The baby-boom generation is aging. For individuals born between 1946 and 1964, middle age has arrived. This generation has challenged societal values relating to responsibilities, work ethic, and decision making. This group continues to affect policies, and the health care industry has not been exempt. The increasing number of baby boomers, including practicing nurses, reaching retirement age is predicted to impact the health care system for the next several decades (AACN Position Paper Statement, 2001; Buerhaus, Staiger, & Auerbach, 2000; Lamb, 2005). Health care will be challenged by increasing numbers of aging adults who may have chronic or acute illnesses complicated by the normal aging process and a shortage of nurses to care for this population (Anderson, 2003; Buerhaus et al., 2000). These unique demographics present challenges to occupational health nurses who may not only be working with middle-aged adults, but may be middle-aged themselves. Occupational health nurses must understand the issues facing middle-aged adults, including caring for parents, experiencing changes in health, planning for retirement, and examining personal relationships. Middle age is a time to plan for the future. Occupational health nurses are in a unique position to assist with this process in the workplace.

This article defines midlife and discusses changes, adjustments, and important education strategies for both middle-aged men and women. Suggestions are included to assist occupational health nurses in addressing the needs of this diverse population.

**MIDLIFE**

Middle adulthood, middle age, or midlife is the midpoint in an individual’s life, or the time when an individual is no longer considered young but is not ready for retirement (Bennett & Flaherty-Robb, 2003; Davis, n.d.; Polan & Taylor, 2003). Erickson (1963), a developmental psychologist, describes this stage of development as a time of generativity versus stagnation. The average life span was 65 to 70 years when Erickson developed his psychosocial theory, and individuals past retirement age were stereotyped as being physically and mentally deteriorated (Haber, 2003). Societal changes regarding reproduction, fitness, nutrition, and disease prevention have increased the average life span and altered views of aging as well as the years considered midlife. Although stereotypes still exist, the increasing number of active individuals older than 65 years has contributed to a new perspective.

Marston (2005), studying the various age groups in the workplace, found that those employed during the 1940s believed in loyalty to one employer and recognition through job tenure. This age group also saved money and purchased only what was needed. Employees who are now 48 to 61 years old (baby boomers) still believe in working hard, but not necessarily in saving money. They have experienced a change in company loyalty resulting from downsizing and layoffs and find themselves working with younger generations that believe in greater work–life balance. Kennedy (2002) found differences among the age groups in motivation to work (money for older workers vs. time off for younger workers) and lifestyle characteristics (exercise for body definition for 43 to 56 year olds vs. a duty or for mental health for 24 to 42 year olds).

The baby-boom generation has changed the concept of aging, and continues to impact the terms applied to midlife. Baby boomers enjoyed an indulgent adolescence and are now finding a prolonged entrance into the middle years (Anderson, 1993; Sheehy, 1995). Sheehy (1995), when interviewing individuals in their 40s and 50s, found universal agreement that “. . . the image of themselves that they carry around in their inner eye usually falls somewhere between ages 28 and 35” (p. 58). Occupational health nurses should recognize the impact of this statement when employees attempt to complete certain tasks. Safety is a concern for individu-
als attempting to perform beyond their current capacity. Strength, flexibility, and endurance should be part of an annual assessment to prevent injuries. Studies have shown that attention to health through exercise and flexibility training decreases disease-related disability, cognitive impairment, and depression in later life (Hartman-Stein & Potkanowicz, 2003).

Regardless of the altered concept of aging, individuals reach a point in life when they look at the years past and the years remaining. External as well as internal changes can no longer be ignored, and individuals accept they are no longer growing up, but rather growing old (Anderson, 1993; Atkinson, n.d.; Polan & Taylor, 2003; Sheehy, 1976, 1995). At this point in life, changes are difficult to ignore: reading small print becomes more difficult, energy for activities may wane more quickly, clothing no longer fits or looks the same, friends and colleagues appear older, and parents or friends may die (Davis, n.d.; Kets de Vries, 1999; Kita, 2002; Mcdaniel, 2003; Polan & Taylor, 2003; Rogers, 1990; Sheehy, 1995, 1998). These alterations indicate a change is occurring (Davis, n.d.; Polan & Taylor, 2003) and can precipitate what has been termed a midlife crisis. Occupational health nurses aware of these various disruptions in individuals’ lives can assist with exploring middle-age expectations and addressing the myths associated with aging (Nolan, 1986).

