Chapter 1

HOW DO THEY MANAGE? COPING STRATEGIES OF THE WORKING SANDWICH GENERATION IN FLANDERS

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ABSTRACT

Drawing on in-depth interviews with 34 women and men of the working sandwich generation (WSG) in Flanders, this chapter presents a taxonomy of nine coping strategies that the WSG uses to balance intergenerational care with a job: an acceptance strategy, a boundary management strategy, a help-seeking strategy, a planning strategy, a governance strategy, a self-care strategy, a time focus strategy, a values strategy and a super-sandwich strategy. Individuals of the WSG do not use just one strategy, but combine different strategies simultaneously or consecutively. Moreover, different strategies are also strongly linked to each other so that there is a certain degree of 'overlap'.

1. INTRODUCTION

One of the main challenges for the working sandwich generation (WSG) is the combination of a job with a double care task. There is evidence that the combination causes a lot of stress which has a negative effect on their well-being (Halinski, Duxbury, & Higgins, 2018; Solberg, Solberg, & Peterson, 2014) and can lead to burnout (Pines, Neal, Hammer, & Icekson, 2011). However, it is remarkable that the stress level, or the impact of stress on well-being, differs

among members of the WSG. This may be related to the intensity of the caring tasks or to the responsibilities or workload of the job, but it also depends on the way people deal with the stressors in their lives, which in turn influences the coping strategies they deploy.

Most of the literature on coping strategies rely on the basic theory of Lazarus and Folkman (Lazarus, 1993) who define coping as a process in which people make both cognitive and behavioural efforts to overcome, reduce or tolerate external and/or internal demands that are perceived as burdensome or beyond personal capabilities (Morganson, Culbertson, & Matthews, 2013). Resources play a central role in coping theories: if there are insufficient resources or if the resources are overburdened, stress arises. Stress in turn mobilises resources and thus initiates the coping process (Hobfoll, 2002). Quantitative and qualitative research with different populations, in different domains and focussing on different stressors, still contributes to the categorisation of the different coping strategies, although each taxonomy has limitations and designing a generally applicable classification of coping strategies does not seem to be immediately possible (Skinner, Edge, Altman, & Sherwood, 2003).

It took some time for scholars looking at work–family interference to discover the importance of coping strategies (Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005; Morganson et al., 2013; Rantanen, Mauno, Kinnunen, & Rantanen, 2011). Still, from the 1970s onwards, various taxonomies of coping strategies for the work–family stressor emerged (Clark, Michel, Early, & Baltes, 2014; Kalliath & Kalliath, 2014; Somech & Drach-Zahavy, 2007). More recently, attention has also been paid to the effects of coping strategies on the well-being of informal carers (Barbosa, Figueiredo, Sousa, & Demain, 2011; Calvano, 2013; Del-Pino-Casado, Pérez-Cruz, & Frías-Osuna, 2014; Hawken, Turner-Cobb, & Barnett, 2018; Spendelow, Adam, & Fairhurst, 2017). Specifically for the WSG, the literature is more scarce but it is expanding and includes both qualitative and quantitative approaches. Some studies describe coping strategies without developing a specific taxonomy (Remennick, 2001); other studies develop recommendations related to coping strategies (O'Sullivan, 2014; Riley & Bowen, 2005). Gillett and Crisp (2017) came to the conclusion that the use of problem- and emotion-focussed strategies both have positive effects on general well-being of the sandwich generation (SG). An avoidant coping style, on the other hand, has a positive effect on SG people with a lower stress level, but a negative effect in people with a high stress level.

Cullen, Hammer, Neal, and Sinclair (2009) and Neal and Hammer (2007) developed the first specific matrix with a taxonomy of six coping strategies for the WSG. Three coping strategies are centred on the increase of resources

and three on the diminishing of demands. In addition, they rely on the more classification of behaviour-based, emotion-based and cognitive-based coping styles. They also found a gender difference: women were much more likely to engage in coping styles that reduce social engagement and men in coping strategies that focus more on prioritisation.

