Navigating Dual Roles: A Phenomenological Study of Career and Motherhood Among Healthcare Professionals

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Abstract

Aim: This study aimed to explore and describe the lived experiences of working mothers in the healthcare profession, focusing on how they manage the overlapping responsibilities of motherhood and their professional roles in healthcare. It addressed a gap in local literature by examining the challenges, coping strategies, and meaning-making processes of nurses and physicians who are also mothers within the Philippine healthcare context.

Methods: A qualitative research design grounded in descriptive phenomenology was employed. Twelve participants (six nurses and six doctors) were purposively selected from healthcare institutions in Bulacan. Data were collected through in-depth, semi-structured interviews, which were audio-recorded, transcribed verbatim, and analyzed using Colaizzi's seven-step method. Ethical approval was secured, and ethical safeguards were upheld throughout the study.

Results: Five major themes emerged from the data: (1) Work-life balance—highlighting struggles with time management, emotional strain, and unpredictable demands; (2) Support systems—revealing the role of institutional flexibility and family or peer assistance; (3) Career advancement—identifying aspirations hindered by caregiving responsibilities and self-doubt; (4) Job satisfaction—rooted in meaningful patient care and supportive relationships; and (5) Work environment—emphasizing the value of collaborative teams, flexibility, and feeling appreciated in the workplace.

Conclusion: Working mothers in healthcare continuously negotiate their dual roles by drawing on support systems, adaptive strategies, and personal motivation. Their experiences highlight the importance of emotionally supportive, family-inclusive, and career-responsive workplace environments. Institutions are recommended to implement flexible work policies and maternal-sensitive leadership approaches to enhance job satisfaction and retention.

Keywords: *Dual Roles**, Maternal Role Strain, Work-life balance, Flexible Work Arrangements, Professional Identity, Emotional Labor, Healthcare Workforce, Care giving related barreirs*

INTRODUCTION

Work-life balance among mothers in healthcare has evolved to reflect how effectively they navigate their dual roles as caregivers at home and as competent professionals in clinical settings. Globally, while women constitute approximately 89% of the nursing workforce and nearly 70% of the total healthcare workforce, they hold only 25% of senior positions—a disparity that highlights systemic barriers (Baduge et al., 2023). Most of these women are mothers, which places them at the intersection of competing demands from home and work. As female participation in the workforce expanded, research into work-life balance increasingly addressed the tensions between job responsibilities and familial obligations. Many mothers in healthcare report experiencing caregiving-related limitations that hinder career advancement and job satisfaction. Due to the pressures of fulfilling both domestic and professional

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duties, they often forgo career-enhancing opportunities. Some even view transitions within the same field as risky, fearing disruptions to existing family-care arrangements.

Work-life balance is generally understood as the ability to meet both professional and personal obligations in a way that supports personal well-being and professional growth. Hosseini et al. (2023) emphasize that this balance is highly influenced by time allocation, emotional energy, and the individual's ability to manage responsibilities. It is further shaped by external factors such as familial support systems, peer influences, and organizational culture (Picton, 2021). Notably, these complex dynamics are now recognized by both employees and employers as critical to productivity and workplace morale. Achieving balance requires individuals to constantly navigate and prioritize demands from their work environment and personal life. It also entails a continuous effort to compartmentalize professional responsibilities from social and familial roles—including self-care, relationships, personal development, and moral values.

In healthcare, the inability to achieve a sustainable work-life balance can compromise not only personal well-being but also the quality of patient care. Mothers working as healthcare professionals often describe feelings of guilt, emotional strain, and professional inadequacy resulting from role conflicts (Collie et al., 2022). These challenges discourage them from engaging in professional development or participating in institutional initiatives. Unlike other professions, healthcare demands 24/7 availability, which mirrors the round-the-clock attention required in motherhood. Consequently, maintaining a healthy balance becomes uniquely strenuous. Additionally, most education and training programs fail to prepare women for this dual-role management, leaving them vulnerable to systemic biases—such as assumptions that working mothers are less committed or less flexible with hours. These biases may also hinder their access to promotions and job offers. As such, frustration, stress, and burnout are common outcomes.

