Managing From the Middle: Integrating Midlife Challenges of Children, Elder Parents, and Career

Brenda Nevidjon, MSN, RN

I arrived in Philadelphia to present the Oncology Nursing Society (ONS)/Trish Greene Quality of Life Lecture as a perfect case example of my topic. In the months preceding the ONS Fourth Annual Institutes of Learning, like so many of you, I was managing from the middle. I was and am juggling family, work, professional activities, volunteering, doctoral study, and an occasional indulgence for myself. For years, as an administrator, I encouraged a balance of work and life but, as those close to me would tell me, I did not model the behaviors I promoted. I was the classic “do as I say, not do as I do” role model. As I have learned from the stories of so many others, a critical event can refocus a person’s priorities. Subsequent to my transition from chief operating officer to faculty, I have had the opportunity to study the issue of being in midlife, reading extensively about the studies and trends of its challenges and demand. In the past three years, I have worked hard at integrating the many challenges in my life. I have taught and discussed this issue in my courses and at conferences. However, just when I thought I was doing pretty well, at my annual visit, my physician said to me, “Your cholesterol is up a little so between now and November when you give your talk, I want you to add more exercise to your life.” My file of clippings highlights what the essence of this lectureship is about: quality of life. I contend that we must pay attention to our quality of life just as we help patients define their quality of life and suggest interventions for achievement of that quality. For if we forget to nurture and care for ourselves, how can we be a nurturing, caring presence for our patients? Consider some of the clippings.

I remember a Sally Forth cartoon in which Sally is standing with the freezer door open and saying “broccoli or beans?” She had arrived at the end of the day (actually the beginning of her second shift, but more on that later) and could not make one more decision. Many of us can identify with Sally. Sometimes during the day or the week, we encounter a decision that becomes one too many to make and we say “enough.” The reason that I remember this cartoon so well is that it is artificial created date or time by which you were once expected to have something completed. The deadlines converge...
from all directions: taking an elder parent to
doctor, completing staff performance appraisals,
attending a child’s school event, or writing a paper. I recall hearing about a sur-
vey in which half of the women responding
from around the country said that they would
use extra time at lunch to run errands. Self-
care activities were lower on the list.

As nurses, when we focus on the quality
of life of our patients, we take a holistic view
of a person’s life: physical, emotional, spiri-
tual, vocational, financial, and social. Those
same dimensions are integral to our own
quality of life and, like our patients, we each
define quality individually. However, the
environment around us and the choices we
make about our relationship to that environ-
ment influence our outcome.

Why is the quality of life of the nurse im-
portant? As Figure 1 shows, an interrelation
exists among the quality of life of the nurse,
the energy and time a nurse can invest in rela-
tionship formation, and the presence with
patients. Being fully present with patients to
hear and assess their needs is the foundation
of nursing. Attending to personal quality of
life means ensuring that one is energized and
able to invest in forming relationships with
others. In our work with patients and fami-
lies experiencing cancer, these relationships
can last for years. Knowing what contributes
to your personal quality of life prepares you
to be present and involved effectively and
caringly with patients.

Current State of the Middle

One choice that has characterized the
boomer generation is the delay in having
children. Although infertility increases with
age, one in five women delay childbearing
until after age 35 (American Society for Repro-
ductive Medicine, 2003). Advantages and disad-
vantages exist to delaying child-
bearing. Science has mitigated some of the
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procedures and disadvantages exist to delaying child-
bearing. Advances in fertility

treatments and premature infant care. Mills
summarized characteristics of being an older

mother based on several studies (Kaltreider,
1997). Figure 2 lists those characteristics,
which may or may not be advantages de-
pending on your perspective.