Evans et al. (2016) developed a 12-part taxonomy which also adds more psychological elements such as personal motivation, values and beliefs which they group under the term 'intra-role strategies' in distinction to the inter-role strategies that correspond quite closely to Neal and Hammer's taxonomy. Evans et al. (2017) distinguished four different target positions by which the WSG seeks to ensure physical and mental health: focus on help-seeking behaviour, focus on social connection, focus on personal health and focus on time management.

Although the different taxonomies provide interesting insights, sufficient qualitative data were lacking to obtain a clear view on the coping strategies for the WSG in Flanders. Since the purpose of this practice-based research was to develop practical instruments to strengthen the coping strategies of the WSG, a more applied taxonomy with clear examples was needed.

2. DESCRIPTION OF THE RESEARCH AND METHODOLOGY

A qualitative study was designed in which 34 people from the WSG were interviewed face-to-face. Through purposeful sampling with the use of social media platforms, contact details of 68 persons of the WSG in Flanders were collected. During a short telephone interview, data were collected on demographic details and work and care responsibilities. Based on this, a selection of respondents was made, striving for the maximum possible variation in terms of gender, family composition, extent of care tasks, age and place of residence.

The interviews were conducted in the home of the WSG between January and April 2019, using a semi-structured topic guide. Interviews were recorded on an audio device and participants signed an informed consent form. After 34 in-depth interviews, an initial qualitative analysis concluded that there was sufficient saturation in the data and it was decided not to conduct further interviews. A profile analysis of the respondents was made on the basis of these 34 participants (Fig. 1). The verbatim transcribed interviews were analysed using a consecutively open, axial and selective coding (Mortelmans, 2013). Open coding with use of NVIVO software was used to identify categories of data, resulting in approximately 250 open coding categories. An axial coding followed the open coding to develop a model of different strategies the respondents were using to make the combination of care and job

Gender		Profile of the resident children	
Women	84%	No resident children	38%
Men	16%	All children < 12	3%
Age		Children 0–18	6%
45–49	24%	0-18 with at least 1 child with disability	3%
50–54	21%	Children 12–18	18%
55–59	29%	Children > 18	21%
60–64	24%	> 18 with at least 1 child with disability	12%
Not specified	2%	**Grandparents**	47%
Family composition		**Care for grandchildren**	
Living with partner	76%	<5 hours/week	19%
Living without partner	18%	>5 hours/week	63%
Not specified	6%	Not specified	19%
Work regime		**Care for the older generation**	
Full-time	29%	Daily	21%
Part time > 50%	44%	Few times a week	41%
Part time 50% or less	21%	Once a week	9%
Not specified	6%	Few time a month	12%
Profession		Not specified	18%
Administrative employee	41%	**Living situation of the older generation**	
Civil servant	15%	Living independently with partner	24%
Teacher	12%	Living independently alone	47%
Health or social worker	9%	Living with the WSG	15%
Self-employed	2%	Living in retirement home	6%
other	6%		

Source: Authors' original work.

Fig. 1.   Profile Analysis of the Respondents.

workable. Using a constant comparative process, the researcher not only re-examined the interview transcriptions to help further refine the model of nine coping strategies, but also used further literature to be able to describe some coping strategies in a more profound manner. In this way, the methodological approach can be differentiated whereby in the first phase of coding and classification a completely inductive way of working was used and in the description of the strategies a rather abductive approach was taken (Timmermans & Tavory, 2012).

3. NINE COPING STRATEGIES ADOPTED BY THE WSG

3.1. Acceptance Strategy

A significant way in which people from the SG deal with the demands made of them is to accept the situation as it is. Usually this involves accepting the care situation, the changing relationship with the person in need of help and the acknowledgement that unexpected things just often happen in life. This strategy also has an introspective side: the WSG accepts that they place high demands on themselves and others.

