensure a rigorous and representative choice—including a focus group with subject matter experts and exploratory searches using alternative terms, such as unpaid care, domestic work, and care work—the final selection of keywords inevitably influenced the scope of the literature reviewed. As a result, the present study relied on the keyword triplet “social care”, “COVID”, and “gender”, which, although conceptually coherent, may have excluded relevant studies indexed under different terminologies.

## 5. Conclusions

This study identifies the dissemination of literature and summarizes indexed journal publications on “COVID”, “gender”, and “social care” in a table. The results demonstrate the predominance of a biomedical perspective in understanding care, and the limited reflective engagement regarding this understanding. Much of the existing literature addresses care from a health and physical well-being perspective, overlooking other important dimensions such as emotional well-being and the social and economic implications of unpaid care. In the future, it will be essential to position care as a central element of human life, reorganizing and collectivizing it socially, which should be a line of research analyzing the feasibility of such initiatives.

The bibliometric analysis of these articles yields insights into the limited collaboration in publishing and researching the subject matter. Article publication appears to be fragmented within research groups, lacking co-authorship both among them and across countries. There is a need to promote governmental or supranational strategies that create networks or international projects on this topic and connect these groups to enhance the cross-sectional and international analysis of the subject. Furthermore, such collaborative efforts would not only enrich the research, but also facilitate a more coordinated global response to the issues surrounding caregiving, gender, and the pandemic. By connecting research groups, policymakers, and practitioners across different countries, it would be possible to enhance the cross-sectional and international analysis of the subject, leading to more comprehensive, nuanced, and globally relevant findings. Ultimately, this could drive more effective, evidence-based interventions and policies that address the complex, interconnected challenges in social care and gender equity, particularly in the aftermath of the COVID-19 crisis.

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## Note

- <sup>1</sup> The bibliometric analysis helps identify clusters of collaboration and emerging topics, while the systematic review enables deeper exploration of content. This dual approach allows us to explore how care and gender have been framed in the academic literature during and after the pandemic.

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