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

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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 lecture and this article were prepared to remind us that our quality of life has a relationship with our effectiveness in caring for our patients for whose quality of life we are advocates.

I have a file of clippings that I have kept for years and reviewed in preparation for my presentation. They describe vividly what demands we boomers (those born from 1943–1960) are facing in the middle of our life and how we are, or are not, coping with them. The

boomer generation is in its midlife, and we often are labeled the “sandwiched generation” because of the competing priorities that we face. We are at the peak of our careers and not only are dealing with aging parents who are living longer and with chronic illnesses, but also with children who are still in the home because of delayed childbearing, second families, or returning young adults.

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 to 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. Sometime 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 at the end of a numbing day, I, too, can stand at the freezer and say “broccoli or beans?”

How many of us wake up early to get chores done before our day begins? An article in the *News and Observer* (Kadaba, 2003) featured the activities of two working parents. The mom was awake at 5 am, busy with her “first shift” of chores such as unloading the dishwasher, paying bills, tidying the house, packing lunches, waking her children and preparing them for school, and walking the dog. At 8:30 am, she left for her

job. The dad woke up at 6 am and completed his chores after he exercised. After taking the children to school, he went to his job. At the end of the workday, the parents face a routine of after-school activities, homework, housework, dinner, and personal time. Sociologists have documented the second shift phenomenon of women for years: a paid job followed by unpaid housework (Hochschild, 1989). With the early-morning routine, a third shift has emerged, and an increasing number of men are being affected as well as women.

In the July/August issue of *AARP: The Magazine* (Kroll, 2003), an article noted that 215 U.S. companies offered eldercare programs in 2002. These programs may range from basic seminars about various topics related to caring for elder parents to having geriatric care managers who assist employees in making living arrangements for their parents. Another of my clippings is an advertisement for “Eldercare University,” a seminar series about the issues of aging. Periodic stories in the media highlight the importance employees now are placing on eldercare benefits as once was placed on childcare benefits.

An advertisement for visiting North Carolina shows a wonderful beach scene with an inserted dictionary definition of deadline: *n. artificially created date or time by which you were once expected to have something completed*. The deadlines converge

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