



THE TOTAL NURSE

Suggestions for Restoring Balance

- **Prioritize your immediate family.** Make the most of the time you already spend with your children to really connect with them. Engage them in conversation while you are driving them to and from various activities, around the family dinner table, or before they go to bed.
- **Recognize that you are providing a role model for your children on how to care for elderly family members.** What do you want your own children to learn from the experience of how we care for and treat our elders?
- **When a grandparent is ill, talk to children honestly about the situation.** Focus on the grandparent's abilities as well as disabilities. Children are more tolerant of their own and others' imperfections when they see us modeling honesty and tolerance ourselves.
- **Get others involved but don't assume your family will naturally know how to do particular tasks.** Explain the tasks to them, what is involved, and the end result you are seeking.
- **Ease up on your expectations of perfection in yourself and others.** Support and praise your family's efforts.
- **Prioritize your own health and well-being.** On days that you cannot seem to carve out special time for yourself, try incorporating enjoyable rituals into your routine, such as taking advantage of the time spent in waiting rooms for appointments to catch up on your reading or enjoy a portable hobby.
Regardless of the number of people in our care or the responsibilities we've taken on, it helps to remind ourselves that we can only handle one task at a time. Giving ourselves to each task without the burden of fatigue, guilt, or resentment will help us naturally discover the special meaning it has in our lives.

An act of balance: Caregiving tips for the sandwich generation

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THAT THE AVERAGE age of registered nurses (RNs) is increasing should come as no surprise. According to the 2008 National Sample Survey of Registered Nurses, the average age of nurses in 2008 was 46 years, up from 45.2 years in 2000.¹ Nurses in their 50s are expected to become the largest segment of the nursing workforce by 2012, accounting for almost one-fourth of the RN population.¹

Given this statistic, many of these 50-year-old nurses are not only professional caregivers, but they may also be the primary caregiver for many of the people in their personal lives, both young and old. The *sandwich generation*, a term that has become so ubiquitous in our culture that it has earned an official definition in *Merriam-Webster's Dictionary*, refers to people who care for their aging parents while supporting their own children.² The sandwich generation is even officially registered with the National Special Events Registry, and it has an annual national observation (July 1 through 31) with public events that recognize these dedicated caregivers.

Being a caregiver to our parents and children, and perhaps even grandchildren, is fraught with emotions and mental and physical wear and tear. The relationship with elderly family members changes with a reversal of roles between parent and child as the adult child takes on the responsibility for oversight and direct physical care of the aged parent. Watching parents grow old, frail, and dependent can launch a mourning process encompassing all the emotions associated with loss and grief: sadness, depression, anger, and guilt. But with reflection and proper support and balance, there is great potential and opportunity for growth, and eventually, an acceptance of the natural cycle of life.

WHEN EXPANDED BECOMES OVEREXTENDED

Nurses are especially prone to taking on caregiving responsibilities. As the health care expert in a family, nurses often naturally step up to manage their parents' medical needs.

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Laura, a nurse colleague, shared her experience of supervising her parent's increasing needs for the past 5 years. Her role started as handling medical issues but ballooned into daily life management. As the middle of three children, she felt fortunate that her siblings had stayed relatively close to home; but as the only health care professional in the family, she naturally filled the role of health care manager. Laura oversaw several hospitalizations, surgical procedures, and stays in short-term rehabilitation facilities and arrangements for homecare services. She also picked up the tasks of attending to the insurance and medical bills, keeping prescriptions filled, and making sure diets were followed. As the demands increased, Laura's sense of resentment and anger at her parents increased. In addition, this placed a strain on her relationships with her spouse, her own children, and her siblings.

Laura hit her breaking point the day she literally could not get out of bed. Her husband brought her to her primary care physician, who diagnosed depression, started Laura on an antidepressant, and referred her to a family therapist.

On the advice and coaching of her therapist, Laura and her husband called a family meeting with her siblings, their spouses, and as many of the older grandchildren who were available. She listed all of the responsibilities for their parents that she attended to, highlighted the ones she was willing to continue performing, and asked her siblings to fill in the blanks. Laura realized that it did not require a nursing degree to keep track of medical bills, or buy groceries. Laura even accepted that she did not have to be present at each doctor appointment, and that it was actually good to share more of the health-related tasks with other family members so that they had a better understanding of their parents' condition and situation.

Laura said, "I realized that it wasn't that my siblings weren't willing to help. As much as I resented them for not doing more, I kind of shut them out, and didn't trust them; and they resented that in return." As she delegated more tasks, she also found she was able to enjoy her relationship with her parents again. "My life had just lost all sense of balance there for a while. My whole attitude adjusted back—not entirely—but more to them being my mom and dad, and my being their daughter, not the other way around." ■

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REFERENCES

1. Nursing shortage. American Association of Colleges of Nursing Web site. <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>. Updated July 15, 2011. Accessed March 27, 2012.
2. Sandwich generation. Merriam-Webster Online Dictionary. <http://www.merriam-webster.com/dictionary/sandwich%20generation>. Accessed March 27, 2012.



Ideas for Easing Caregiving Responsibilities

- **Take advantage** of automatic bill pay and direct deposit of social security and pension checks.
- **Arrange for yourself** durable power of attorney, which gives you the right to manage the financial aspects of your parents' lives.
- **Have homecare nursing** and physical therapy services evaluate your parents' home. Are the lights bright enough? Are throw rugs a hazard?
- **Obtain a MedicAlert bracelet** to alert health care professionals to allergies and special medical needs.
- **Make a list** of your parents' current support system: doctor, lawyer, accountant, church or temple, friends, and neighbors.
- **Sit down** with your parents and help them complete a Health Care Directive, Advance Care Plan, or Living Will. This is essential to knowing their understanding of their current health and preferences for medical treatment if they are unable to direct their own care.

Resources for caregivers

Medicare.gov

www.medicare.gov/caregivers/

Today's Caregiver www.caregiver.com/

AgingCare.com www.agingcare.com/Caregiver-Support

Helpguide.org helpguide.org/elder/caring_for_caregivers.htm

Family Caregiver Support Network www.caregiversupportnetwork.org

Administration on Aging www.aoa.gov/AoA_programs/HCLTC/Caregiver/index.aspx

United States Department of Veterans Affairs www.caregiver.va.gov/

Caring Connections www.caringinfo.org