Having healthy, motivated mothers in healthcare ultimately benefits the industry as well. The same qualities required in parenting—such as empathy, critical thinking, and effective communication—are essential in clinical practice. Fostering their well-being through supportive policies and flexible arrangements can enhance patient outcomes and workplace culture (Carvajal et al., 2024). As noted in leadership research, emotionally intelligent leadership and supportive peer environments significantly contribute to employee engagement and job satisfaction (Carvajal, et al., 2023). Moreover, systemic acknowledgment of women's caregiving burdens can pave the way for inclusive reforms that reduce burnout, increase retention, and empower healthcare professionals to thrive both at work and at home (Amihan & Sanchez, 2023).

Objectives

This study aimed to determine the difficulties and challenges for working mothers in the healthcare profession and factors limiting career enhancement and satisfaction. This was an exploratory study conducted to determine the challenges faced by working mothers in the healthcare sector and to gather insight into their perceived strategies to help retain working mothers in the workforce. Specifically, it sought to answer the question, "What are the lived experiences and challenges faced by the healthcare professional mothers?" Based on the thematic analysis, the main themes that emerged encompass work-life conflict, excessive work and exhaustion, interference caused by changes in work schedules, stereotyping, and career growth.

METHODS

Research Design

This study employed a descriptive phenomenological design to explore the lived experiences of working mothers in the healthcare profession. Rooted in Edmund Husserl's philosophy, descriptive phenomenology seeks to uncover the essence of a phenomenon by capturing how individuals directly experience it, without the interference of external assumptions (Husserl, 1970). This approach was appropriate for the study's objective—to describe how healthcare professionals navigate the challenges of balancing their careers and maternal responsibilities. It facilitated a deep understanding of their perceptions surrounding time management struggles, emotional burdens, and career limitations, using first-person narratives as the foundation of analysis. A critical component of this design is bracketing, a technique in which researchers set aside pre-existing beliefs to focus solely on participants' perspectives (Giorgi, 2009). This ensured the findings remained grounded in authentic lived experiences. The study also embraced the concept of intentionality, the idea that all consciousness is directed toward something meaningful (Smith, Flowers, & Larkin, 2009), which guided the interpretation of how these mothers assigned meaning to their dual roles. Descriptive phenomenology, therefore, offered a human-centered, credible, and structured framework that aligned

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with the study's goal to illuminate the realities of working mothers in healthcare. The approach mirrors best practices in educational and workplace studies emphasizing lived experiences, such as those found in Carvajal et al. (2023), which underscore the value of qualitative depth in leadership and professional identity formation.

Population and Sampling

This study focused on healthcare workers who were also mothers, particularly six (6) physicians and six (6) nurses, to provide diverse perspectives across specialties and career stages. This sample reflected a comprehensive understanding of the issues working mothers face in the healthcare industry. Purposive sampling was employed to identify key informants capable of providing rich, relevant insights. The selection process also accounted for diversity in age, ethnicity, socioeconomic status, and professional contexts. All participants gave informed consent, and ethical recruitment procedures were strictly followed. This deliberate and representative selection contributed to the depth and credibility of the findings, which aimed to reflect the broader experiences of healthcare-working mothers. The sample size of twelve was deemed sufficient based on the principle of data saturation, the point at which no new themes emerged, aligning with established standards in phenomenological research. The sampling method parallels strategies used in previous qualitative research (Amihan & Sanchez, 2023), where purposeful inclusion of diverse professional experiences enabled richer thematic insights.

Locale of the Study

The study was conducted in Bulacan, a province offering a unique socio-cultural context that significantly shaped the experiences of working mothers in healthcare. Understanding localized norms, family expectations, and the availability of support services proved essential, as these influenced how participants navigated their roles. This context-specific approach provided insights distinct from broader national or international studies, shedding light on region-specific workplace policies, organizational cultures, and maternal expectations in both public and private healthcare institutions. By narrowing the focus to Bulacan, the study hoped to inspire locally grounded policy reforms and institutional improvements. This approach aligns with localized research strategies seen in Pangilinan (2025), which emphasized the relevance of socio-demographic context in shaping occupational realities and professional commitment.

