



Coping Strategies in Managing Multiple Roles for Sandwich Generation Nurses: A Phenomenological Study

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ABSTRACT

Sandwich generation nurses are known to experience considerable psychological pressure due to the dual responsibilities at home, alongside economic demands and heavy professional workloads. These overlapping roles often create time constraints and increased stress, underscoring the importance of effective coping strategies to maintain mental well-being. Therefore, the present study aimed to explore the coping strategies used by sandwich generation nurses to manage multiple roles. A qualitative phenomenological method was adopted, involving 10 sandwich generation nurses working at a Private Hospital in Batam. The participants were selected using the snowball sampling technique. Data were collected through in-depth interviews and reviewed using thematic content analysis. The entire analysis process identified four main themes. This included (1) managing competing professional and family responsibilities, (2) searching for interpersonal and institutional support, (3) engaging in restorative self-care activities, alongside (4) cultivating meaning and positive reframing. Occupational and emotional challenges were addressed through adaptive coping strategies that promoted emotional regulation, resilience, and psychological stability. Additionally, the results showed that effective coping strategies played a crucial role in maintaining nurses' mental well-being. The cultivation of gratitude and the maintenance of a positive mindset have evolved as significant strategies for helping sandwich generation nurses adapt to the pressures of multiple role demands. Future studies are recommended to inform the development of targeted policies and interventions to enhance the well-being of sandwich generation nurses.

Keyword: Coping skills, Role conflict, Resilience, Self-care, Hospitals



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1. Introduction

The sandwich generation is renowned for experiencing considerable psychological stress due to the concurrent demands of caring for elderly parents and dependent children while maintaining professional responsibilities. This condition is particularly salient among nurses, who work in high-intensity healthcare environments characterized by demanding workloads, emotional labor, and rotating shifts. As a result, sandwich generation nurses are vulnerable to stress, emotional exhaustion, and role conflict, which negatively affect the well-being and quality of nursing care delivered (Dachi et al., 2024; Honda, 2025).

Previous studies have extensively examined work–family conflict, burnout, and psychological distress among nurses (Phillips et al., 2025; Yildiz et al., 2021). This also included financial and caregiving burdens among the sandwich generation in general populations. However, previous studies predominantly adopted quantitative methods that focused on stress outcomes rather than adaptive processes. The investigation resulted

in limited insight into how sandwich generation nurses actively coped with, as well as adapted to, the complex and overlapping stimuli arising from the multiple caregiving and professional roles (Bainbridge et al., 2021; Kubota et al., 2022).

Based on the perspective of the Roy Adaptation Model (RAM), individuals are viewed as adaptive systems following the continuous response to internal and external stimuli through related modes, including physiological, self-concept, role function, and interdependence. Considering the relevance of this framework to understanding the adaptive responses of nurses, empirical studies that explicitly applied the RAM to explore the lived experiences and coping strategies of sandwich generation nurses remain scarce. Furthermore, only a few qualitative studies examined how focal, contextual, and residual stimuli such as dual caregiving demands, workplace pressures, financial responsibilities, and spiritual beliefs interacted to influence adaptive or maladaptive responses among the selected population (Alburez-Gutierrez et al., 2021).

Following the description above, this theoretical gap limited the development of nursing interventions and organizational policies that are grounded in a comprehensive adaptation framework. The existing strategies adopted to support the well-being of nurses may fail to address the multidimensional nature of adaptation required by the sandwich generation due to an implicit application of RAM (Baumblatt et al., 2022; Gur et al., 2025).

The present study addressed the numerous gaps by adopting a qualitative phenomenological method grounded in the RAM. This was aimed at exploring the coping strategies of sandwich generation nurses in hospital settings. The analyses focused on the adaptive responses of nurses across RAM related modes, dissimilar prior studies that outlined stress indicators or generalized coping mechanisms. The outcome showed how balance was maintained in physiological functioning, self-concept, role performance, and interdependent relationships. The explicit integration of RAM into the analysis of lived experiences resulted in novel theoretical and empirical insights into nursing science. Additionally, this also provided a robust foundation for the development of adaptation-based interventions and policies aimed at enhancing the resilience, including mental well-being, of sandwich generation nurses.

