

Development of an Educational Package Based on Grandparents' Lived Experiences in Caring for Their Grandchildren

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ABSTRACT

The objective of this study was to develop and content-validate an educational package grounded in the lived experiences of grandparents caring for their grandchildren. This study employed a qualitative, multi-stage design. In the first phase, a descriptive phenomenological approach was used to explore the lived experiences of grandparents involved in caregiving for their grandchildren. Semi-structured, in-depth interviews were conducted with grandparents who met predefined inclusion criteria, and data collection continued until experiential saturation was achieved. Qualitative data were analyzed manually using Colaizzi's seven-step method to extract meaning units, initial codes, subthemes, and main themes. In the second phase, relevant scientific and professional texts in the fields of aging, caregiving, mental health, and intergenerational relationships were purposefully reviewed to identify educational techniques aligned with the extracted themes. In the final phase, an educational package was designed and its content validity was assessed by a panel of experts in geriatric psychology and related disciplines using content validity ratio and inter-rater agreement procedures. The phenomenological analysis yielded several interrelated main themes, including aging-related psychological vulnerabilities, physical and cognitive changes, social and intergenerational challenges, caregiving tensions, lifestyle disruptions, and dual caregiving outcomes. Negative outcomes encompassed anxiety, depressive affect, irritability, physical strain, social withdrawal, and concerns regarding grandchildren's emotional security, while positive outcomes included renewed hope, increased self-worth, strengthened family bonds, and enhanced sense of meaning. These findings informed the development of a nine-session educational package addressing emotional regulation, self-care, communication skills, resilience, and meaning-making in caregiving. The findings indicate that grandparental caregiving in later life is a complex experience combining vulnerability and growth, and that an educational package grounded in lived experience can provide a structured, culturally responsive framework to support grandparents' psychological well-being and caregiving competence.

Keywords: Grandparents; Lived Experience; Caregiving; Educational Package; Aging; Intergenerational Relationships

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Introduction

Population aging has emerged as one of the most defining demographic transformations of the twenty-first century, reshaping family structures, social roles, and care arrangements across societies. Increasing life expectancy, declining fertility rates, and changing household patterns have expanded the presence and

significance of older adults within multigenerational families, particularly in caregiving roles for grandchildren (1, 2). In many contexts, grandparents are no longer peripheral figures in family life but are actively involved in daily childcare, emotional support, and even long-term custodial care, often compensating for gaps created by economic pressures, parental employment, migration, or family disruption (3, 4). This growing reliance on grandparents as caregivers underscores the need to understand their lived experiences and to develop supportive, context-sensitive interventions that enhance both their well-being and the quality of care they provide.

From a developmental and social perspective, grandparental caregiving represents a complex role transition in later life. While caregiving can offer older adults renewed purpose, social engagement, and emotional fulfillment, it can simultaneously expose them to psychological strain, physical exhaustion, and role ambiguity (5, 6). Empirical evidence suggests that caring for grandchildren may be associated with both positive and negative outcomes, depending on factors such as caregiving intensity, voluntariness, health status, and family dynamics (7, 8). This duality highlights that grandparental caregiving cannot be treated as a uniformly beneficial or harmful phenomenon but must instead be examined through the subjective meanings and contextual realities experienced by grandparents themselves.

Mental health is a particularly salient dimension of grandparental caregiving. Older adults already face increased vulnerability to anxiety, depression, loneliness, and stress due to age-related changes, health challenges, and social role losses (9, 10). When caregiving responsibilities are added to this landscape, psychological demands may intensify, especially in the absence of adequate coping strategies and social support (11, 12). Research has shown that anxiety related to caregiving responsibilities, worries about grandchildren's safety and future, and concerns about one's own declining physical capacity can significantly affect older caregivers' emotional well-being (13, 14). Without structured guidance and support, these stressors may accumulate, increasing the risk of emotional exhaustion and maladaptive caregiving patterns.

At the same time, caregiving for grandchildren can act as a powerful source of resilience and meaning in later life. Studies indicate that grandparents who perceive their caregiving role as meaningful and valued often report higher life satisfaction, reduced loneliness, and a stronger sense of identity (4, 5). The intergenerational bond formed through caregiving can foster emotional closeness, mutual understanding, and continuity of family values, contributing positively to both grandparents' and grandchildren's psychosocial development (15, 16). These findings suggest that the impact of grandparental caregiving is not determined solely by the presence of caregiving tasks but by how these tasks are experienced, interpreted, and supported within broader family and social systems.

In societies undergoing rapid social and demographic change, such as Iran, the role of grandparents in childcare is particularly pronounced. Structural factors including urbanization, economic instability, increased female labor force participation, and limited availability of formal childcare services have amplified families' dependence on older relatives for childrearing support (17, 18). Cultural norms that emphasize family solidarity and intergenerational responsibility further reinforce expectations placed on grandparents, sometimes regardless of their health status or personal readiness (19, 20). While these cultural values can strengthen family cohesion, they may also obscure the psychological and physical costs borne by older caregivers, particularly when caregiving is taken for granted rather than consciously supported.

Existing research on grandparental caregiving has largely focused on outcomes such as physical health, mental health indicators, and intergenerational relationships, often using quantitative or outcome-oriented designs (21, 22). Although these studies provide valuable insights into correlates and consequences of caregiving, they may overlook the nuanced, subjective experiences through which grandparents make sense of their caregiving roles. Qualitative studies addressing lived experience have demonstrated that caregiving meanings are shaped by personal histories, cultural narratives, perceived obligations, and emotional bonds (23, 24). Such findings point to the importance of grounding interventions not merely in generalized risk factors, but in the actual experiential worlds of grandparents.

Another critical gap in the literature concerns the translation of experiential knowledge into structured educational and supportive programs for grandparents. While interventions exist for parents, professional caregivers, and even older adults in institutional settings, there is comparatively limited attention to psychoeducational packages specifically designed for grandparents caring for grandchildren (15, 25). When interventions are offered, they are often adapted from models targeting younger caregivers or focus narrowly on behavioral guidance, without addressing the emotional, cognitive, and identity-related dimensions of caregiving in later life (9, 10). This mismatch can reduce relevance and effectiveness, underscoring the need for programs that are explicitly tailored to older caregivers' developmental stage and lived realities.

From a theoretical standpoint, attachment theory and life-course perspectives offer valuable lenses for understanding grandparental caregiving. Attachment theory emphasizes the importance of emotional security, consistency, and sensitive responsiveness in caregiving relationships, which are directly relevant to grandparents who provide significant emotional care to grandchildren (15). Simultaneously, life-course theory highlights how earlier life experiences, accumulated roles, and transitions shape individuals' capacities and meanings in later life, suggesting that caregiving in old age cannot be separated from lifelong patterns of responsibility, loss, and adaptation (2, 3). Educational interventions that integrate these perspectives can help grandparents reflect on their caregiving role not as an isolated burden, but as part of a broader narrative of continuity, contribution, and growth.