IS IT A CRISIS?
The word crisis denotes a feeling of danger, but implies a turning point or decisive moment when applied to midlife (Bee & Bjorklund, 2003; Sheehy, 1976). This turning point in life is a predictable occurrence and offers opportunities for growth. Identity struggles, similar to those experienced during adolescence, surface as individuals attempt to define, identify, and adjust the ideal self (Kets de Vries, 1999; MacDoniels, 1997; Sheehy, 1976, 1995). Dante, in The Inferno, described this time in his life as coming to a dark wood and feeling lost to himself (Davis, n.d.; Kets de Vries, 1999). Individuals can experience inner turmoil and outwardly express discontent, leaving family and friends dismayed. When questioned, individuals cannot specify any particular cause of the discontent and may express feelings of uneasiness with life passing quickly by them. Anderson (1993) compared the feelings associated with changes in physical appearance and stamina and facing mortality to the stages of mourning identified by Dr. Elisabeth Kubler-Ross. These stages, developed to describe the emotional reaction following a loss, include (Kubler-Ross, 1969):
- Denial and isolation.
- Anger.
- Bargaining.
- Depression.
- Acceptance.

A time of reevaluation moving toward positive changes in employment, family roles, and relationships can occur after accepting midlife. Health care workers aware of developmental changes can assist in the coping process and guide individuals to healthy aging behaviors (Kick, 2003; Sampselle, Harris, Harlow, & Sowers, 2002).

During midlife and its accompanying changes, thought processes turn inward as individuals seek meaning in life, clarify direction, and gain satisfaction. Introspection guides individuals to examine and accept mortality, establish goals, and adjust expectations. Midlife can be termed a bridge age with disruptions in or occasionally leveling of employment goals, children leaving home, and parents needing more care, as well as the realization little time remains to fulfill dreams (Anderson, 1993; Kets de Vries, 1999; Rogers, 1990). These changes offer occupational health nurses an opportunity to educate individuals about the future and planning for life changes with emotional, educational, and financial resources (Bennett & Flaherty-Robb, 2003). These decisive moments do not occur at a specific age, and manifestations may differ between men and women. Occupational health nurses should be familiar with these changes to recognize the need for support, counseling, or resources to accomplish healthy aging.

MEN
The stereotype of a man handling a midlife crisis by acquiring a new hair color or style, purchasing a sports car and a new wardrobe, and spending more time with younger individuals rather than family in an effort to defy the aging process is not the typical reaction (Kozier, Erb, Berman, & Snyder, 2004). Sheehy (1998) found this reaction to be rare, and many men interviewed denied having a crisis. The men identified, in retrospect, a time of confusion or darkness may have occurred, but they did not feel it was a crisis. Japenga (2000) and MacDoniels (1997) also found that middle-aged men did not feel they had passed through any crisis. Physical changes in men during midlife may be sudden or gradual and include decreased stamina during physical activity, hair graying or loss, changes in vision, and requiring more time to complete some tasks. Attention to these changes and counseling from a health care provider about how behavior at this age can impact future years may ease the transition of aging (Hartman-Stein & Potkanowicz, 2003). Increased awareness of mortality may lead to a need to reassess. As a result, discrepancies between aspirations and accomplishments become more noticeable and some men respond in disruptive ways (Kets de Vries, 1999). Kita (2002), when faced with midlife changes, examined responses to this time in life. He felt that the actions taken by men during this phase (e.g., buying a sports car) were in response to underlying fears related to aging. Webster states that “. . . this period includes a crisis of meaning fueled by years of competition and disconnection from self and others” (Goodnow, n.d., ¶ 8). Evidence of middle-age changes is present in the writings of Hemingway during his middle years. His emphasis became more qualitative than quantitative as his writings described emotions rather than just physical characteristics of his characters, and he explored the “. . . stereotypical

During this time of change, evidence of mortality leads men to examine their lives, including employment, relationships, and family. In society, the acknowledgment of citizens’ value granted men “. . . social and economic rights as workers . . .” (McDaniel, 2003, p. 330). The importance of work in a man’s life as a way of identifying self becomes evident with the reply of a profession (e.g., teacher, construction worker, or salesperson) when asked who he is (“Stress and Gender,” n.d.). Midlife brings changes in perceptions of work, with some men expressing discontent or boredom with their jobs (Davis, n.d.) and others feeling threatened by the younger generation in the workplace (McDaniel, 2003). Tamir (1982) discovered that men with a higher level of education felt greater job satisfaction during the middle years, whereas those with a lesser level appeared to resign themselves to maintaining employment. “What seems to be occurring at the transition to middle age is a disengagement from work as a source of personal fulfillment, or at a minimum a reconsideration of the place work has in one’s life” (Tamir, 1982, p. 95). Men may experience restlessness as they evaluate their goals in earlier years and compare them to accomplishments, leading to a crisis. This crisis can be especially poignant with the loss of a job and the feelings of disappointment, fear, and change in social status (Davis, n.d.; McDaniel, 2003; Tamir, 1982), leading to increased feelings of powerlessness and fears of aging (Sheehy, 1976). Occupational health nurses can assist by scheduling health evaluations, referrals, and educational in-services about the normality of these associated feelings.