> *I would like to have time for many more things: for my parents, for my son, for my friends. But I can't, I'm sandwiched. If I could buy time, but that is not possible. So I'll just have to learn to deal with that. I just have to keep going on, not reflecting too much, just put my mind at rest once in a while.*

Applied to the work domain, the WSG accepts organisational changes and accepts that their own career expectations need to be adjusted. In this strategy, cognition and emotion work strongly together. This strategy aims to reduce contextual demands and to strengthen personal resources, such as the ability to put things into perspective or cognitive flexibility.

3.2. Boundary Management Strategy

In the boundary management strategy, the WSG mainly uses cognitive skills to deal with the critical boundaries, both psychologically and behaviourally between work, family, caring for the younger generation, caring for the older generation and one's own needs. The SG includes both 'segmenters', people who prefer clear boundaries between the different domains of life, and 'integrators', people who mainly see advantages in dealing flexibly with boundaries (Bulger, Matthews, & Hoffman, 2007). In research among the WSG, there are more individuals at the 'segmenter' end of the continuum, although respondents indicate that they sometimes move flexibly across the continuum, but mostly becoming more of a 'segmenter'.

> *So if I am at home, I will take care of home and family. If I am at work, I will be committed to my work. But I can't combine the two, because then I don't do either one of them well.*

Some of the WSG continue to apply very permeable boundaries and see – especially in the flexible handling of the boundaries between work and family – a way to achieve a good combination of work, family and care. An important skill

that both segmenters and integrators of the WSG indicate for applying this strategy is to be able to say 'no' to questions from both the family and the work environment and in doing so keep one's own sense of guilt within limits.

3.3. Help-seeking Strategy

The WSG often apply a behavioural help-seeking strategy for one or more life domains: their care tasks, the household and their duties at work. For some, the help-seeking strategy is an obvious way of combining a double care task with a job. The help-seeking strategy feels very natural to this group. Others feel they have to cross a threshold to ask for help, for them this strategy is more difficult to handle and they describe it as a courageous attitude.

> *When my mother was admitted to the retirement home, I was at peace. I know there is always someone there, she's never alone. If something is wrong, they can call me, day or night. Then I calmed down, then it went better.*

The WSG most often refers to the use of professional help for the care of the older generation for personal hygiene, housekeeping, cleaning and nursing. If the professional help is well organised and a relation of trust can be developed with the professional service providers, this is an important way of reducing their own concerns and stress, which is experienced as very helpful. The WSG also appeal to their family and social network in the help-seeking strategy. The life partner is often the first to be called upon, but siblings and adolescent or adult children are also involved. In the case of siblings, there is often a division of labour or a rotation of roles. Friends, own children or other family members are more likely to be called in at times of crisis. The social network of family members and friends can also provide mental support for the SG. Especially people in a similar situation can be a source of recognition and support.

3.4. Planning Strategy

Many respondents of the WSG have a very explicit and active planning strategy to keep their daily and weekly tasks on track. The planning can consist of written or mental lists of what needs to be done, coupled with a clear division of tasks with other family members or professional actors. The WSG plans the various tasks for which they are responsible: the care of their own children or grandchildren, housekeeping, their job, their own hobbies and the care of the older generation.

> *Then I thought I'll never keep this up, I really have to start thinking day by day and I even need to divide my day into time slots. I say to*

*myself: Now you are doing this for two hours and then you're going
to do that. So a bit autistic-like but it helps. It makes my head a
little more at ease and I can see everything in a clearer perspective.*

In structuring and planning tasks, respondents seek a balance between routine and flexibility. Some rely mainly on routine, building in predictability into daily and weekly plans, for others it is important to be able to respond flexibly to unexpected circumstances.

Planning is not limited to practical matters only. It also involves the planning of activities and time to strengthen one's own well-being through social contacts and leisure activities. Some respondents also linked the planning strategy to a form of mindfulness, although not explicitly. Planning has to do with mental structure, being able to focus on what one is doing at that moment. A respondent even planned 'time to think' in order to achieve mental peace.