Instruments

The primary tool for this qualitative inquiry was the semi-structured interview, supported by a carefully constructed interview guide designed to explore the core question: "What are the lived experiences and challenges faced by healthcare professional mothers?" The guide was organized into five sections, covering topics such as work-life balance, emotional well-being, support systems, and career aspirations. Probing questions like "How do you manage the demands of your job alongside your responsibilities at home?" and "What barriers do you perceive in pursuing career advancement while balancing motherhood?" allowed participants to elaborate on their experiences. These open-ended questions were designed to encourage reflection and depth, enabling the collection of nuanced, first-person accounts. This qualitative instrument mirrors research tools, such as the one used in Carvajal, et al. (2023), where customized interview protocols enabled exploration of complex leadership and workplace phenomena.

Data Collection

Aligned with descriptive phenomenological principles, data collection focused on eliciting rich, narrative accounts through face-to-face semi-structured interviews. Ethical clearance was obtained from the Research Ethics Committee of La Consolacion University Philippines, and informed consent was secured from all participants. Interviews were conducted in private, quiet spaces in various healthcare settings across Bulacan and lasted between 30 to 45 minutes. Open-ended questions guided the participants in discussing the dual pressures of motherhood and healthcare work, including challenges in emotional regulation, support structures, and professional advancement. Field notes and audio recordings (with consent) were used to enhance accuracy and facilitate bracketing—the process of setting aside researcher bias to focus entirely on participant experiences (Giorgi, 2009). This process allowed the researchers to remain faithful to the participants' realities and uncover the essential structures of their lived experiences. The attention to ethics and reflective data gathering reflects the values embedded in leadership and service-centered research initiatives (Sanchez et al., 2024).

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Data Analysis

Data were analyzed using Colaizzi's (1978) seven-step method, a systematic phenomenological approach effective in exploring lived experiences. The method involved repeatedly reading transcripts for overall understanding, extracting significant statements, formulating meanings, and organizing them into theme clusters. These clusters gave rise to five major themes: work-life balance, support systems, career advancement, job satisfaction, and work environment. An exhaustive description was developed to encapsulate the shared structures of these themes, and member checking was conducted to validate the interpretations with select participants. Colaizzi's approach ensured analytical rigor, thematic clarity, and participant trust. Its application in this study reflects the structured yet empathic style of qualitative analysis championed in previous studies, such as Carvajal et al. (2024), where participant voice and meaning-making were central to interpreting lived experiences.

Ethical Considerations

This study upheld rigorous ethical standards throughout the research process. Ethical clearance was secured from the Research Ethics Committee of La Consolacion University Philippines, and participants were fully briefed on the study's purpose, their rights, and their freedom to withdraw at any time. Informed consent was obtained from all participants, and pseudonyms were used to ensure confidentiality. Interviews were held in safe, private environments, and all data—including audio recordings and transcripts—were stored securely with access restricted to the research team. The researchers practiced ethical reflexivity, remaining conscious of their own biases and ensuring participant perspectives were represented faithfully and respectfully. These measures align with ethical protocols emphasized in qualitative studies and are consistent with ethical leadership and service practices promoted in Sanchez et al. (2024) and Carvajal et al. (2023), which stress the importance of dignity, consent, and confidentiality in human-centered research.

RESULTS and DISCUSSION

The demographic profile of the twelve key informants, comprising six nurses and six doctors, all of whom are working mothers employed in various healthcare facilities in Bulacan. Their ages range from 29 to 55 years, reflecting a diverse group across early, mid, and late career stages. Among the nurses, the age range is from 31 to 46 years, while the doctors range from 29 to 55 years, indicating that both younger and more experienced mothers were represented in the sample. In terms of years of professional experience, nurses reported between 2 and 15 years of practice, whereas doctors ranged from 3 to 20 years. Notably, the most experienced participants were doctors, particularly Doctor 3 (20 years) and Doctor 1 (19 years), both of whom likely hold senior roles. This spread of experience levels contributes to a richer understanding of how challenges and coping strategies may evolve over time within healthcare professions. Participants specialized in various clinical areas. Among nurses, there was a concentration in hemodialysis, with four nurses working in this field, alongside others assigned to ICU and general medicine departments. The doctors' specializations included OB-Gyne (3 participants), Pediatrics, General Practice, and General Surgery. This variety ensures a broad range of professional contexts within the healthcare sector, each with distinct work demands that may influence their experiences as working mothers. Regarding parenting responsibilities, all participants were mothers of 1 to 3 children, with children's ages ranging from infancy (1 year old) to adolescence (19 years old). This range reflects the full spectrum of parenting, from early childcare and dependency to adolescent supervision, highlighting the need for different levels of support and flexibility at various life stages. Childcare arrangements varied significantly among participants, showcasing diverse support systems. Many relied on family support, such as parents or siblings (e.g., Nurse 2; Nurse 3; Doctor 6), while others depended on nannies or relatives. A few managed with independent or spousal care, such as Nurse 4 (husband as primary caregiver) and Doctor 3 (independent child). These arrangements indicate that while informal caregiving networks play a central role, the consistency and reliability of support may vary, impacting each mother's ability to manage work-life responsibilities.