Men who remain in stable work environments derive greater satisfaction from work, whereas those who have not been or are not in stable work environments find work receding in importance (Sheehy, 1998; Tamir, 1982). As the meaning of work shifts, the concept of generativity, or giving back to the next generation, becomes noticeable as men become mentors for younger employees (Bee & Bjorklund, 2003; Sheehy, 1998; “Stress and Gender,” n.d.). Mentoring is a way to satisfy the desire to leave a legacy by contributing to the growth of other individuals (Anderson, 1993; Sheehy, 1976) through teaching, advising, supporting, and acting as a role model (Bee & Bjorklund, 2003). Occupational health nurses should encourage middle-aged men to become role models and educators for younger workers.

**Relationships**

Aging parents requiring increased assistance is additional evidence of mortality. During the middle years, men are often sandwiched between caring for their parents’ needs and their own family’s needs (Kets de Vries, 1999). This can create turmoil internally as well as within the family, with time being divided to fulfill these responsibilities. Feelings of ambivalence about loyalty to parents versus spouse and children create a crisis with a reassessment of values, and it is during midlife that men may see changes in family relationships. A greater “. . . awareness of aging, illness, and the resulting dependence on others” appears (Kets de Vries, 1999, p. 1383). Depression can be a side effect of this increased awareness. Occupational health nurses must look for psychological and physiological changes that could indicate depression. Individuals experiencing episodes of depression in midlife have been found to have higher incidences of depression in later years (Hartman-Stein & Potkanowicz, 2003). Recognition and treatment can lead to increased satisfaction in later life (Hartman-Stein & Potkanowicz, 2003).

Changes in work and home environments and socialization (integration into a group) lead many men to introspection and an examination of life and personal values. Midlife becomes a time to plan for the years ahead, set goals, and reduce the gap between inner values and external vision (LaBier, 1991). Self-evaluation during the middle years guides men in the process of obtaining self-respect. McDaniel (2003), Kets de Vries (1999), Sheehy (1995, 1998), and Tamir (1982) found that men in their 40s began to experience a change in relationships, becoming more in touch with their emotions, placing greater importance on friendships, and needing more closeness. Sheehy (1998) found male-to-male relationships more difficult than other relationships, but “father hunger” (i.e., the need to be physically or emotionally close to the male who was referred to as the father in the individual’s family of origin) increased during this period.

As personal relationships become more important, men seek companionship rather than competition (Sheehy, 1995). Social contacts and friendships appear to decrease depression and increase self-esteem in men during this period (Tamir, 1982). Some men find they are ready to develop adult relationships with their grown children (Anderson, 1993; Davis, n.d.; Sheehy, 1998; Tamir, 1982). The convoy model of relationships proposed by Antonucci and Akiyama (1997) suggested. During the middle years, relationships in the inner circle became more important and those in the outer circle less important. Occupational health nurses managing workplace health education should include workshops on building relationships to assist in this transition.

**Sexuality**

Physical and psychological changes during middle age may lead to a “. . . male potency crisis . . .” (Sheehy, 1998, p. 187). This period is termed the climacteric or andropause and “. . . refers to the change of life in men, when sexual activity decreases” (Kozier et al., 2004, p. 398). Simons (1997) discovered that discussions of sexual prowess between soldiers were a way to bond and develop trust. This image of male dominance carries across all ages, but creates concern when performance is not the same as during younger years. Due to decreased discussion of this topic, research and treatment have been lim-
Women

Similar to men, physical changes in women signify the approach of middle age. Occupational health nurses must be aware of the variety of factors interacting during this stage of life leading to a possible developmental crisis (Nolan, 1986). Glances in the mirror reflect subtle as well as obvious changes. Gray hair appears, wrinkles form on previously smooth skin, the breasts sag, and holding in the stomach becomes more difficult. Menopause is a marker unique to women. Although some women may be able to mask physical changes, menopause announces that middle age has arrived. This stage of life can be stressful to women, as they are reminded of their biological clock. For some, this stage “... is marked by depression, weight gain, tiredness, headaches, palpitations, insomnia, and digestive problems” (Kets de Vries, 1999, p. 1382). Emotional responses vary among women, but due to the negative connotation menopause has in Western society, depression is a common occurrence (Atkinson, n.d.). This negative connotation associates illness with menopause, so treatment becomes medical rather than encouraging women to accept the changes as normal. Dott (1998) discovered a strong correlation between menopausal symptoms and complicated gynecological and psychological histories. As with men, management of depression at this time will lead to behaviors that facilitate healthy aging (Hartman-Stein & Potkanowicz, 2003). Sampselle et al. (2002) found that African American women considered menopause a normal part of aging and even welcomed it, whereas Caucasian women considered menopause a definite sign of aging. Occupational health nurses can use open communication with guided counseling to assist women in negotiating these changes. The Sidebar lists some resources related to menopause.