2. Methods

2.1. Study Design

A qualitative method was adopted using a phenomenological design to explore the lived experiences about coping strategies of sandwich generation nurses in managing multiple caregiving and professional roles. This was conceptually guided by the RAM, which framed individuals as adaptive systems responding to internal and external stimuli through four related modes, namely physiological, self-concept, role function, and interdependence.

2.2. Research Team and Reflexivity

The interviews were conducted by the initial author, a female nurse academic with a doctoral degree and formal training in qualitative methods. Meanwhile, at the time of the study, the interviewer was employed as a university lecturer in nursing. The interviewer had prior experience conducting phenomenological interviews and qualitative data analysis.

In this context, no prior personal or professional relationships existed between the interviewer and participants before recruitment. The participants were informed that the interviewer investigated as part of an academic thesis, with an interest in understanding the adaptation and coping experiences of nurses. Moreover, potential study bias was addressed by conducting reflexive journaling throughout data collection and analysis. The aim was to document assumptions, emotional responses, and interpretive decisions.

2.3. Participants, Sampling, and Setting

The participants were recruited using snowball sampling, a non-probability method in which nurses who met the inclusion criteria and had relevant experiences related to the topic were referred. The inclusion criteria consisted of (1) willingness to participate, (2) registered nurses aged 25–45 years, (3) married or previously married, (4) having at least one child, and (5) currently providing care for or financial support to elderly parents. Based on this perspective, the nurses who did not complete the interview process were excluded.

The study was conducted at a private hospital in Batam, Indonesia, between June and July 2025, with a total of 10 nurses selected. Furthermore, all participants engaged in the analyses and interview process after receiving appropriate information. Sample size was determined by data saturation, described as the point at which no new themes or insights evolved from subsequent interviews.

2.4. Data Collection

Data were collected through in-depth, semi-structured, face-to-face interviews using a related guide developed based on the RAM. The guide included open-ended questions addressing the experiences of participants in relation to physiological adaptation, self-concept, role function, and interdependence. In addition, the interview guide was reviewed by qualitative method experts before its usage.

All interviews were conducted in a private room within the hospital, ensuring comfort and confidentiality. In this context, non-participants were absent during the interviews. The process was conducted once with each participant, due to the actualization of data saturation.

The interviews were audio-recorded with the permission of participants and supplemented with field notes to capture non-verbal cues and contextual details. Each interview lasted for approximately 45 to 60 minutes. Audio recordings were transcribed verbatim, and the transcripts were returned to participants for verification. As a result, no substantive corrections were requested.

2.5. Data Analysis

Data were reviewed using inductive thematic analysis guided by Braun and Clarke's analytical framework. Additionally, the interview transcripts were reviewed iteratively to facilitate data familiarization and analytic immersion. Initial coding was conducted independently by two individuals trained in qualitative methods. Coding discrepancies were discussed through iterative comparison until analytical consensus was achieved.

In this context, data coding and organization were conducted manually using structured matrices to maintain close engagement with the acquired information. The codes were subsequently grouped into categories based on conceptual similarity and synthesized into overarching themes representing the lived experiences and coping strategies of participants. Although theme generation was mainly inductive, the interpretation of results was informed by the RAM to contextualize adaptive responses.

Member checking was conducted by returning transcript summaries to participants for verification of accuracy and interpretation. The aim was to enhance credibility, including confirmability. Peer debriefing sessions were also undertaken within the team to critically examine evolving interpretations, challenge assumptions, and minimize individual study bias.

2.6. Ethical Considerations

Ethical approval was obtained from the Awal Bros University Ethics Committee (Approval No. 0059/UAB1.20/SR/KEPK/06.25). The participants were informed about the study purpose, procedures, risks, and benefits, as well as the right to withdraw at any time without consequence. In addition, written informed consent was obtained prior to data collection. Anonymity was ensured using pseudonyms, and all data were securely stored.