3.5. Personal Governance Strategy or Priority Strategy

The personal governance strategy is closely related to the boundary management strategy and is also primarily a cognitive strategy. It proceeds in two phases: in the first phase, a person determines what he considers to be a priority at that moment in life and what he will and will not commit to. In the second phase, a person takes control and ensures that the priority which is set can actually be implemented. Both short-term and long-term priorities are applied according to two selection strategies: a person can give priority to what he considers to be important or to what he actually likes and enjoys.

The personal governance strategy can focus on the WSG's own life but also on the lives of others. Taking charge of one's own life means communicating and acting upon one's own needs and requirements. The personal governance strategy may also involve taking charge of the life of another, often the older generation. Based on a clear prioritisation, the WSG will, for example, determine what kind of care tasks are provided by themselves and which are not. The governance strategy implies that a person can listen to the expectations of another, but can also clearly indicate why they do not follow them.

*One afternoon my mother was angry and shouted 'I don't want to
stay here anymore, take me to a retirement home'. She thought
I was going to say 'come and live with me'. I immediately
headed for the retirement home and arranged for temporary
accommodation for three months. This hit my mother very hard.
But I persisted and now she is in this facility permanently.*

This strategy is also often applied by the WSG in a professional context, where information is sought about flexibility options and possibilities for

reducing one's working hours. Respondents indicate that they make their wishes clear to their employer and try to take control of their work tasks and responsibilities as much as possible.

3.6. Self-care Strategy

Most respondents from the WSG apply a self-care strategy. They indicate that they need to devote enough time to their own needs and requirements to be able to take care of others. The self-care strategy is closely linked to the personal governance strategy and the boundary management strategy. After all, self-care entails daring to set aside time to rest mentally and/or physically and, at that moment, putting oneself first. The WSG especially points out the importance of relaxation, me-time, social contact, interaction with animals and professional psychological help as an interpretation of the self-care strategy. Since many examples were given of how self-care can be implemented, it is interesting to present this in a word cloud (Fig. 2).

Source: Authors' original work.

Fig. 2.   Word Cloud Self-care Strategy.

3.7. Time Focus Strategy

Many WSG people use a time focus strategy which can be directed either to the present or to the future. With a time focus on the present, the WSG looks at what needs to be done each day and draws satisfaction from the daily tasks. People focus on the here and now.

> *I take each day as it comes. I don't look into the future, and I don't look into the past. I leave problems behind me easily, they don't stay with me for months or years.*

When focussing on the future, the hope is consistently present that the situation will improve and that, for example, there will be more balance in work and family responsibilities or that there will be more 'me-time'. A key factor here is the perspective that retirement age is in reach. A second future perspective that is mentioned with some trepidation is the estimation of the finiteness of care for the elderly. The passing away or a move to a retirement home will end the care or make it less of a burden.

> *You know it's temporary because my mother is 86. Caring for her is not for the rest of my life. Then it would be very heavy. But now it's just a period we have to go through, it's part of life. Looking back, I will be glad that I was able to do it for her.*

3.8. Value Strategy

All respondents of the WSG use a value strategy in one way or another. Acting in accordance with one's own values and standards is a motivator to take up responsibilities and care for different generations and for their job. A first driver that the WSG uses is a normative idea of what good conduct is: the WSG indicates that they are acting in accordance with their own upbringing or prevailing norms.

> *Caring for another is simply what I expect in life. I was also brought up that way. It's not because you leave your parental home that you start thinking only of yourself and your own cocoon.*

A second driver is based on exchange theory and reciprocity. Caring for the older generation is seen as returning care that one has received in the past. Care for one's own children or grandchildren is sometimes seen a sort of investment in order to receive attention and care return in the future. In this way, the SG sees itself as a pivot in an intergenerational care network.