Moreover, the psychosocial environment in which grandparents provide care has become increasingly complex in recent years. Digitalization, changing parenting norms, and shifting expectations around discipline and child development can create intergenerational tensions and uncertainty for grandparents, who may feel that their experiential knowledge is undervalued or outdated (13, 18). Such tensions can undermine caregivers' confidence and contribute to overprotective, avoidant, or conflicted caregiving behaviors, with potential implications for grandchildren's emotional adjustment (15, 26). Addressing these challenges requires educational content that not only imparts skills, but also legitimizes grandparents' experiences and supports adaptive negotiation of intergenerational differences.

In this context, phenomenology provides a particularly appropriate methodological foundation for intervention development. By systematically exploring the lived experiences of grandparents, phenomenological research can uncover the meanings, emotions, and challenges that are most salient to them, thereby informing educational content that resonates with their subjective realities (6, 23). Interventions derived from such analyses are more likely to be perceived as relevant, respectful, and empowering, as they reflect caregivers' own voices rather than externally imposed assumptions. This

experiential grounding is especially important in later life, where identity, dignity, and autonomy are central to psychological well-being (2, 11).

Despite the growing recognition of grandparents' caregiving contributions, there remains a lack of comprehensive, culturally grounded educational packages that integrate emotional support, coping strategies, self-care, and meaning-making for older caregivers. Most available programs address isolated aspects such as stress management or communication skills, without offering a coherent framework that aligns with the multifaceted nature of grandparents' caregiving experiences (14, 25). Furthermore, few interventions explicitly incorporate grandparents' narratives as a core pedagogical element, even though storytelling and experiential sharing have been shown to enhance engagement, validation, and learning among older adults (5, 20).

Given these gaps, there is a pressing need for research that moves beyond describing the effects of grandparental caregiving toward designing and validating structured educational interventions rooted in lived experience. Such interventions have the potential not only to reduce psychological distress and caregiving strain, but also to strengthen positive outcomes such as resilience, intergenerational bonding, and a renewed sense of purpose in later life (4, 7). By explicitly acknowledging both the burdens and the rewards of caregiving, an experiential educational package can support grandparents in navigating their role with greater balance, confidence, and well-being.

Accordingly, the present study aims to develop an educational package based on the lived experiences of grandparents in caring for their grandchildren, with the objective of identifying core experiential themes and translating them into a structured, supportive, and culturally responsive intervention for older caregivers.

Methods and Materials

Study Design and Participants

The present study was conducted using a qualitative methodological framework and relied on two interconnected qualitative approaches to develop an educational package grounded in the lived experiences of grandparents caring for their grandchildren. In the first phase, a qualitative phenomenological approach was adopted, as the nature of the research required an in-depth understanding of subjective meanings, perceptions, and lived experiences. Specifically, descriptive phenomenology was employed to capture how grandparents experience, interpret, and make sense of their caregiving roles in everyday life. This approach was selected to bracket prior assumptions and focus closely on participants' narratives, emotions, and meanings associated with caregiving for grandchildren.

The study context in the qualitative phase consisted of two main populations. The first population included grandparents residing in the city of Isfahan who had direct and ongoing experience in caring for their grandchildren. Participants were selected purposefully based on clearly defined inclusion criteria, including having at least one year of experience in caregiving for grandchildren, spending a minimum of two days per week with their grandchildren, having at least two grandchildren, being over 60 years of age, possessing at least a high school diploma, willingness to participate in interviews, and absence of severe psychological disorders as determined through a brief clinical interview. Exclusion criteria included unwillingness to continue participation at any stage of the interviews. Based on the principle of information

saturation, semi-structured interviews were conducted with sixteen participants, comprising eight grandfathers and eight grandmothers. To ensure saturation, interviews were conducted with three additional participants; however, no new concepts or themes emerged from these interviews.

The second population relevant to the development of the educational package consisted of written scientific and professional texts related to aging, caregiving, grandparenthood, mental health in older adults, intergenerational relationships, self-compassion, resilience, and psychosocial interventions for caregivers. These sources were selected purposefully to comprehensively cover the conceptual, educational, and practical techniques relevant to designing the educational package. A total of forty-six key written sources, including books and peer-reviewed journal articles in both Persian and English, were analyzed until conceptual saturation was achieved in relation to educational content and techniques.

In the final stage of the study, content validation of the developed educational package was conducted. For this purpose, six experts in geriatric psychology and related fields were selected using purposive sampling. This number was consistent with established recommendations for content validation panels, which emphasize the quality and expertise of reviewers rather than large sample sizes. These experts possessed substantial academic qualifications and professional experience in areas such as geriatric mental health, psychosocial interventions for older adults, family counseling, and caregiver support.

Data Collection

Data collection in this qualitative study was carried out using both field-based and library-based methods. The primary data collection tool in the phenomenological phase was the semi-structured interview. An interview guide was developed following an extensive review of relevant scientific literature and was reviewed and approved by experts in the field of aging. The semi-structured format allowed for consistency across interviews while also providing flexibility to explore participants' unique experiences in greater depth. Interviews focused on grandparents' emotional experiences, psychological challenges, perceived benefits and difficulties of caring for grandchildren, concerns and worries related to their grandchildren, and perceived educational and support needs. Core interview questions addressed feelings experienced during caregiving, perceived psychological effects of caregiving, meaningful and positive caregiving experiences, specific worries related to grandchildren, and the overall narrative of how caregiving began and evolved over time. When necessary, probing questions were asked to clarify or deepen responses based on participants' statements.

All interviews were conducted face-to-face in quiet and private settings within counseling centers in Isfahan, following coordination with center administrators and participants. Interviews lasted between 60 and 90 minutes and were audio-recorded with participants' informed consent. Ethical considerations were strictly observed, including obtaining informed consent, ensuring confidentiality, anonymizing transcripts, and emphasizing participants' right to withdraw from the study at any stage without consequence. Ethical approval for the study was obtained from the ethics committee of Islamic Azad University, Khomeinishahr Branch.

In addition to interviews, several structured forms were used during the analysis and validation phases. A qualitative content analysis recording form was employed to systematically document meaning units, initial concepts, subthemes, and main themes based on Colaizzi's phenomenological approach. To ensure

content validity of the extracted themes and the resulting educational package, a content validity ratio (CVR) form was used. Experts evaluated the necessity and importance of each component of the educational package using a three-point scale consisting of “essential,” “useful but not essential,” and “not essential.” Furthermore, a content evaluation form was developed to assess the educational package in terms of structural coherence, adequacy of session content, appropriateness of allocated time, practical applicability, and overall quality. This form used a five-point Likert-type scale ranging from weak to excellent and included open-ended sections for expert suggestions and revisions.