Overall, the profile demonstrates a heterogeneous group of healthcare professionals who vary in age, specialization, caregiving setups, and years of experience. This diversity provides a robust foundation for exploring the complexities and nuances of the lived experiences of working mothers in healthcare, particularly how career stage, family structure, and support systems influence their ability to navigate professional and maternal roles effectively.

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Table 1. Content Analysis Table

Quotes	Subthemes	Themes
"I find it hard to manage my time, especially because my work shifts constantly change." – Nurse 4	Struggles with Time Management	Work-Life Balance
"It's difficult to fulfill my responsibilities as a mother, especially when I'm already tired from work." – Nurse 6		
"It saddens me whenever I miss important occasions." – Doctor 1	Emotional Strain and Guilt	
"My heart feels torn when my child is sick and I can't be by their side because of work." – Doctor 4		
"Thankfully, my coworkers are kind; if there's an emergency, I can switch shifts with someone." – Nurse 2	Personal Adaptive Strategies	
"My husband and I arrange our work schedules so that someone is always available to watch over the kids." – Doctor 5		
"When someone in my family gets sick, I feel helpless and guilty because I have to go to work instead of being the one to take care of them." – Nurse 6	Challenges in Unpredictability	
"It's hard to balance work and family to ensure that we give quality time to our loved ones." – Nurse 5		
"So far, they are very lenient, as long as someone can cover for me when I'm needed for my kids." – Nurse 4	Flexible Work Arrangements (Institutional Support)	Support Systems
"Luckily, I have relievers I can easily call when my work and family schedules don't align." – Doctor 5		
"My parents take care of my child when I'm at work. At work, my colleagues are also kind and supportive." – Nurse 3	Family and Peer Support Networks	
"My parents supervise my baby's nanny. They make sure my kids are well taken care of when I'm at the hospital." – Doctor 6		
"I appreciate it, especially when people tell me they admire how I manage being both a mother and a nurse." – Nurse 1	Societal Expectations and Judgment	
"As a doctor, we are expected to be patient, caring, and professional even when we're tired or dealing with personal problems. But then some patients assume that because we are mothers, we may not be able to give our full attention to our work." – Doctor 3		
"To acquire more knowledge and enhance my skills in my chosen field." – Doctor 1	Aspirations for Professional Growth	Career Advancement
"I aspire to advance by gaining certifications and leadership skills, with the goal of becoming a clinical educator and mentoring others." – Nurse 2		
"As a mother, our time is divided. We need to balance work and family, but sometimes we need to devote more time to our children, especially when they are still young." – Nurse 5	Motherhood as a Barrier	
"I experience self-doubt, fear of failure, and a lack of time to study for continuous learning and career advancement." – Nurse 1	Self-Limiting Beliefs	
"Sometimes I think I'm too old to keep up with others." – Nurse 5		
"I prioritized being a mother because, for me, family comes first." – Doctor 2		
"I'm satisfied, and I always try to maintain a positive outlook." – Doctor 6	Job Satisfaction Rooted in	

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"I'm satisfied with my position and hoping for a promotion. Now that I have kids, I want to inspire them and make them proud." – Nurse 6	Relationships	Job Satisfaction
"When patients come back and tell you how your treatment and management made a big impact on their lives." – Doctor 5	Meaningful Contribution as a Motivator	
"What brings me happiness and motivation is making a meaningful impact on patients, along with continuous learning with the help of my colleagues." – Nurse 1		
"The working environment is good and orderly, with teamwork and collaboration. It boosts my morale." – Nurse 1	Teamwork and Collaboration as Culture	
"It feels like a give-and-take process to achieve a balanced work-life." – Nurse 6	Need for Flexible Policies	Work Environment
"Flexible working hours can really help us mothers balance our jobs and family responsibilities effectively." – Nurse 2		
"Having a flexible work schedule and the privilege to use leave during emergencies is very helpful in allowing us to continue working." – Nurse 3	Feeling Valued	
"Respecting our limitations, such as understanding absences due to family matters." – Nurse 5		
"When they recognize and acknowledge our contributions at work despite the challenges of being a mother, I feel appreciated." – Nurse 1		