“‘You know you are in trouble when your
job gets in the way of your life’ is a quote
from a person featured in a PBS special about
balancing work and life. Work getting in the
way of life characterizes the climate in which
many people find themselves. In our work
settings, we find multiple generations, each
with different work ethics and perspectives
on work and personal life. Striking contrast
exists between the veterans and the baby
boomers. For the veteran generation, born
from 1922–1943, most households had only
one spouse working. This also could be de-
scribed as the Donna Reed generation, in
which two-thirds of women did not work out-
side the home. Today, less than 20% of the
households with two partners have only one
person working outside the home, and
single-parent and single-person households
have increased. Figure 3 illustrates the many
dimensions we juggle and puts into perspec-
tive how work best fits.

The average time worked per year has
climbed by 600 hours since the 1980s, and
the United States has the greatest amount of
overtime of capitalistic societies. We also
have fewer vacation days than other indus-
trialized countries, and, even when we do
take a vacation, we may take work with us
and remain connected through e-mail. Yet,
surveys have shown that workers say that
time away from work makes them better em-
ployees and research shows that regular va-
cations lower the risk of death for men and
the rate of heart attacks in women. Steven
Covey (1994) noted that being busy has
come to symbolize being important and that
admitting we are not busy may be embar-
rassing. Figure 4 lists some of the signs of
our fast-paced and busy society.

We know the statistics about the nursing
workforce: The average age of nurses is the
late 40s and nursing faculty is the early 50s;
fewer young people are entering the profes-
sion today. We also know the data that is
emerging about the conditions in our work-
places and the stress caused by work cultures
that are nonsupportive to outright hostile.
The changing economic picture of the past few
years has trapped people in jobs that they may
have left in better economic times. Thus, pe-
riodically, we see news stories about the un-
happiness of the American worker. In health

care, numerous studies have been released
about the shortage in nursing and contribut-
Figure 1. Quality of Life of the Nurse

Quality of your life

Time and energy to
form relationships

Presence with patients

Figure 2. Characteristics of Older Mothers
Note. Based on information from Kaltreider, 1997.

Issues Unique to Women

Although men experience managing from
the middle, women face unique issues and
challenges. Women and men of the X (those
born from 1961–1980) and the Nexter (those
born from 1980–2000) generations have dif-
ferent values about self, family, and work but
can learn from the experience of those cur-
rently in the middle. Baby boomer women,
who are now in midlife, have tried to accom-
modate traditional priorities with the newer
priorities to which we were socialized. Our
psyches were influenced by the traditions of
our parents and by the women’s movement,
resulting in tension among home, career, and
self (Kaltreider, 1997). In the second half of
the 20th century, women moved from being
in the home in the 1950s to “having it all” in
the 1980s. Baby boomer women broke many

ging five balls. The balls are called work, family,
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our support network.

Imagine that life is a game in which you are juggingive balls. The balls are called work, family, health,
friends, and integrity. And you’re keeping all of them
in the air. But one day you finally
come to understand that work is a rubber ball. If
you drop it, it will bounce back. The other four
balls—family, health, friends, integrity—are
made of glass. If you drop one of these, it will be
irrevocably scuffed, nicked, perhaps even shat-
tered. And once you truly understand the lesson
of the five balls, you will have the beginning of
balance in your life.

Figure 3. Lesson of the Five Balls
Note. From Patterson, 2001, pp. 20–21.

- Have more financial resources and a better
  support network.
- Are more flexible and highly integrated individu-
  als who score higher on child-rearing attitudes.
- Plan pregnancies and are highly motivated to
  be good mothers.
- Have had more life experiences and fewer re-
grets about what they give up to be a mother.
- Place a high value on achieving their role of
  mother.
- Have better problem-solving, organizational,
  and communication skills.
stereotypes, and images of women as career and family were combined as a standard expectation and not the exception. Although the 1980s “superwoman” ideal came under attack as unhealthy in the 1990s, today’s midlife woman still confronts the tension among the dimensions in her life.