Data Analysis

Data analysis was conducted manually and concurrently with data collection, following the seven-step descriptive phenomenological method proposed by Colaizzi. Initially, each interview was transcribed verbatim, and transcripts were carefully compared with audio recordings to ensure accuracy. In the first analytical step, the researcher immersed herself in the data by repeatedly reading the transcripts to gain a holistic understanding of participants’ experiences. In the second step, significant statements and meaning units directly related to the phenomenon of grandparental caregiving were identified and extracted from the text. These statements represented phrases or sentences that conveyed distinct meanings relevant to the lived experience under investigation.

In the third step, meanings were formulated from the extracted significant statements while remaining faithful to participants’ original expressions. Similar meanings were then grouped together, leading to the formation of initial concepts. In the fourth step, these concepts were organized into clusters of themes by identifying conceptual similarities and relationships, resulting in subthemes and overarching main themes. In the fifth step, themes were carefully reviewed, defined, and named to accurately reflect the essence of participants’ experiences. In the sixth step, a comprehensive description of the phenomenon was developed by integrating all identified themes into a coherent narrative framework. Finally, in the seventh step, the rigor and trustworthiness of the analysis were ensured using criteria of credibility, confirmability, and dependability. Credibility was enhanced through member checking, whereby participants reviewed and confirmed the accuracy of transcribed texts and interpretations. Confirmability was supported through prolonged engagement with the data and consultation with subject-matter experts, while dependability was addressed by having an experienced qualitative analyst independently review and analyze a portion of the data.

Following the completion of qualitative analysis, the extracted main and subthemes, together with the theoretical and empirical literature, were used to design the educational package for grandparents caring for their grandchildren. Educational techniques and strategies aligned with each theme were identified through systematic review of the selected written sources. A focused group of experts then reviewed the proposed techniques based on criteria such as applicability, relevance, comprehensiveness, and practical feasibility. In the final stage, the educational package underwent content validation using the CVR method and inter-rater agreement indices, including Cohen’s kappa coefficient, to assess expert consensus. Revisions suggested by experts were incorporated, resulting in a finalized and validated educational package grounded in the lived experiences of grandparents and supported by established scientific evidence.

Findings and Results

Table 1 presents the core theme, main themes, subthemes, initial codes, and illustrative meaning units (verbatim excerpts) related to grandparents' lived experiences of caring for their grandchildren.

Table 1. Initial concepts, subthemes, and main theme related to grandparents' lived experiences in caring for their grandchildren

Core Theme	Main Theme	Subthemes	Initial Codes	Concepts and Meaning Units (Illustrative Quotes)
Aging-related difficulties	Depression	Low distress tolerance	Inability to behave well due to restlessness; parental-role anxiety and worry; difficulty tolerating old and new anxieties; increased agitation when the grandchild arrives	"Most of the time I feel restless, and it has gotten worse since I reached this age. It's really hard to behave well with others when you're this restless." (13) "Becoming a parent brings anxiety for life... When you reach old age you think it's over, but you don't realize anxiety and worry have gotten used to you and won't let go." (10) "Old anxieties and new anxieties... honestly, tolerating it is hard at this age." (9) "I've become very agitated; the grandchild has come and it's more. Even though it's good, it's like they set a fire inside me—I get unsettled." (18)
Aging-related difficulties	Depression	Loss of zest for life	Lack of psychological energy for caregiving; boredom in old age affecting caregiving; reduced caregiving quality due to reduced joy/appetite; lack of enjoyment in life and caregiving; loss of interest in doing things	"My condition is such that I don't have the psychological energy to care for my grandchild." (3) "In old age it feels like you've done everything and it's over... when you don't have a hobby or work, you gradually become bored, and that boredom makes caring for a grandchild hard." (6) "My happiness has decreased, my appetite has decreased... I kind of want life to end... that's why childcare isn't high quality." (11) "I don't enjoy many things anymore, let alone caring for my grandchild." (19) "Can you believe I'm not interested in anything or any work? Isn't someone like this poison for a grandchild?" (6)
Aging-related difficulties	Depression	Hopelessness	Harming the grandchild through purposelessness; lack of motivation; negative outlook; confronting the possibility of losing things; not getting along with the grandchild due to awareness of death; seeing life as meaningless	"I feel purposeless... when someone is this hopeless, God knows what kinds of harm they can do to a grandchild." (8) "You know, when you get old you have no motivation left—no motivation for anything, let alone caring for a grandchild." (1) "I see everything negatively... I'm at death's door; all this life ends in nothing." (19) "Imagine losing everything you have... even your children; even imagining it makes you hopeless." (14) "When you know you're dying and you're nothing, living feels pointless. Doesn't that make you not get along well with a grandchild?" (9) "When we worked we thought life was valuable... but it's nothing, nothing." (16)
Aging-related difficulties	Sleep disturbance	Sleep fragility and disruption	Inability to tolerate the grandchild due to waking up from small noises; the grandchild being bothered by disrupted sleep schedule; difficulty accepting	"Since I got old, I wake up with a very small noise—how can I tolerate a child?" (19) "I have a lot of sleep problems; I fall asleep late and wake up often... when my children were around they were bothered,