Table 1 illustrates the sections, themes, and subthemes of this research. It consisted of 5 sections that discussed work-life balance, support systems, career advancement, job satisfaction, and the work environment. Working mothers in healthcare faced significant challenges balancing work and family, particularly due to unpredictable shifts and the emotional toll of guilt and time management struggles. Their ability to cope heavily relied on a strong support system, including family and peers, alongside crucial flexible work arrangements within their work environments. While many aspired for career advancement, motherhood was perceived as a barrier, influenced by self-limiting beliefs and societal expectations. Despite these hurdles, they found job satisfaction through meaningful contributions and positive relationships, demonstrating resilience in navigating their demanding roles.

Work-Life Balance
Work-life balance was a central challenge expressed by healthcare mothers, who consistently struggled to meet the demands of both career and caregiving. Nurse 4 shared that she finds it difficult to manage her time due to "constantly changing shifts," highlighting how unpredictable work schedules disrupt routines and strain family responsibilities. This difficulty often resulted in emotional consequences. Doctor 1 expressed sadness about missing important family events, while Doctor 4 noted the emotional pain of being unable to care for her sick child due to work obligations. These experiences reflected not just logistical tension, but deep emotional strain and guilt. Despite these challenges, several participants demonstrated proactive coping. Nurse 2 shared that she was able to switch shifts with coworkers during emergencies, and Doctor 5 mentioned arranging alternating work schedules with her spouse—examples of personal adaptive strategies developed to protect both work performance and family presence. Yet, unpredictability remained a stressor. Nurse 6 voiced guilt and helplessness when she had to report to work instead of tending to a sick family member, showing how sudden demands still override personal intentions. Collectively, these narratives reflect the constant negotiation between professional duty and maternal identity, often at the cost of the latter.

Nisa et al. (2024) supported the results of the study on a working mother's challenges struggling with time management and how they would maintain and meet both obligations towards work and family. Based on the data analysis results, it was revealed that balancing work and parenting demands affected a mother's emotional state. They sacrificed personal time, such as missing important family events, especially their children's milestones or academic performance, while continuing professional development towards work that also supported family needs and demands.

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Support Systems

Participants emphasized that support systems—both institutional and personal—were key to coping with the pressures of dual roles. Several mothers appreciated flexible work environments. Nurse 4 acknowledged that her workplace was "very lenient" as long as shift coverage could be arranged, while Doctor 5 found it helpful to have relievers when schedules conflicted with family obligations. These examples demonstrate how institutional flexibility enables continued work engagement. At the personal level, family and peer support were indispensable. Nurse 3 relied on her parents for child care while at work and received emotional support from colleagues. Similarly, Doctor 6 shared that her parents supervised her baby's nanny during hospital shifts. These informal systems of care served as essential lifelines. However, the social dimension extended beyond logistical support. Some participants received validation for their ability to manage both roles—Nurse 1 expressed gratitude for people admiring her balancing act. Yet, social perceptions weren't always encouraging. Doctor 3 pointed out that some patients doubted her focus on the job simply because she was a mother, exposing the persistent bias and judgment working mothers face. This mix of support and societal pressure shapes how these women perceive their worth and competence in both domains.

Alotaibi and Aldossry (2024) identified that a significant factor contributing to work-family conflict for working mothers was the interference between their responsibilities at work and the accomplishment of daily tasks. They proposed the development of programs aimed at assisting working mothers in the healthcare industry to enhance the relationship between achieving work-life balance and job satisfaction. Furthermore, the study suggested that emotional encouragement, such as love and support from family and friends, was beneficial in uplifting working mothers to continue their professions while also caring for their children and spouses.