In her book, The Third Shift, Michele Bolton (2000) described a psychological phenomenon of a woman’s inner dialogue that second guesses the decisions she makes. She considers the first shift as being at work and the second shift as being at home; both are literal shifts. Her third shift is figurative in that it is not time specific. It encompasses the inner voice that ranges from uncertainty about workplace actions to dissatisfaction with organization at home and all things in between. The third shift happens usually when we have quiet moments—on the commute home or before falling asleep. These are the moments when we review our choices and actions during the day and pose questions such as, “Am I spending enough time with my husband, children, or friends?” Studies show that men do not face the same inner dialogue, although more fathers are identifying stress related to the integration of work and family.

Women who do not work outside the home are not immune to these same tensions. They take on many of the societal tasks such as volunteering with schools, churches, and charitable organizations. They, too, feel the psychological stress about parenting and may ask a third-shift question of whether they should or could return to work. Both groups of women struggle to carve time for themselves to re-energize and nourish their inner selves, key to ensuring the quality of their lives.

We have workplaces that do not fit with our family systems and, thus, have taken a greater toll on women than men. Slowly, employers are recognizing that they cannot limit their recruitment for talented employees to half the workforce—men. Catalyst (www.catalystwomen.org), a nationally recognized nonprofit organization that researches and advises about maximizing women in management, is quoted frequently on its studies about balancing work and life and workplace flexibility, the key to advancing women in organizations but good for the men in the organization as well.

Another issue common to women is being the caregiver for aging parents. This may involve helping parents make decisions about health care, finances, where they should live (geographical location), and how they should live (independent or assisted). Caregiving also may involve physical care. With life expectancies now approaching 80 years for men and slightly more than 80 years for women, the amount of time that care is needed can be expected to lengthen. Although the National Family Caregivers Association (2000) recently has seen an increase in male caregivers, women have been the predominant caregivers. In the 2000 survey, more than one-quarter of the sample currently was caring for a family member or friend. Extrapolating that to the U.S. population translates to more than 50 million people having caregivers. An increase also has occurred in the percentage of caregivers living in the same home with the person for whom they provide care. An associated effect on approximately half of caregivers is depression. This is understandable given the nature of chronic illnesses and the other stresses on the caregivers. When caring for elder parents, having reliable information is critical (Shelly, 2002).

Women in midlife face personal health issues as well. Hormonal changes and menopause bring a list of potential symptoms that can range from annoying to almost incapacitating. Diseases such as diabetes, osteoporosis, hypertension, and cancer are diagnosed more frequently beginning in the fifth decade. The media has examined obesity intensely in the United States, and Gallup data (Blizzard, 2003) indicate that more than half of baby boomers perceive themselves as very or somewhat overweight. Their data show that the Healthy People 2010 goal of reducing obesity is moving in the wrong direction. Female baby boomers are more likely to say that they are overweight than male. Linked to the perception of being overweight is how respondents defined their personal health. Excellent health is associated with a person’s weight being in a healthy range. Fair and poor health is associated with being very overweight. Gallup data about baby boomers and exercise are concomitant with weight and personal health. Gallup speculates that with the uncertain economy, baby boomers, who are at the peak of their careers, may be working longer hours and are less able to engage in exercise (Crabtree, 2003).

**Figure 4. Signs of a Busy Society**

- Houses controlled by computers
- Robots
- Eating on the run
- Laptops, personal digital assistants, cellular phones (on vacations)
- Houses much too crowded
- Two-minute rice
- Cereal and milk breakfast bars
- Instant oatmeal
- Online grocery shopping
- Microwaveable meals

**Figure 5. Meanings of Saying “No”**

- Making conscious choices about our lives
- Setting priorities on how we spend time
- Letting others do their part
- Realizing what is and is not important
- Taking care of self

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You may be one of the millions of baby boomers in the midst of managing from the middle. You may be trying to balance some or most of the areas in your life that are pulling you in different directions. A speaker once urged that we replace the metaphor of “balancing” our lives because to achieve balance, equal attention is needed for each area and that is impossible. That was an “ah-ha” moment for me. Rather than struggling to give equal attention to everyone or everything in my life, I realized that I could attend to all with varying degrees, but the important point was that, in the end, all are attended to and none are neglected.