			caregiving due to lack of restful sleep	and now the grandchild won't be bothered?" (14) "Older people always have sleep problems... it wasn't real rest, there was no calmness... this itself is a reason that accepting the grandchild is hard for me." (4)
Aging-related difficulties	Anxiety	Dysfunctional inefficacy mindset	Inability to care due to aging; inability due to lack of energy; inability to work despite physical health; inability to participate in society	"I can't take care of the child because of my age." (7) "Caring for a child takes strength; I don't have any strength left." (13) "My body may be healthy, but I can't work anymore... I'm old, I'll mess up others' work." (19) "Do we even have a presence in society anymore? We have to accept we can't." (16)
Aging-related difficulties	Anxiety	Heightened sensitivity	More worry due to the grandchild's pressure; increased fear about the grandchild's behaviors; bothering the grandchild due to getting upset quickly; tension in caregiving due to quick upset; quick heartbreak	"You get stressed very quickly in old age... a grandchild puts a lot of pressure on you." (16) "I've gotten old; many things scare me quickly—when the child moves I say don't, don't go..." (12) "I get upset so quickly... it makes us bother the grandchild." (5) "In old age your heart gets small; you get upset quickly... so obviously tension happens in childcare." (15) "My heart breaks quickly with a simple word." (12)
Aging-related difficulties	Anxiety	High irritability	Quick upset and reaction; snapping at a small remark; low patience with the child's actions; inability to tolerate; snapping under small pressure	"I say I'm not like that, but my kids say you get upset quickly and react." (12) "I've become very sensitive... before I could be insulted a hundred times and not react, but with one small word from the child I snap." (1) "My patience has become very low... I can't be patient with his actions." (12) "Before I said tolerate it, but now no—how can I tolerate anything with so little time left?" (3) "If a little pressure comes, I snap." (6)
Aging-related difficulties	Physical changes	Physical weakness	Mobility problems; reduced physical strength; inability to chase after the grandchild; lack of former physical power; difficulty holding/carrying the grandchild; lack of stamina; slower movement; fear and limitation in tasks	"I have major mobility problems; as you age, movement becomes difficult." (18) "Physical strength has decreased... standing up and sitting down are difficult." (13) "Imagine how much you need to run after a child; I can't." (6) "I used to be very strong... now it's all regret; it's crushing." (3) "At this age, how will you hold and move the child?" (16) "It's bad when you see you're not strong like before; caring for a grandchild takes some strength." (10) "I'm not fast like before... that day the child fell; by the time I reached, he had fallen." (8) "In old age you become limited and you fear tasks that used to be easy." (10)
Aging-related difficulties	Physical changes	Physical illnesses	The grandchild being bothered because hearing is difficult; childcare difficulty due to vision problems; childcare difficulty due to walking difficulty; increased arthritis pain with caregiving; difficulty managing due to back pain; difficulty doing tasks due to heart problems	"People have to shout for us to hear—imagine how much that bothers a child." (15) "I have vision problems... what if the child goes somewhere and grabs something dangerous?" (11) "For going around we need help... always with a cane, and then care for a child?" (5) "Arthritis has worn me out, and the child adds to it." (15) "I have back pain; it makes managing things hard." (11) "The heart develops

Aging-related difficulties	Physical changes	Difficulty meeting nutrition-hygiene needs	Difficulty providing special nutrition for the grandchild; frugality in own diet and difficulty providing for the grandchild; the grandchild not observing hygiene	problems that don't even let you do your own tasks, let alone childcare." (13) "A child's nutrition is specific—how can we provide it?" (17) "We're very frugal with our own food—can we handle a new child?" (13) "A grandchild wants many things; it's really beyond our capacity." (3) "I care a lot about hygiene, but does the child follow it?" (7)
Aging-related difficulties	Cognitive changes	Inability to remember	Forgetting things due to weaker memory; forgetting the grandchild's name; forgetting assigned tasks; forgetting caregiving-related information	"I forget names... memory weakens... my spouse is the same." (8) "I don't remember many things; it's hard for someone like this to be with a very small child." (9) "Memory has weakened; I forget the child's name—then you want childcare not to be hard?" (9) "My son tells me to do something and I forget!" (6) "I've forgotten a lot of my knowledge... I read somewhere not to do a behavior with a child, but I've forgotten." (12)
Aging-related difficulties	Cognitive changes	Difficulty solving/handling issues	Difficulty solving new issues related to the grandchild; weakened attention; difficulty adapting to changes and relating to the grandchild; the grandchild being harmed due to reduced control	"Problem-solving has become hard for me, and then a new child's issues." (19) "My attention has weakened; I notice things late... caring for a small child needs a lot of attention." (14) "It's become hard to adapt to change... relating to a child under five needs flexibility." (2) "Your control decreases... you get angry quickly, tired quickly... these harm the grandchild." (13)
Aging-related difficulties	Social changes	Disruption in social status	Inability in social roles; loss of opportunities to be in society; society's difficulty accommodating older adults; reduced social participation and difficulty taking the grandchild outside	"We've been away from social roles so long, we don't have the capacity anymore." (13) "There's no place for us in society now; our place has been taken." (5) "Even if we enter society, who can deal with us at this age?" (6) "I don't go out much... but if the grandchild comes you have to take him out." (9)
Aging-related difficulties	Social changes	Loss of social worth	The grandchild not paying attention because older adults are less valued; caregiving difficulty due to sadness over loss of value	"People don't value older adults much anymore... we've become so unimportant that the grandchild doesn't pay attention to us." (1) "Because I've lost value in society, I'm psychologically sad, and then a grandchild adds to it." (6)
Aging-related difficulties	Social changes	Intergenerational gap differences	Difficulty raising the grandchild due to distance from adult children; difficulty getting along due to different life views; disagreements with children on how to treat the grandchild; difficulty raising the grandchild due to major differences	"The distance between me and my kids has become large... how can I raise their child?" (13) "Views on life have changed so much that I can't get along with the grandchild." (17) "I say give the child whatever he asks; they say we should say 'no' more." (16) "What is good or not good differs from our children now... it creates problems in raising the grandchild." (4)
Aging-related difficulties	Social changes	Lack of space	Home too small for the grandchild's activity; the grandchild being restricted in an apartment; space insufficient for the grandchild	"Where we live is very small and the grandchild is very active." (7) "We live in an apartment; if a grandchild comes, he becomes very limited." (20) "We don't have enough space for a child." (16)
Caregiving challenges	Tension balancing discipline	in Confusion about caregiving approach	Difficulty about how much freedom to allow; child's complaint about "spoiling" due to attention; fear of adult children's misinterpretation when controlling the grandchild;	"We don't know how much space to give the grandchild, how much to let him be free." (19) "They say you spoiled our child... my spouse gives too much attention." (2) "I'm afraid