Career Advancement

Career aspirations remained important for many participants, even as they navigated motherhood. Doctor 1 voiced a desire to "acquire more knowledge" and strengthen her expertise, while Nurse 2 aimed to pursue certifications and leadership roles such as becoming a clinical educator. These ambitions reflect a continued investment in professional growth. However, the dual responsibilities of work and family frequently imposed barriers. Nurse 5 acknowledged that as a mother, "our time is divided," particularly when children are still young and need focused attention. Such time constraints often limited access to training and mobility. Beyond external limitations, internal doubts also emerged. Nurse 1 admitted to experiencing self-doubt and fear of failure, while Nurse 5 questioned her ability to "keep up" due to age. These self-limiting beliefs affected confidence and discouraged the pursuit of advancement opportunities. The theme illustrates that while healthcare mothers are motivated to grow professionally, both structural constraints and internalized perceptions inhibit their trajectory. Without adequate support and encouragement, these women may remain professionally stagnant despite their capabilities and aspirations.

Professional growth and development were part of being a working woman. Primarily, continuous education, such as enrolling in graduate school or higher positions, is aimed at career advancement. Some had hindrances to achieving that ambition and career goal. Rowe et al. (2023) conducted a study on the challenges of a working mother while exploring their career progression and motherhood, which supported the result of the study that focused on the barriers or conflicts in accepting work responsibilities, such as managerial positions. Being a working mother had a major influence on accepting that kind of responsibility, such as avoiding failing in the new roles and self-doubt, and balancing the added responsibilities and relationships with the family, especially the children.

Job Satisfaction

Despite multiple challenges, most participants expressed satisfaction with their roles, drawing motivation from interpersonal relationships and meaningful work. Doctor 6 said she was "satisfied" and maintained a positive outlook, while Nurse 6 hoped to make her children proud through her professional dedication. For many, job satisfaction was rooted in the positive impact they had on patients. Doctor 5 shared that returning patients acknowledged how her care had improved their lives, and Nurse 1 described how making a difference in patient outcomes kept her engaged and fulfilled. These experiences show that meaning and purpose in work can balance out the physical and emotional demands of the job. Additionally, these healthcare workers valued being part of collaborative teams, which fostered a sense of shared purpose. The emotional reward from both patient care and team dynamics served as protective factors against burnout, reaffirming their commitment to the profession and helping them endure the demands of their dual roles.

Job satisfaction in professional environments was a multifaceted concept, extending beyond just compensation to include the quality of interpersonal relationships, the perceived value of one's contributions, and predictable work conditions, Abun & Basillo, 2023). This wasn't merely an abstract idea; it was a tangible force driving organizational efficiency and productivity (Chachar et al., 2022), reflecting an employee's overall contentment and influencing their work performance (Nabilla & Riyanto, 2020). Fulfilled workers contributed to better retention and exhibited positive and negative mindsets toward their roles, Obiri-Yeboah (2020). Job satisfaction also correlated with significant organizational variables like physical and mental health and talent retention (Garmendia et al., 2023). A supportive atmosphere built on trust and teamwork was crucial in fostering job satisfaction among colleagues, Organizations often overlooked that job satisfaction was essential for success, with teamwork and trust acting as primary drivers (Memon et al., 2023). Furthermore, a sense of contributing meaningfully to patient care and continuous learning significantly motivated and deepened commitment to the profession, Obiri-Yeboah (2020).

Work Environment

The quality of the work environment significantly shaped participants' experiences as working mothers. Nurse 1 described her workplace as "good and orderly," highlighting how teamwork and collaboration contributed positively to her morale. This culture of support, particularly during critical or high-pressure shifts, fostered a sense of belonging and emotional safety. At the policy level, participants called for more flexible arrangements. Nurse 2 emphasized that flexible hours help mothers balance work and home responsibilities, while Nurse 6 characterized the process as a "give-and-take" that required mutual understanding from the institution. The availability of emergency leave and schedule adjustments was cited as essential in managing family commitments without compromising their roles. Just as important was the feeling of being appreciated. Nurse 5 felt respected when her limitations were acknowledged, and Nurse 1 noted that recognition of their dual efforts made her feel "appreciated." These acknowledgments, whether formal or informal, enhanced employee morale and encouraged continued commitment. A responsive and affirming work environment, therefore, not only improves productivity but also reinforces a sense of value among healthcare mothers striving to balance both worlds.