> *I think I owe this to my mother. She has always taken good care of me*
> *and I have had a very good home. This is the only thing I can do. She*
> *doesn't know it anymore, but she is quiet. I hope she may die in her seat.*

A third driver of the value strategy is love, solidarity and altruism. People from the WSG testify that they do their best for the sake of connectedness with others, without wanting anything in return, except possibly love and connectedness itself. This motivation is altruistic to a substantial degree, or with a WSG-citation 'It is more enjoyable to give than to receive'. A fourth driver, although not mentioned regularly is spirituality or religion.

3.9. Super-sandwich Strategy

The 'super sandwich' tries to keep all the balls in the air at the same time. Often, a super-sandwich strategy is a temporary option: there is a crisis situation or a sudden change and the only choice is to throw everything into the breach. The super-sandwich strategy fades away as soon as the situation has normalised or space has been found to use other strategies. Many respondents indicated that they used this strategy at a certain point, that they felt there was no alternative. They were being called upon so strongly that they had no mental space to consider alternatives.

> *I felt at that moment that there was no other way. I really don't*
> *know if I would do it again. But it was very hard.*

But sometimes the 'super-sandwich strategy' lasts a long time. People judge themselves strong and continue to consider this strategy feasible for a long time. Several respondents testify that using this strategy for a long time has an impact on their health: they get burned out or end up with depression.

4. DISCUSSION AND CONCLUSION

The WSG uses different strategies to keep the combination of a double care task with a job feasible. From the qualitative research, nine strategies were identified whereby there is certainly overlap and similarities. All respondents use different strategies, but usually one or a few strategies are more dominant. This new taxonomy of coping strategies for the WSG corresponds in several respects to previously developed classifications by Neal and Hammer (2007) and Evans et al. (2016), although the designation does not coincide. Only the boundary-management strategy, especially for integrators, is more strongly identified in this taxonomy as a separate strategy in this taxonomy. The super-sandwich strategy

is also a newly observed strategy, probably because it offers little sustainable perspective and therefore is not seen as a strategy in previous research.

From this new taxonomy, a self-assessment questionnaire was developed that the WSG can use to discover which coping strategies they already use often and which can be developed to a greater extent (Timmers, 2021). This self-assessment questionnaire was used at the start of a specific coaching processes and is used in training sessions for the WSG (Lengeler, 2021). The taxonomy of nine coping strategies should therefore be regarded primarily as an instrument for (self)orientation of the SG and a starting point for discussion and guidance in which the strategies that are deployed to a high degree are zoomed in on in order to analyse on the basis of which forces they arise and to what results they lead. The strategies that are used to a limited extent or even withheld should also be discussed. Here, it is possible to look at what is needed to strengthen some of the under-used strategies.

This taxonomy and self-assessment tool also provides opportunities for further research. For instance, research could be conducted to determine which strategies have more influence on the well-being of the WSG and on the effective management of the combination of a double care task with a job. Cross-national differences in both coping strategies and their effects could also be explored.

5. SELF-ASSESSMENT QUESTIONNAIRE

Self-assessment Questionnaire

After each statement, enter a number from 0 to 4 (you may not enter the number 2).

0: Do not agree at all

1: Agree a little

3: Mostly agree

4: Fully agree

1	I engage professional help to care for the older generation.	Your Score: _____
2	I can accept that the situation in my family is as it is at the moment.	Your Score: _____
3	I make a weekly or daily written schedule of what needs to be done.	Your Score: _____
4	There is a clear division of tasks for the care of the older generation, I know very well who will do what.	Your Score: _____
5	I can draw clear boundaries between work and family.	Your Score: _____