			different views on freedom/control; differences with spouse and adult children about approach; disputes with adult children about expected tasks; adult children's dissatisfaction with any approach	to tell my grandchild to do something... I'm afraid my children will misunderstand." (10) "Our control and the parents' control can be completely different." (14) "I'm strict but my spouse isn't... and our children may differ too... I'm stuck what to do." (6) "We argued with our kids about this... we talked many times to do what they want." (9) "They say you made him an emperor... if our upbringing is a problem, why do you leave him with us?" (7)
Caregiving challenges	Concern about being good/enough	Fear of inadequacy	Fear of insufficient financial provision; fear of physical weakness for holding/affection; fear of poor upbringing and conflict with adult children; fear about behavior due to mother's sensitivity; fear that excessive care teaches rude words; fear of harming relationship with adult children; concern about meeting parents' ideals	"I'm afraid financially I can't provide... I'm not stingy, but you worry." (8) "A child needs to be held and cuddled—this needs a strong body, not a weak one like ours." (15) "I didn't raise my own kids very well... if I raise their child badly, they'll come down on us." (17) "For a behavior that seemed natural, my daughter-in-law argued... now everything I do depends on whether she approves." (5) "He learned a swear word... now any bad word they say it's your fault... we're constantly cautious; it's exhausting." (3) "I'm afraid one day our relationship with our kids will be damaged over grandchild care." (19) "Every day I ask if I behaved well... I want to be their ideal, but can someone raise a child exactly as another person's ideal?" (15)
Caregiving challenges	Overcare	Excessive protection and indulgence	Exaggerating the grandchild and behaviors; high caution not to upset the grandchild; "bribing" the grandchild when upset; obsessive prevention of negative events; clinging; excessive monitoring; doing everything without setting rules; excessive affection during crying; comparing grandchild to others; preventing play with peers	"People say you're making the child too big... they say don't overraise him; act normally." (4) "We're constantly worried, overly cautious not to upset him." (11) "We always have something to give him if he's upset... my spouse says he'll become rude and learn to get 'bribes'." (19) "My spouse has become obsessive... follows him everywhere as if something bad will happen." (6) "For the smallest thing we cling to him; with so much monitoring the child won't grow." (2) "Our job has become controlling... fear of my daughter-in-law makes us control him." (18) "Why do you let him do whatever he wants... he wakes up at midnight and demands a bath." (20) "He shouts, we hug; he cries, we soothe... we know he learns badly, but our hearts can't take it." (3) "My husband scolds and compares the grandchild... these words are very bad." (16) "He wants to play with kids outside; we live in an apartment and don't take him... we even scare him with excuses." (9)
Lifestyle disruption	Communication problems	Social/relational restriction	Trouble having time with friends; decreased intimacy with spouse; reduced family visits; distress from lack of social presence; feeling "trapped" by caregiving; inability to plan with friends/colleagues	"We used to have time, go to the park with friends; now it's much less because of the grandchild." (12) "Our relationship has decreased... she's always caring for the grandchild; I feel deprived." (10) "We used to visit our kids a lot... now it's much less; even we get

Lifestyle disruption	Restricted health–leisure activities	Reduced self-care time	Sleep and eating disrupted; no time for walking; forced dietary changes; lack of time for self	upset.” (10) “Our going out in society—small before—now we don’t have time; it bothers me.” (6) “They don’t know we’re trapped.” (16) “When the child comes, that was when we planned with old colleagues and friends; now we don’t have that.” (11) “I used to nap; now the child’s noise doesn’t let me... our sleep and food have been disrupted.” (8) “My spouse often can’t even go for a walk... a friend says for months they’ve had no time to walk.” (6) “The child becomes the boss... we’re old and have our own diet, but now we must adapt to what he likes.” (9) “The grandchild is good and cheers us up, but my personal time is less and I’m unhappy... time with my spouse is decreasing.” (5)
Care outcomes	Grandchild’s insecure attachment pattern	Separation distress	Restlessness when parents are absent; worry about parents returning; difficulty without parents when needed; fear about pickup time; crying when parents leave; misbehavior due to separation; dependence on grandparents while worrying about parents	“When they bring him, he keeps asking when are you coming back... calls them several times a day.” (5) “It’s hard when you need parents and they aren’t there... at this age at least the mother should be nearby.” (11) “He’s clearly scared... keeps asking when mom comes.” (9) “He clings to his mother at night... in the morning he accepts staying with us with crying.” (15) “They say he’s become ill-behaved at home... obviously he’s upset being brought here.” (13) “He’s become very dependent on us... even at home he misses here, yet here he worries about his parents.” (4)
Care outcomes	Negative emotions during parents’ absence	Emotional distress	Grandchild feeling guilty; apparent happiness with hidden sadness; yelling when parents return; questioning why they were left	“Sometimes he says I must have done something for them to leave me here.” (8) “He looks happy on the outside, but he’s very sad that his parents are temporarily absent.” (12) “When parents come, he screams; they think we taught him.” (16) “Dad, what did I do that you go and leave me alone with them?” (19)
Care outcomes	Feelings of inadequacy without parents	Low self-worth	Asking mother for love; feeling not good enough; feeling unimportant; feeling not valuable to mother	“Ask his mother—every day he asks, do you love me, what should I do so you love me?” (2) “The father says he keeps saying I’m not a good child; what should I do so you don’t leave me here?” (8) “Sometimes he says they bring me here because I don’t matter.” (17) “We care a lot, but deep down he feels if he mattered, his mother wouldn’t go to work.” (20)
Care outcomes	Renewed hope for life in older adults	Satisfaction and happiness	Reduced loneliness; energy from grandchild’s laughter; reduced anxiety; fewer thoughts about death; increased hope; increased social connection (school, shopping, etc.)	“Our loneliness has decreased... the grandchild has made us more connected with our children.” (9) “When our kids left home I became depressed... now, even with problems, I feel I’m not depressed anymore; he makes us laugh and we get energized.” (14) “When you’re idle you worry... now we worry about parenting, but not other things; when we’re busy with him, I don’t have anxiety—before I constantly thought about death.” (8) “We’ve become more hopeful... the grandchild has made me more

Care outcomes	Increased positive feelings toward self	Self-worth and competence	Feeling useful/accepted; feeling competent and trusted; feeling understood; feeling valuable; feeling capable again; receiving attention; having a purpose	lively and hopeful.” (18) “My wife and I had to increase our relationships again... we go to school, to our children’s home, shopping...” (9) “When they entrust you with their child, you realize you’re not useless... you’re old but still warm and useful.” (17) “When the grandchild is here, you feel competent and trusted.” (4) “A grandchild understands you... even our own children understand us more now.” (19) “I feel less that my value has run out... many of those feelings have decreased.” (1) “At first I wasn’t willing... I was afraid we couldn’t... now I see we can even care better than we did for our own kids... it showed me I still have many abilities.” (3) “The grandchild brings the family together; you get enough attention... the feeling that nobody cares becomes much less.” (15) “In old age you don’t become purposeless... now we have a goal: caring for the child.” (16)
Care outcomes	Renewed emotional bonding with family	Family cohesion	Planning for the grandchild’s future; family gathering again; renewed respect	“My wife opened an account for the grandchild... we planned so he won’t fall behind... we even advise the parents about financial management.” (4) “A little child gathering us again is worth the suffering... it shows you still belong to the family.” (11) “It’s not that older adults get disrespected, but there aren’t conditions for receiving respect... when you’re engaged and doing something, you see that respect again—you become important again.” (17)

In Table 1, the qualitative structure shows that grandparents’ lived experiences of caring for grandchildren cluster around a broad core theme that integrates aging-related vulnerabilities, caregiving-process challenges, lifestyle disruptions, and multi-directional outcomes for both the grandparents and the grandchildren. On the vulnerability side, participants repeatedly described psychological strain (restlessness, anxiety, depressive affect, hopelessness), sleep disruption, heightened sensitivity and irritability, and intertwined physical, cognitive, and social limitations that reduce caregiving tolerance and increase perceived risk. These constraints then translate into concrete caregiving challenges, especially confusion over appropriate discipline and boundaries in the context of intergenerational differences and fear of negative evaluation by adult children, which can escalate into overprotective and indulgent patterns. At the lifestyle level, caregiving was depicted as narrowing social participation, couple intimacy, and self-care routines, often producing a felt sense of being “trapped” by responsibilities. At the same time, the outcome pathway is explicitly dual: participants reported potential negative developmental-emotional consequences for grandchildren when parents are absent (separation distress, insecurity, guilt, and self-doubt), while also emphasizing meaningful positive changes for the grandparents themselves, including reduced loneliness, increased positive affect, renewed purpose, enhanced self-worth, stronger family cohesion, and the experience of regained respect through an active caregiving role.