Employee feedback revealed a strong emphasis on fostering a positive work environment. The existing culture of teamwork and collaboration, evidenced by peer support during critical situations and shared problem-solving, contributed to a sense of belonging. However, employees also highlighted the need for more flexible policies, particularly regarding flexible time and leave arrangements, to better support working mothers. To achieve a good and effective working environment, Ernawati et al. (2022) studied wellness programs designed to help reduce depression, stress, and burnout and promote good mental health and work-life balance among working mothers. These programs had an impact on the well-being of working mothers who managed multiple responsibilities, including family, in-laws, and work demands. Finally, the data indicated that recognition of efforts and appreciation for work-life balance significantly boosted morale and contributed to employees feeling valued within the organization. These findings suggested a need for the organization to further invest in flexible work policies while continuing to cultivate its strong team-oriented culture.

Research Simulacrum developed

The visual representation effectively captures the interconnected, cyclical nature of the experiences and processes described by working mothers in the healthcare sector, based on your qualitative findings. This simulacrum illustrates how the five major themes derived from your content analysis are not isolated but structurally interconnected and cyclical. It offers a powerful visual of how lived experiences evolve, shaped by constant movement between pressure, coping, growth, fulfillment, and systemic adaptation. As such, the model not only reflects the findings but can also serve as a framework for policy-making, organizational development, and targeted support for healthcare institutions seeking to retain and empower working mothers.
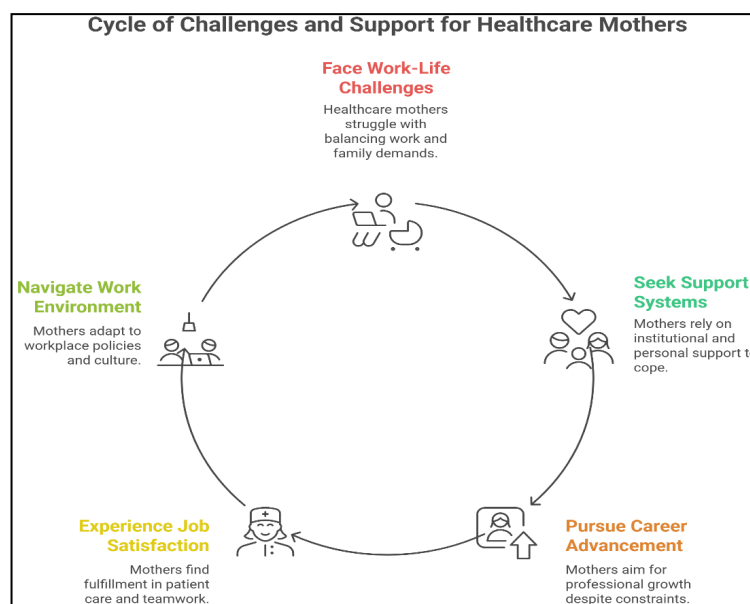
Figure 1. Research Simulacrum

The simulacrum titled "Cycle of Challenges and Support for Healthcare Mothers" illustrates the dynamic and interconnected experiences of working mothers in the healthcare sector. Based on the study's findings, the cycle begins with facing work-life challenges, where participants consistently described difficulties in balancing professional responsibilities and family obligations. Healthcare mothers, such as Nurse 4 and Doctor 4, reported being overwhelmed by shifting schedules, emotional strain, and guilt from missing significant moments in their children's lives. This initial phase captures the emotional and logistical burden that marks the entry into their lived experience as dual-role individuals.

In response to these challenges, mothers turn to support systems to manage the strain. The study revealed that both institutional support, like flexible scheduling policies, and personal support, such as help from spouses, parents, or peers, play a crucial role in sustaining them. For instance, Nurse 3 relied on her parents for childcare, while Doctor 5 benefited from having relievers during scheduling conflicts. These systems act as buffers, helping mothers regain stability and function despite external pressures. Support allows them not only to cope but also to remain engaged in both roles. Despite the obstacles, many mothers continue to pursue career advancement as part of their personal and professional growth. Participants expressed aspirations to gain certifications, assume leadership roles, or pursue further education. However, this ambition is frequently challenged by time constraints, childcare responsibilities, and internalized self-doubt. Nurse 1, for example, shared her fear of failure and lack of time to study. This part of the cycle reflects a tension between aspiration and limitation—mothers are motivated to progress but often hindered by the dual demands they face. Nonetheless, participants found moments of fulfillment and motivation, leading to experiences of job satisfaction. Several mothers expressed that positive feedback from patients, the ability to make a meaningful difference, and maintaining a strong sense of purpose sustained their commitment to healthcare. Doctor 5, for instance, drew satisfaction from hearing that her care had improved lives, and Nurse 6 viewed her role as an inspiration to her children. These meaningful experiences offered emotional rewards that counterbalanced the exhaustion and stress of juggling multiple responsibilities. The final phase of the cycle involves navigating the work environment, where mothers adapt to the existing workplace culture, policies, and expectations. Supportive team dynamics and flexible institutional structures were found to be essential in facilitating this adaptation. Nurse 1 described how a collaborative environment boosted her morale, while Nurse 2 highlighted the importance of having flexible hours to balance responsibilities. When mothers feel understood, supported, and valued, they are more likely to sustain their roles and remain engaged.