2.7. Trustworthiness

Trustworthiness was established using credibility criteria, transferability, dependability, and confirmability. Meanwhile, credibility was enhanced through prolonged engagement with data, member checking, and peer debriefing. Transferability was supported by providing rich, detailed descriptions of the study context and participant characteristics. Dependability and confirmability were ensured through audit trails, reflexive journaling, and transparent documentation of analytic decisions. In the results section, verbatim participant quotations were presented to show themes. This ensured consistency between the data and results, alongside enhancing the clarity of major and minor themes.

3. Results

3.1. Characteristics of Participants

The present study focused on 10 sandwich generation nurses working at a private hospital in Batam. The participants were aged between 31 and 38 years as well as consisted of eight females and two males. All participants were married, had children, including dual caregiving responsibilities, namely caring for and providing financial support to the parents. Additionally, these individuals were assigned various professional roles, including head and staff nurses. The participants were permanent employees with a monthly income exceeding IDR 5,000,000, as shown in Table 1.

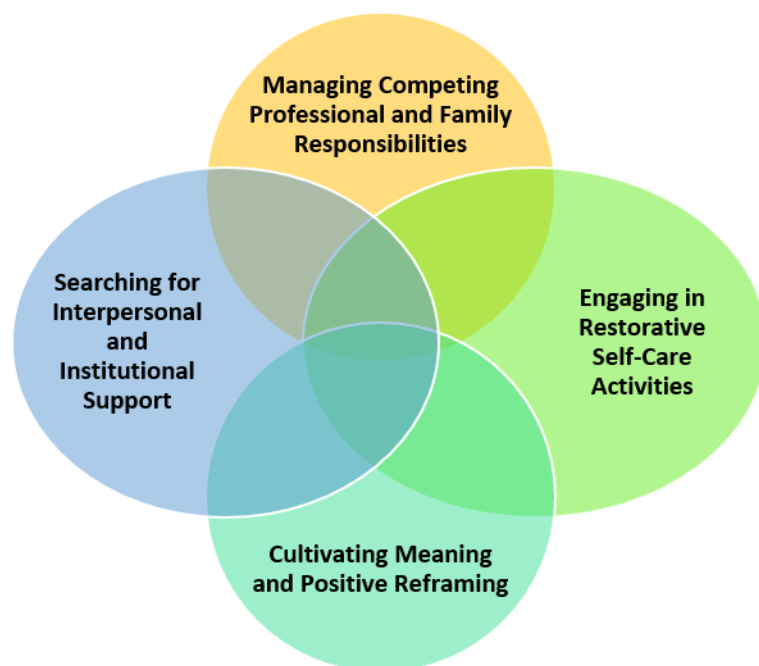
Table 1 Participants' Characteristics

ID	Age	Gender	Marital status	Number of children	Length of work	Professional Position
P01	38	Female	Married	4	13	Nurse staff
P02	32	Female	Married	1	5	Head nurse
P03	33	Female	Married	2	10	Head nurse
P04	31	Female	Married	1	3	Nurse staff
P05	37	Female	Married	2	12	Head nurse
P06	38	Female	Married	2	11	Nurse staff
P07	31	Male	Married	2	7	Head nurse
P08	32	Male	Married	1	9	Head nurse
P09	35	Male	Married	3	10	Head nurse
P10	40	Female	Married	4	15	Head nurse

Data analysis produced four major themes, and when interpreted through the RAM reflected the adaptive responses of the nurses to multiple focal stimuli (dual caregiving and work demands). This also included contextual (such as organizational policies, including financial responsibilities) and residual stimuli (personal values and beliefs). The results were organized according to the adaptive modes of the RAM.

3.2. Thematic Findings

The study identified four major themes, namely managing competing professional and family responsibilities, as well as searching for interpersonal and institutional support. This also included engaging in restorative self-care activities, alongside cultivating meaning and positive reframing, as shown in Figure 1.