Table 2. Session sequence of the educational package based on grandparents' lived experiences in caring for their grandchildren

Session	Session Title	Session Content With Emphasis on Older Adults' Caregiving Role
Session 1	Orientation and Building a Supportive Group Framework	Establishing a psychologically safe space for open expression of feelings and experiences; reframing the older caregiver role as a source of emotional support and intergenerational experience transfer; creating a positive identity through storytelling; reducing isolation; strengthening belonging within a group of peers with shared caregiving experiences.
Session 2	Managing Anxiety and Worry	Exploring common anxieties within the caregiving role (concerns about grandchildren's future, children's and grandchildren's health, and one's own physical changes); teaching self-regulation; introducing mindfulness practices and cognitive defusion from negative thoughts to maintain psychological balance in stressful situations.
Session 3	Coping With Depression and Hopelessness	Addressing grief and loss experiences, psychological fatigue from excessive responsibility, reduced hope, and mood dullness; strengthening perceived worth and effective role engagement; building a positive perspective on caregiving as an opportunity to sustain meaning in life.
Session 4	Rebuilding Self-Esteem and a Sense of Worth	Identifying negative schemas activated in older caregivers (e.g., perceived inadequacy or feeling unseen); enhancing self-compassion skills and an inner supportive voice; replacing self-critical thoughts with acceptance and kindness toward the self within the caregiving context.
Session 5	Emotion Regulation and Managing Irritability	Increasing awareness of internal and external triggers during interactions with grandchildren; reducing impulsive or high-tension reactions; increasing emotional tolerance and learning to pause maladaptive emotional responses; strengthening emotional flexibility in everyday caregiving challenges.
Session 6	Enhancing Communication Skills and Reducing Avoidance	Teaching healthy and effective ways to express needs, emotions, and concerns to grandchildren and other family members; increasing assertiveness in communicating limitations; improving multigenerational interactions; reducing misunderstandings in family relationships.
Session 7	Physical Empowerment and Self-Care	Raising awareness of the importance of self-care (sleep, nutrition, movement); creating balance between personal and caregiving needs; strengthening physical-psychological energy for sustained caregiving; reducing burnout associated with self-neglect.
Session 8	Emotion Management and Resilience in Family Relationships	Teaching healthy coping responses to family stressors; strengthening resilience in intergenerational conflicts; developing skills to maintain calm during tension with grandchildren's parents; enhancing adaptation to changes in family lifestyle patterns.
Session 9	Hope, Meaning, and Consolidation	Recognizing personal achievements in the caregiving role; strengthening the sense of meaning in caring for grandchildren as an intergenerational investment; building a positive outlook for continuing caregiving; increasing motivation, resilience, and connection to deep life values.

Table 2 indicates that the educational package follows a deliberate progression from establishing psychological safety and shared identity in a peer group toward targeted skills for managing the most frequently reported caregiver burdens, and finally toward consolidation around meaning and future-oriented motivation. The early sessions prioritize containment and stabilization by normalizing caregiving emotions, reducing isolation, and teaching anxiety-management and mood-related coping strategies that directly address grandparents' core complaints of worry, depressive affect, and hopelessness. The middle sessions then shift to strengthening internal resources and interpersonal functioning, focusing on self-esteem, self-compassion, emotion regulation, irritability control, and communication skills that are crucial for reducing conflict, overreactivity, and misunderstandings within multigenerational family systems. The final sessions explicitly integrate embodied self-care and family resilience, emphasizing sustainability of the caregiving role through balancing personal needs, preventing burnout, and building adaptive responses to intergenerational stress, before ending with an integrative meaning-making and hope-focused closure designed to maintain engagement and reinforce the caregiving role as purposeful and values-consistent over time.

Table 3. Objectives of the educational sessions

Session	Session Title	General Objective(s)	Specific (Behavioral) Objectives
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Session 1	Orientation and Building a Supportive Group Framework	Creating a sense of psychological safety and group cohesion; preparing participants for group participation	Introducing oneself and establishing initial contact; expressing one concern or feeling about the caregiving role; sharing a personal caregiving experience; understanding the concept of a supportive group framework
Session 2	Managing Anxiety and Worry	Teaching identification and reduction of anxiety in caregiving situations	Identifying personal signs of anxiety; practicing one cognitive or physiological technique to reduce anxiety
Session 3	Coping With Depression and Hopelessness	Improving mood and motivation; restoring a sense of meaning in life	Identifying personal symptoms of depression; selecting and engaging in one pleasurable activity; finding a personal meaning for the caregiving role
Session 4	Rebuilding Self-Esteem and a Sense of Worth	Enhancing self-esteem through recognizing negative thoughts; activating self-compassion	Identifying at least two negative thoughts formed from past experiences; cognitively distancing from these thoughts; activating a compassionate inner voice; identifying a personal value and planning a related behavior; performing the behavior and reporting the experience
Session 5	Emotion Regulation and Managing Irritability	Understanding the emotion cycle; accepting emotions and applying regulation strategies	Describing an irritability-provoking caregiving situation; analyzing the emotion cycle (trigger, thought, emotion, behavior, consequence); practicing one emotional acceptance technique; planning a healthy anger-coping strategy; completing daily homework practice and recording experiences
Session 6	Enhancing Communication Skills and Reducing Avoidance	Improving effective interaction with adult children and grandchildren through communication skills	Expressing one healthy method of emotional expression in family dialogue; using active listening elements in role-play; reconstructing a past avoidant situation and proposing an alternative behavior; recording a simple dialogue using a home worksheet
Session 7	Physical Empowerment and Self-Care	Promoting balanced caregiving and self-compassion; strengthening motivation for meaningful physical activity	Using kind self-talk; planning small steps for physical activity; practicing sleep-quality improvement techniques; identifying and adjusting caregiving conflicts; performing simple exercises and practicing body awareness
Session 8	Emotion Management and Resilience in Family Relationships	Increasing psychological resilience in the face of family tensions	Identifying three primary emotions in family situations; implementing two emotion-regulation techniques (breathing and cognitive reframing); reconstructing an emotional situation and proposing an alternative behavior; completing and recording a resilience exercise
Session 9	Hope, Meaning, and Consolidation	Strengthening the meaning of the caregiving role and increasing hope for the future	Sharing a hopeful caregiving experience; redefining one's role with renewed meaning; creating a "hope and pride" journal and planning its use

Table 3 demonstrates that the educational package is structured around clearly articulated objectives that move from foundational engagement and emotional safety toward skill acquisition, behavioral activation, and meaning-making. Early sessions emphasize readiness for group work, emotional awareness, and basic coping capacities, ensuring participants can recognize and articulate their internal states within a supportive context. Middle sessions operationalize change through concrete behavioral objectives, such as practicing emotion regulation, self-compassion, communication, and self-care behaviors, thereby translating abstract goals into observable actions. The final sessions consolidate learning by fostering resilience, hope, and purposeful redefinition of the caregiving role, ensuring that participants leave the program with both practical strategies and a coherent, value-based narrative to sustain long-term caregiving engagement.