6	I feel like I have to combine too many things.	Your Score: _____
7	I find it helpful that the boundaries between work and family are not so clear.	Your Score: _____
8	I consciously build in 'me-time'.	Your Score: _____
9	I think that in the future I will have more time and space for myself.	Your Score: _____
10	I often think that time will bring advice and then hope that my situation will be easier in the future.	Your Score: _____
11	I take care of relatives because I think that is how it should be: you have to take care of another person.	Your Score: _____
12	I dare to make decisions that will change other people's lives greatly, even if they don't agree with it at first.	Your Score: _____
13	I focus on the here and now.	Your Score: _____
14	I give priority to what I find important in life.	Your Score: _____
15	I give priority to what I like to do.	Your Score: _____
16	I make as much use as possible of flexible measures at work in order to make it possible to combine family and work.	Your Score: _____
17	I am confident that professional care workers and services are doing a good job.	Your Score: _____
18	I can accept that the situation at work is what it is and I don't feel the need to change much.	Your Score: _____
19	I dedicate myself to my family mainly out of love and solidarity.	Your Score: _____
20	I find it easy to locate services that offer professional help.	Your Score: _____
21	I can accept that things are a bit difficult at the moment and that things are not going as smoothly as usual.	Your Score: _____
22	I can combine my family, work and the care of relatives perfectly well and do not need any help.	Your Score: _____
23	I can clearly say 'no' if people ask extra things of me at work.	Your Score: _____
24	I can clearly explain my own needs.	Your Score: _____
25	I make sure that I can relax.	Your Score: _____

26	I don't mind catching up on hours of work in the evening or at the weekend.	Your Score: _____
27	I can easily say 'no' if my family members ask me to do things I don't have time for.	Your Score: _____
28	I can put things into perspective.	Your Score: _____
29	I make choices of my own free will and not because I feel forced to.	Your Score: _____
30	I schedule time for what I like to do.	Your Score: _____
31	I am good at multitasking: while working, I am also busy with my family, and when caring for my family, I am often still busy with work.	Your Score: _____
32	I feel overstressed.	Your Score: _____
33	I hire professional help for my own housekeeping.	Your Score: _____
34	I manage to keep to the schedule I make to a large extent.	Your Score: _____
35	I manage to find a good balance between routine and flexibility.	Your Score: _____
36	I work a lot or I commit myself intensively to my job and I think I have a high work ethic.	Your Score: _____
37	I try to be satisfied with the things I do every day.	Your Score: _____
38	I find energy to care for the older generation in the knowledge that it will not last very long.	Your Score: _____
39	The care I give is better than the care given by professionals.	Your Score: _____
40	I receive psychological help from a therapist, psychologist, ... or consider doing so.	Your Score: _____
41	I never feel guilty if I say 'no' when people call on me.	Your Score: _____
42	I feel isolated.	Your Score: _____
43	I want to show my children that it is important to take care of people, so maybe they will take care of me later.	Your Score: _____
44	I seek contact with people to unwind.	Your Score: _____
45	I take care of my family because they also take care of me or have taken care of me.	Your Score: _____

Result Calculation

For each question (from 1 to 45), fill in the number on the coloured field. Sometimes you fill in the same number twice in one row. Then add up the final score per column.

	1	2A	2B	3	4	5	6	7	8	9
1				▨						
2	▨				▨					
3				▨	▨					
4										
5		▨								
6										▨
7			▨							
8							▨			
9								▨		
10								▨		
11									▨	
12						▨				
13								▨		
14						▨				
15						▨				
16		▨	▨							
17				▨						
18	▨									
19									▨	
20				▨						
21	▨									
22										▨
23		▨								
24						▨				
25							▨			
26			▨							
27		▨	▨							
28	▨									
29						▨				
30					▨		▨			
31			▨							
32										▨
33				▨						
34					▨					
35					▨					

	1	2A	2B	3	4	5	6	7	8	9
36									▨	
37	▨							▨		
38								▨		
39										▨
40							▨			
41		▨								
42										▨
43									▨	
44							▨			
45									▨	
Total score										

Enter the total score of each column in the indicated strategy (same number). See which strategies you score high and low on.

Column	Name of the Strategy	Your Total Score
1	Acceptance strategy	
2A	Boundary management strategy: segmenter	
2B	Boundary management strategy: integrator	
3	Help-seeking strategy	
4	Planning strategy	
5	Personal governance strategy	
6	Self-care strategy	
7	Time focus strategy	
8	Values strategy	
9	Super-sandwich strategy	

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