Theme 1: Managing Competing Professional and Family Responsibilities

The simultaneous management of professional and family responsibilities materialized as a central adaptive challenge for sandwich generation nurses. The participants described the persistent role transitions, competing demands, and physical exhaustion that required continuous adaptation within the role-function and physiological modes.

The complex daily routines that required constant transitions between family and professional roles, often leading to physical fatigue, were also described. A certain participant stated that

"I leave home at 7 a.m. to take my child to school, return at 3 p.m., rest, and then spend quality time with the children in the evening... my busiest time is actually in the afternoon."(P01)

Seven participants reported adaptive role-function responses by prioritizing tasks alongside separating work and home roles. For example, one of the participants stated that

"I try not to take work home... If the assigned task isn't completed, I'll stay longer at the hospital. Bringing work home creates an emotional burden on my family."(P07)

Theme 2: Searching for Interpersonal and Institutional Support

Interpersonal and institutional support evolved as important contextual stimuli that strengthened the adaptive capacity of participants within the interdependence mode of the RAM. The nurses described support systems as essential emotional, relational, and practical resources that helped maintain psychological stability while balancing professional and family caregiving responsibilities.

Spousal support played a central role in promoting emotional security and shared responsibility. The participants reported that understanding and cooperation from partners reduced emotional burden and enhanced the ability to cope with daily stressors:

"My husband understands my strengths and weaknesses completely... he offers full support."(P05)

Support from colleagues significantly contributes to emotional regulation and stress reduction in the workplace. Participants described peer relationships as safe spaces for emotional expression, mutual understanding, and shared coping. Another participant reported that

"What can calm me down are my colleagues. We share our experiences." (P08)

Institutional support mechanisms tend to strengthen adaptive coping in addition to informal support. Access to formal psychological services, such as Employee Assistance Programs (EAPs), enabled participants to reflect on emotional well-being and develop healthier coping responses. A typical example is the statement made by a participant:

"I registered for EAP and talked with a psychologist... I learned that I needed to put myself together first."(P02)

Flexible workplace policies further supported participants in terms of balancing caregiving and occupational roles during emotionally demanding situations. The following statement was made by a particular participant:

"There is planned leave... I once took emergency leave when my parent passed away."(P03)

The diverse results suggested that interpersonal relationships and organizational support systems functioned as protective factors. In addition, both factors further enhanced emotional resilience, facilitated role adaptation, and reduced psychological strain among sandwich generation nurses.

Theme 3: Engaging in Restorative Self-Care Activities

The participants described the various restorative self-care activities as adaptive responses aimed at maintaining physical, emotional, and psychological balance in ongoing caregiving and occupational demands. Furthermore, these activities functioned within the physiological and self-concept modes by helping to regulate stress, restore energy, and preserve emotional well-being.

Many participants engaged in recreational and leisure activities to relieve emotional exhaustion as well as create temporary psychological distance from work-related stressors. Social activities were commonly used to improve mood and reduce tension. Based on this perspective, P01 stated that

"When stressed, I go out to eat or shop with friends after work."(P01)

Creative activities materialized as important forms of emotional expression and self-restoration. The participants described engaging in hobbies as meaningful coping mechanisms that fostered relaxation, enjoyment, and personal fulfilment. In addition, some participants stated that

"I like coloring... coincidentally, my child enjoys it too."(P02)

"I enjoy writing, so I often join journal-writing competitions."(P07)

Certain participants used physical activity as a strategy to manage stress physiologically. Additionally, these physical activities also helped maintain overall well-being. For example, another participant reported that

"She occasionally played futsal."(P08)

The self-care practices reflected the active efforts of participants to restore emotional equilibrium. These practices sustained personal identity beyond caregiving roles, as well as enhanced adaptive resilience in response to cumulative stressors.