Table 4. Session design of the educational package based on the main themes of grandparents' lived experiences in caring for their grandchildren

Session	Duration	Main Theme	Session Title	Session Content	Teaching Method	Learning Activities
Session 1	90 minutes	–	Orientation and Building a Supportive Group Framework	Creating a psychologically safe space for free expression of emotions and experiences; recognizing the older adult caregiving role as a source of emotional support and experiential transfer; building a positive identity through storytelling; reducing isolation; fostering a sense of belonging among peers with shared histories.	Group discussion, storytelling, member introduction	Group work; caregiving experience storytelling; ice-breaker activities
Session 2	90 minutes	Anxiety	Managing Anxiety and Worry	Examining common caregiving anxieties (concerns about grandchildren's future, children's and grandchildren's health, personal physical changes); teaching self-regulation, mindfulness, and cognitive distancing from negative thoughts to maintain psychological balance under stress.	Direct instruction, mindfulness practice, role-play	Calming breathing exercises; writing daily worries and cognitively reframing them
Session 3	90 minutes	Depression	Coping With Depression and Hopelessness	Addressing loss, psychological fatigue from excessive responsibility, reduced hope, and mood dullness; strengthening a sense of worth and effective role engagement; reframing caregiving as an opportunity to sustain meaning in life.	Interactive teaching, group dialogue and feedback	Hope notebook (documenting strengths and positive caregiving moments); group work on personal meaning of caregiving
Session 4	90 minutes	Social Changes	Rebuilding Self-Esteem and a Sense of Worth	Identifying negative schemas active in older caregivers (e.g., perceived inadequacy or invisibility); enhancing self-compassion skills and a supportive inner voice; replacing self-critical thoughts with acceptance and kindness within the caregiving role.	Cognitive-behavioral instruction, self-compassion practice	Dyadic work with reciprocal positive feedback; writing daily affirmations
Session 5	90 minutes	Cognitive Changes	Emotion Regulation and Managing Irritability	Learning to identify internal and external triggers in interactions with grandchildren; reducing impulsive or high-tension reactions; increasing emotional tolerance; pausing maladaptive emotional responses; strengthening emotional flexibility in daily caregiving challenges.	Role-play, emotion-regulation skills training	Stop-and-count practice; role-play of stressful caregiving situations
Session 6	90 minutes	Parenting Tension	Enhancing Communication Skills and Reducing Avoidance	Teaching healthy and effective expression of needs, emotions, and concerns to grandchildren and family members; increasing assertiveness in communicating limits; improving multigenerational interactions; reducing family misunderstandings.	Skills workshop, role-play, group discussion	Assertive expression practice; effective dialogue in family scenarios
Session 7	90 minutes	Physical Changes	Physical Empowerment and Self-Care	Increasing awareness of self-care importance (sleep, nutrition, movement); balancing personal and caregiving needs; strengthening physical-psychological energy for sustained caregiving;	Practical instruction, light exercises, Q&A	Simple stretching exercises; weekly self-care planning

Session 8	90 minutes	Stress From Parental Absence / Lifestyle Disruption	Emotion Management and Resilience in Family Relationships	reducing burnout linked to self-neglect. Teaching healthy coping responses to family stressors; strengthening resilience in intergenerational conflicts; maintaining calm during tension with grandchildren's parents; enhancing adaptation to family lifestyle changes.	Group discussion, problem-solving, role-play	Conflict-management practice; group discussion of stressful experiences
Session 9	90 minutes	Hope and Meaning	Hope, Meaning, and Consolidation	Recognizing personal achievements in the caregiving role; strengthening meaning in caring for grandchildren as an intergenerational investment; building a positive outlook for continuing caregiving; increasing motivation, resilience, and connection to core life values.	Synthesis, positive psychology exercises	Life-meaning notebook; sharing success and hope stories; daily gratitude practice

Table 4 demonstrates a coherent alignment between the main qualitative themes and the instructional architecture of the educational package, showing how each session operationalizes a specific experiential domain into targeted content, pedagogy, and practice. The design progresses from establishing safety and shared identity toward addressing core emotional, cognitive, social, and physical challenges reported by grandparents, and then toward strengthening communication, resilience, and self-care for sustainable caregiving. The consistent 90-minute format, combined with varied teaching methods and experiential learning activities, ensures depth, engagement, and skills transfer, while the concluding focus on hope and meaning integrates gains into a values-based narrative that supports long-term caregiving effectiveness and well-being.

Discussion and Conclusion

The findings of the present study demonstrate that grandparents' lived experiences of caring for their grandchildren are multifaceted, ambivalent, and deeply embedded in psychological, physical, social, and intergenerational contexts. The qualitative results showed that caregiving in later life simultaneously functions as a source of strain and as a pathway to renewed meaning, hope, and self-worth. This duality is consistent with contemporary conceptualizations of aging that reject deficit-based views and instead emphasize the coexistence of vulnerability and capacity in later life (1, 2). By grounding the educational package in these lived experiences, the study responds directly to calls for interventions that reflect the subjective realities of older adults rather than abstract normative assumptions about caregiving.

One of the most prominent result categories concerned psychological distress, particularly anxiety, depressive symptoms, irritability, and hopelessness among caregiving grandparents. Participants described persistent worries about grandchildren's safety and future, fear of inadequacy due to aging-related decline, and emotional exhaustion linked to sustained responsibility. These findings align closely with evidence indicating that caregiving can heighten anxiety and depressive symptoms among older adults, especially when coping resources are limited (9, 12). Studies conducted in diverse cultural contexts similarly report that caregiving grandparents experience elevated psychological burden when caregiving roles are intensive or perceived as obligatory rather than voluntary (6, 7). The present results extend this literature by

illustrating how anxiety and depressive affect are experienced not only as clinical symptoms but also as existential concerns tied to aging, mortality awareness, and perceived loss of control.