Self-care and self-esteem are linked closely, and reducing personal time for hobbies, friends, or exercise can lead to a sense of frustration or meaninglessness. You may find that before you fall asleep you go through a mental checklist of what you have not accomplished that day. As a colleague said, begin by reframing that voice at bedtime and review everything that you have accomplished. That simple strategy is a starting point to integrate the many challenges in your day and arrive at conscious acknowledgment of success, not failure.

Making the middle work requires slowing down the pace of your life. Slowing down takes practice and being able to use “no” in your vocabulary. No can be a difficult word to use because of the meanings we attribute to it. However, learning to say no can be positive. Figure 5 shows the negative meanings and the positive effects of saying no. If you are not someone who can say no, a starting point is to ask yourself why you have difficulty doing so. Many of us were raised with the idea that saying no is not nice or that it may mean you will not be asked again. Saying no takes practice. Start with reducing the frequency of tasks that you do not enjoy. A

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seminar participant told me that she practiced saying no to the frequency and intensity of cleaning her house when she realized that a clean house did not matter to others. She changed the standard from the one she had been raised with to one that met her family’s needs and freed time for her to do more meaningful things. Saying no to an invitation for something you enjoy but creates a scheduling burden can be tough to do, but it ultimately rewards you with time that you need.

Many other small, but significant, lifestyle changes can help you to make the middle work and nurture your quality of life.

Combine your efforts. Rather than keeping work and family separate, find ways to integrate them. Exercise with friends. Volunteer for activities that involve your children rather than ones that exclude them.

Choose your friends wisely. Many people are takers and give nothing to the relationship. Identify them, cross them off your list, and spend your time with friends who will be honest and supportive through thick and thin.

Take breaks in your day, even if they are brief. I think we all have too many days in which we grab something quick to eat or skip a meal rather than finding a quiet place and eating something healthy.

Toss out junk mail without opening it. This was a tip given by a speaker at an ONS leadership meeting several years ago. I can attest to the positive feeling of discarding meaningless mail. I also have learned to do this with e-mail.

Create a special space for yourself at home and at work. Remember in school how you hung special pictures, cartoons, or news clips inside your locker door? Create that type of space for yourself where you assemble icons, totems, or memorabilia that give you energy.

Ask for help. I think this can be particularly difficult for us because our gender and profession have shaped us to be givers and not ask for help. In our workplace, we talk team language but often do not practice team behavior. Asking for help fosters team effort.

Exercise and get enough sleep. Both have received considerable attention. When we counsel our patients, we talk about the importance of both. Given the many demands pulling us, exercise and sleep get shortchanged as studies have shown. I have learned that many things can wait to allow me time to ride my bike so I can increase my exercise as the doctor ordered!

Build in personal time. Find ways to relax, laugh, cry, and reflect. We may set barriers to doing this because we think we need to spend time with others: spouse, children, parents, or friends. However, the time you give yourself does not have to be long and can give you energy and focus for the rest of the day.

Keep a sense of humor.

Summary

As oncology nurses, we know the importance of a life lived fully. Anna Quindlen (2000) observed, “Think of life as a terminal illness, because, if you do, you will live it with joy and passion, as it ought to be lived” (p. 45). The Rhymes With Orange comic strip captured this sentiment. A midlife woman is sitting on her couch with her cat and eating ice cream. The caption says, “Realizing that ‘stressed’ spelled backwards was ‘deserts,’ Bette knew that the only way to turn her lousy day around was to eat the entire pint of mocha chip.”

As advocates for patients with cancer, we must possess the skills that we teach when we counsel them about living the quality of life they desire. If we are preoccupied, stressed, and fatigued from being in the middle, our ability to listen will be compromised. Our quality of life then becomes a hindrance to facilitating our patients’ ability to deal with their quality of life. We can help each other as colleagues recognize when we are in need of quality of life counseling, but understand that we cannot change someone else. Each of us has the power to make the change we want to see in our lives. The conditions of being in the middle may not be changeable, but how we deal with them is.

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