Theme 4: Cultivating Meaning and Positive Reframing

Meaning-making materialized as a powerful internal adaptive resource that strengthened resilience across multiple adaptive modes. The participants described gratitude, caregiving values, professional purpose, and positive reframing as important psychological strategies. These enabled the ability to endure ongoing responsibilities and emotional pressures.

Expressions of gratitude helped participants maintain a positive self-concept and reinterpret challenges more constructively despite demanding circumstances. This was proven by the following statement:

"We must be grateful... for life, health, work, opportunities, and good colleagues."(P08)

Family caregiving responsibilities, particularly caring for parents, were perceived as obligations and meaningful expressions of love, reciprocity, and moral responsibility. Another participant stated that:

"My parents educated us, so we shouldn't trouble them."(P03)

The participants derived meaning from professional roles as nurses. Furthermore, the witnessing of patient recovery reinforced professional identity, emotional satisfaction, and commitment to caregiving. A certain participant reported that:

"I'm always happy to see patients recover and meet me outside the hospital."(P07)

Adaptive resilience was proven through positive cognitive reframing by intentionally focusing on meaningful and rewarding aspects of life. Another participant described this attribute by stating that

"Take it happily... When I see my children happy, I'm happy too."(P01)

The sandwich generation nurses generally showed adaptive responses across all four RAM modes. Effective coping strategies supported by interdependence systems, strengthened self-concept, and balanced role function. This enabled participants to maintain psychological well-being despite persistent stressors. The numerous results outlined the relevance of the RAM in understanding and supporting adaptation among sandwich generation nurses.

4. Discussion

The present phenomenological study identified four interconnected themes related to the coping strategies of sandwich generation nurses. This included managing competing professional and family responsibilities, searching for interpersonal and institutional support, engaging in restorative self-care activities, as well as cultivating meaning and positive reframing. The diverse results collectively suggested that adaptation to dual caregiving and professional roles is a multidimensional process comprising behavioral regulation, interpersonal support, emotional restoration, and meaning-making within the framework of RAM. Although participants showed adaptive coping responses, the results also proved that adaptation remained a continuous and potentially fragile process due to ongoing emotional, physical, and relational demands.

4.1. Managing Competing Professional and Family Responsibilities

Managing competing professional and family responsibilities materialized as a central adaptive challenge among sandwich generation nurses (Wu et al., 2021). The participants reported the need to continuously balance nursing responsibilities with caregiving obligations at home. However, this often resulted in physical fatigue and emotional strain. To cope with the diverse overlapping demands, participants intentionally organized schedules, prioritized tasks, and created boundaries between work and family domains to minimize role conflict, including emotional spillover. These results are consistent with previous studies, which identified time management as a major challenge and an essential coping strategy (Pashazade et al., 2024). The deliberate efforts to complete professional responsibilities before returning home reflected an intentional attempt to maintain work–life balance and preserve family functioning. Additionally, the adopted strategies may represent adaptive responses to prolonged occupational and caregiving stressors (Iskandar & Ningrum, 2026; Mallari, 2025).

Based on the perspective of the RAM, the ability of participants to organize competing responsibilities reflected adaptive functioning in maintaining role stability in complex environmental demands. The effective management of multiple responsibilities supported professional performance and also protected psychological well-being, including interpersonal relationships. However, the persistent need to negotiate competing priorities also suggested that adaptation required continuous emotional and cognitive effort rather than representing a fully resolved state (Rajahonka & Villman, 2022; Salsabilla et al., 2024).

4.2. Searching for Interpersonal and Institutional Support

Interpersonal and institutional support are essential resources that strengthen resilience and adaptive capacity across personal and professional domains. The participants described support systems as important sources of emotional reassurance, practical assistance, and psychological stability while navigating dual caregiving responsibilities. Family support, particularly from spouses, also reduced emotional burden and facilitated role sharing (Pien et al., 2021). It was further outlined that emotional understanding and practical assistance from family members enhanced the ability to cope with stress as well as maintain balance between work and caregiving responsibilities. The results are consistent with previous studies that perceived social support contributed positively to psychological well-being among sandwich generation nurses (Azzarah & Syakarofath, 2025; Cejalvo et al., 2021).