The circular design of the simulacrum reflects the ongoing, repetitive nature of these experiences. Each stage connects to the next, forming a continuous loop that mirrors how healthcare mothers constantly revisit and

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renegotiate their challenges, supports, goals, and adaptations across different life and career stages. This model reinforces the study's conclusion that the lived experiences of working mothers are not isolated events but part of a fluid cycle shaped by personal resilience and institutional responsiveness.

Conclusions

This study explored the lived experiences of working mothers in the healthcare profession, highlighting the complexities of balancing maternal and professional responsibilities. Through descriptive phenomenology, it captured how these women manage emotional strain, time constraints, and the tension between caregiving and career progression. Despite the challenges, participants demonstrated resilience. They relied on family, peers, and flexible institutional arrangements to cope. These support systems helped them stay engaged in both roles. Many found fulfillment in meaningful patient care and teamwork, which contributed to job satisfaction and motivation to remain in the profession.

However, career advancement was often hindered by limited time, internal doubts, and self-imposed barriers. These constraints suggest a need for more inclusive and supportive policies. The study's thematic analysis and the "Cycle of Challenges and Support" simulacrum showed that working mothers' experiences are cyclical and shaped by continuous negotiation between personal and professional demands.

Overall, the findings emphasize the importance of responsive leadership, supportive workplace culture, and mother-friendly policies. These are essential to help healthcare mothers thrive in both roles and ensure their well-being and retention in the workforce. These insights can help shape HR policies and leadership models that are more inclusive of maternal needs within Philippine healthcare institutions.

The findings of this study are grounded in the local context of healthcare institutions in Bulacan and may reflect region-specific cultural and organizational dynamics. While the themes may be transferable to similar provincial settings, caution should be taken when applying them to urban hospitals or rural health units elsewhere, where support systems, workload, and institutional policies may differ. Nonetheless, the insights offer a useful basis for broader inquiry into the dual roles of healthcare mothers across diverse contexts.

Recommendations

Based on the findings of this study, it is recommended that healthcare institutions adopt a multi-dimensional approach to better support working mothers. First, the development and implementation of flexible work policies—including flexible shift scheduling, job sharing, and access to emergency leave—should be prioritized. These accommodations would directly address challenges related to unpredictable work hours, emotional strain, and time management, which were central to the participants' experiences. Second, institutions should cultivate a supportive work environment that promotes open communication, mutual respect, and teamwork. Establishing peer mentoring programs and emotional support systems, such as employee wellness initiatives or counseling access, can enhance coping mechanisms, particularly in high-stress departments. Furthermore, hospital leadership should recognize and validate the dual roles of healthcare workers who are also mothers by implementing programs that promote work-life balance awareness and managerial sensitivity training. Third, to address the constraints on professional growth identified in this study, healthcare organizations should offer accessible career development opportunities tailored to the realities of working mothers. These could include flexible learning formats, onsite training, or leadership workshops that consider childcare and caregiving constraints. Encouraging a culture that challenges self-limiting beliefs and supports women's aspirations can improve job satisfaction and retention among female healthcare workers. Lastly, it is recommended that future research explore the long-term effects of institutional support systems on working mothers' well-being and career advancement in different healthcare contexts. Policymakers and organizational leaders are encouraged to use the findings and the proposed "Cycle of Challenges and Support for Healthcare Mothers" simulacrum as a guide for designing mother-inclusive workplace strategies in healthcare.

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