At the same time, the findings highlighted significant physical and cognitive challenges that shape grandparents' caregiving experiences. Difficulties related to mobility, chronic illness, sleep disturbance, memory decline, and reduced stamina were frequently cited as barriers to effective caregiving and sources of self-doubt. These findings are consistent with research documenting the interaction between physical health limitations and caregiving stress in older populations (9, 14). Prior studies have shown that physical strain associated with childcare tasks may exacerbate existing health conditions and increase fall risk or fatigue among older caregivers (14, 21). The present study adds depth by showing how physical decline is not merely a functional issue, but also an emotional one that undermines caregivers' confidence and amplifies fears of harming the grandchild unintentionally.

Another major theme concerned social and relational changes, particularly disruptions in social participation, loss of perceived social value, and intergenerational tensions. Participants reported reduced engagement in social activities, strained marital relationships, and conflicts with adult children over parenting styles and caregiving boundaries. These findings resonate with research showing that intensive caregiving can narrow older adults' social worlds and contribute to isolation, even within family-centered cultures (11, 18). Intergenerational conflict, especially regarding discipline, autonomy, and child-rearing norms, has been identified as a key stressor for grandparents, particularly in contexts where parenting practices have rapidly changed across generations (19, 20). The present findings emphasize that such tensions are not simply interpersonal disagreements but are experienced as threats to relational security and emotional belonging within the family system.

Importantly, the study also revealed caregiving-related challenges that directly affect grandchildren's emotional well-being, particularly in situations involving parental absence. Participants described signs of separation distress, insecurity, guilt, and emotional confusion among grandchildren, which they attributed to repeated separations from parents and inconsistent caregiving roles. These observations are consistent with attachment-based research emphasizing that prolonged or frequent parental absence can activate insecurity in young children, even when alternative caregivers are emotionally invested (15). Related studies suggest that grandparents often struggle to balance emotional availability with appropriate boundaries, especially when caregiving arrangements are ambiguous or temporary (25, 26). The present study contributes to this body of work by highlighting grandparents' awareness of these risks and their emotional burden in witnessing grandchildren's distress while feeling limited in their capacity to alter structural caregiving arrangements.

Despite these challenges, one of the most salient and theoretically significant findings was the emergence of positive psychological outcomes associated with caregiving. Many grandparents reported renewed hope, reduced loneliness, increased positive affect, and a restored sense of purpose and usefulness. These experiences align with evidence suggesting that caregiving can enhance well-being when it is experienced as meaningful and socially valued (4, 5). Prior studies have shown that grandparents who perceive caregiving as a contribution to family continuity and intergenerational solidarity often report higher life satisfaction and emotional resilience (6, 7). The present findings reinforce this perspective by demonstrating how caregiving can counteract feelings of social invisibility and existential emptiness often reported in later life.

The theme of renewed self-worth and identity reconstruction was particularly prominent. Participants described caregiving as evidence that they were still capable, trusted, and needed by others, which mitigated feelings of obsolescence associated with retirement and aging. This finding is consistent with life-course perspectives emphasizing the importance of meaningful social roles in sustaining identity and psychological health in older adulthood (1, 2). Empirical studies have similarly shown that engagement in valued roles, including family caregiving, can buffer against depression and cognitive decline by reinforcing a sense of agency and belonging (8, 13). The present study adds qualitative nuance by illustrating how this sense of worth is constructed through everyday caregiving practices and emotional exchanges with grandchildren.

These findings provided a clear rationale for the structure and content of the educational package developed in this study. The session sequence directly mirrors the experiential trajectory identified in the qualitative analysis, beginning with emotional safety and validation, moving through anxiety, depression, self-esteem, and emotion regulation, and culminating in resilience, hope, and meaning-making. This alignment reflects best practices in intervention design, which emphasize grounding educational content in participants' lived realities to enhance relevance and engagement (10, 25). The inclusion of narrative sharing, self-compassion, mindfulness, and communication skills addresses both the emotional and relational dimensions of caregiving highlighted in the findings.

Furthermore, the focus on self-care and physical empowerment responds directly to participants' concerns about bodily decline and exhaustion. Previous studies have stressed that neglect of self-care among older caregivers contributes to burnout and declining health (9, 21). By explicitly integrating sleep, movement, and bodily awareness into the educational package, the intervention acknowledges that psychological well-being in caregiving cannot be sustained without attention to physical needs. Similarly, the emphasis on intergenerational communication and boundary-setting reflects evidence that clear role negotiation and assertive communication can reduce family conflict and caregiving stress (19, 26).

From a broader theoretical perspective, the findings support an integrative view of grandparental caregiving that combines attachment theory, resilience frameworks, and life-course approaches. The emotional needs of grandchildren, the identity needs of grandparents, and the structural constraints of family systems intersect to shape caregiving experiences (3, 15). The educational package developed in this study operationalizes these insights by fostering emotional attunement, adaptive coping, and meaning-making rather than prescribing rigid caregiving behaviors. In doing so, it addresses a critical gap in the literature, which has often focused on outcomes without translating experiential knowledge into structured, culturally responsive interventions (4, 5).

Overall, the discussion of findings underscores that grandparents' caregiving experiences are neither uniformly burdensome nor uniformly beneficial. Instead, they are shaped by the interaction of individual health, emotional resources, family dynamics, and cultural expectations. By systematically capturing these experiences and embedding them within an educational framework, the present study contributes to both gerontological theory and applied intervention design. It demonstrates that supporting grandparents in caregiving roles requires acknowledging vulnerability, strengthening coping and communication skills, and affirming the profound meaning that caregiving can hold in later life.

Several limitations should be considered when interpreting the findings of this study. First, the qualitative design and purposive sampling limit the generalizability of results to all grandparents, as the experiences

captured reflect a specific cultural and geographic context. Second, participants were grandparents who were willing and able to articulate their experiences in interviews, which may have excluded more marginalized or highly burdened caregivers. Third, the educational package was developed and content-validated but not yet evaluated through an experimental or longitudinal design, limiting conclusions about its effectiveness over time.

Future research should evaluate the educational package using quantitative or mixed-method designs to assess its impact on grandparents' psychological well-being, caregiving stress, and family relationships. Longitudinal studies could examine the sustainability of intervention effects and explore how caregiving experiences evolve as grandchildren age. Comparative studies across cultural contexts would also be valuable in identifying universal versus culture-specific dimensions of grandparental caregiving and refining intervention components accordingly.

Practitioners working with older adults and families are encouraged to recognize grandparents as active caregivers with distinct emotional and educational needs rather than as informal or secondary supports. Counseling centers, community organizations, and health services can incorporate experiential, group-based educational programs that validate grandparents' narratives, strengthen coping and communication skills, and promote self-care. Integrating such programs into existing aging and family-support services may enhance grandparents' well-being while improving the quality of intergenerational caregiving relationships.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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