The support from colleagues played a significant role in helping to regulate emotions and manage workplace stress. The sharing of experiences with peers fostered feelings of validation, belonging, and professional solidarity, which strengthened emotional resilience and professional identity (Sudarji et al., 2022). These results suggested workplace relationships functioned as social interactions and protective relational mechanisms that supported adaptive coping.

Following the description above, organizational support systems, including EAPs, psychological services, flexible scheduling, and leave policies, were perceived as important facilitators of work–life integration. Access to formal psychological support also enabled participants to reflect on emotional well-being alongside developing healthier coping strategies (Cai, 2022).

The diverse interconnected forms of support collectively created a relational safety network that strengthened adaptive functioning. The results showed that resilience should be understood both as an individual characteristic as well as a relational and organizational process shaped by supportive environments (Kunkle et al., 2021).

4.3. Engaging in Restorative Self-Care Activities

Self-care was described as an important strategy for maintaining emotional stability and physical well-being in ongoing caregiving and occupational demands. Meanwhile, self-care activities included relaxation practices, creative expression, social recreation, and physical exercise. These activities functioned as restorative coping mechanisms that enabled participants recover from cumulative stress (del-Pino-Casado et al., 2021).

Relaxation activities such as mindfulness practices, dhikr, leisure outings, and exposure to calming environments played an effective role in reducing stress and restoring emotional balance (Purwanto et al., 2023). The participants also engaged in creative activities, including writing, coloring, singing, and journaling as forms of emotional expression and psychological restoration. These activities supported self-reflection, emotional regulation, and maintenance of personal identity beyond caregiving roles. Meanwhile, physical activities such as futsal, exercise, and recreational movement were also perceived as helpful in reducing emotional tension and improving mood. Previous studies have shown that physical exercise contributed positively to psychological well-being through reductions in stress, anxiety, and depressive symptoms (Liu et al., 2025; Saufi et al., 2024).

In the RAM context, the numerous self-care activities were understood as adaptive efforts to preserve emotional and physiological equilibrium. The results significantly suggested that adaptive coping required balance and self-awareness. This was because certain coping behaviors may become maladaptive if used excessively or avoidantly (Ting, 2025; Tiwari & Tiwari, 2023).

4.4. Cultivating Meaning and Positive Reframing

Meaning-making is a powerful psychological and spiritual resource that enables the sustenance of resilience despite prolonged caregiving and occupational pressures. Furthermore, gratitude, spirituality, filial

responsibility, professional calling, and positive cognitive reframing were described as important sources of emotional endurance and psychological strength (Cooper et al., 2021).

Expressions of gratitude helped reinterpret stressors positively alongside maintaining emotional stability during difficult circumstances. Meanwhile, spiritual practices and faith-based perspectives also provided feelings of peace, acceptance, and inner strength (Risqi & Eny Purwandani, 2023). In the Indonesian sociocultural context, caregiving responsibilities toward parents were often viewed as burdens, including meaningful moral and spiritual obligations deeply rooted in collectivist family values (Annisa et al., 2024).

The participants derived meaning from professional identity as nurses. The witnessing of the recovery process and being recognized by patients outside the hospital reinforced a sense of purpose as well as strengthened commitment to caregiving roles. Positive cognitive reframing also enabled the reinterpretation of demanding experiences more constructively alongside maintaining hope despite ongoing stressors (Rhéaume, 2022).

Within the framework of the RAM, meaning-making represented a deeper adaptive mechanism that strengthened self-concept alongside supporting long-term psychological resilience. These results outlined the importance of spiritual values, cultural beliefs, and existential meaning in sustaining the well-being of sandwich generation nurses facing multidimensional caregiving responsibilities.

The present study generally reported that the coping strategies adopted by sandwich generation nurses extended beyond individual stress management. These included complex adaptive processes shaped by relational support, organizational environments, cultural values, and spiritual meaning. The results suggested the importance of organizational interventions that support work–life integration. The process included flexible scheduling policies, accessible psychological services, peer-support initiatives, and culturally sensitive well-being programs aimed at strengthening resilience and mental well-being.

5. Conclusion

In conclusion, this phenomenological study explored the coping strategies adopted by sandwich generation nurses in adapting to dual professional and familial caregiving responsibilities. The results revealed four interconnected adaptive themes. These included managing competing professional and family responsibilities, searching for interpersonal and institutional support, engaging in restorative self-care activities, alongside cultivating meaning and positive reframing. The themes showed coping among sandwich generation nurses was a multidimensional and dynamic process which included behavioral regulation, emotional adaptation, relational support, and cognitive-spiritual meaning-making within the RAM framework.

The participants showed adaptive efforts to maintain psychological well-being and role balance, despite persistent occupational and caregiving demands. Supportive interpersonal relationships, organizational resources, restorative self-care practices, and spiritual values evolved as important protective factors that strengthened resilience and sustained adaptive functioning. Simultaneously, the results suggested adaptation remained an ongoing process that required continuous emotional, cognitive, and relational adjustment.

The present study outlined the importance of developing organizational and psychosocial interventions that support the sandwich generation nurses. This included flexible work policies, accessible mental health services, peer-support systems, and culturally sensitive well-being programs. The strengthening of supportive environments helped nurses maintain resilience, enhance work–life integration, and sustain mental well-being while engaging in complex caregiving roles. Future studies should explore long-term adaptation processes as well as evaluate interventions designed to support the well-being of sandwich generation healthcare professionals across diverse clinical and cultural settings.

Implications and Recommendations

The importance of strengthening adaptive coping capacities among nurses through the promotion of healthy work–life integration, emotional regulation, and self-care practices was reviewed. Nurses should be motivated to develop adaptive strategies such as effective boundary setting, stress management, reflective practices, and restorative activities to maintain emotional and physical balance. The results also outlined the value of spiritual coping, gratitude, and meaning-making in supporting resilience, including psychological endurance, particularly within collectivist cultural contexts.

Peer support and interpersonal relationships are categorized as important protective factors. Therefore, fostering collaborative and psychologically safe work environments enhanced emotional support, reduced workplace stress, and strengthened professional resilience among nurses experiencing dual caregiving burdens.

Organizational recognition of dual caregiving responsibilities further helped to reduce emotional exhaustion, improve job satisfaction, and strengthen workforce retention. Nursing leaders should also cultivate supportive leadership approaches that acknowledge the emotional and relational challenges experienced by sandwich generation nurses.

The results suggested that nursing education programs should incorporate training related to resilience, adaptive coping, emotional self-awareness, work–life balance, and mental well-being. Furthermore, the preparation on how to manage occupational stress and caregiving demands strengthened long-term professional sustainability, including psychological resilience in clinical practice.

The diverse outcomes showed that supporting sandwich generation nurses required a multifaceted method. For nursing practice, self-care and time management training should be incorporated into continuing professional development. Meanwhile, for healthcare institutions, robust support systems, including accessible EAPs, peer support programs, and family-friendly policies, played an essential role. For nursing education, resilience-building, self-management, and multi-role coping strategies should be integrated into the curricula to effectively prepare future nurses.

Limitations and Future Study

As a qualitative phenomenological study, the results offered rich, in-depth insights. However, these were limited in generalizability due to the small, context-specific sample. Future studies are recommended to explore the long-term adaptation experiences of sandwich generation nurses across different healthcare settings and cultural contexts. Further analyses need to also examine the effectiveness of organizational interventions, peer-support programs, and spirituality-based coping approaches in improving the mental well-being and adaptive functioning of nurses. Quantitative and mixed-method studies could additionally be conducted to examine the relationship between coping strategies, burnout, resilience, and quality of care among sandwich generation healthcare professionals.

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