Women can expect to live approximately 30 years following menopause (Atkinson, n.d.; Garner & Mercer, 2001; Olds, London, Ladewig, & Davidson, 2004). Aging of the baby-boom generation and integration of various cultures in Western society have contributed to menopause now being viewed as a time of transition rather than an ending (Olds et al., 2004). Occupational health nurses must be alert to the changing physical and psychological needs of middle-aged women and be prepared to offer guidance.

Women may experience a crisis during midlife when they examine personal and societal expectations and compared them with achievements (Sheehy, 1995). Women who have spent their lives raising children find themselves alone as children leave home. A spouse choosing a younger partner or changes in employment can leave women feeling useless (Bee & Bjorklund, 2003; LaBier, 1991; Sheehy, 1995). Some women may find themselves entering the work force for the first time or after an extended time away. These women will need additional education about safety in the workplace and their roles. Garner and Mercer (2001) found that women are two times more likely to be anxious due to “... feelings of lack of efficacy and control” (p. 86), but that supportive relationships were important to women as they aged. A revision of personal expectations (work, family, and appearance) with the nurturing of self and relationships provides a method of managing midlife changes positively. These positive relationships can be developed through workplace associations encouraged by support groups led by occupational health nurses.

Midlife, although challenging, provides opportunity for personal growth, and women who accept the process experience a change in self-concept (Rogers, 1990). Accompanying this period in life is a reversal of roles for both men and women. Women, formally nurturing, become more assertive and independent (Kets de Vries, 1999). With increased confidence, some women return to the workplace, others change jobs, and some return to school to pursue or complete their education (Carr & Sheridan, 1999). Occupational health nurses are in a unique position to offer options to meet the needs of working women. Occupational health nurses are educators and advocates and are knowledgeable about resources that will assist these women (Edlund, Lufkin, & Franklin, 2003). With children gone, responsibilities shift and a sense of freedom and excitement is experienced by some women as they plan activities to enhance self-fulfillment.

Changing Relationships

Family relationships may change during this time as women become...
caregivers for parents. Garner and Mercer (2001) found that “almost all caregivers are women who are primarily spouses or adult daughters” (p. 74). This can create strain in the family at a time when middle-aged women need to learn to care for themselves to prevent feelings of isolation or loneliness (Polan & Taylor, 2003). A history and knowledge of family composition will assist occupational health nurses in easing the burdens of female employees in this situation. Adkinson (2005) found that middle-aged female nurses were “. . .more capable of handling stress and caring for others” (p. 41). Middle-aged occupational health nurses can reach out to other women experiencing stress.

Increasingly, grandparents are raising grandchildren, with primary care being the responsibility of grandmothers. This can lead to feelings of despair affecting the health of these women (Garner & Mercer, 2001). The husband–wife relationship can also be affected during this phase of life as women experience changes in their spouses and they make their own transitions. Relationships remain important during the middle years. Antonucci and Akinyama (1997) discovered that women had more close relationships, with granddaughters listed as part of the closest relationships. Personal closeness is an important aspect of life, and having a confidant is a buffer against stress (Davis, n.d.). Unlike men, who may hide their feelings and frustrations, women communicate more frequently with each other, providing an outlet for stress (Sheehy, 1998). Referral to employee assistance for support groups guided by knowledgeable individuals can provide opportunities for communication and identification with others in the workplace. Such camaraderie may decrease stress and illness and increase self and workplace satisfaction (Kozier et al., 2004).

An authentic self-image emerges in the 50s, with women having navigated changes and no longer feeling torn among the demands of family, career, and society (Sheehy, 1995). Stereotypical roles are no longer a way of identifying self during this stage of life, allowing for changes in perceptions, personality, and feelings of self-efficacy in women. These changes provide an opportunity for women to assert themselves as they plan for their future. During this time of change, Sheehy (1995) states, “The secret in the search for meaning is to find your passion and pursue it” (p. 153).

CONCLUSION

The middle years are a time of change for both men and women and offer occupational health nurses an opportunity to guide individuals to positive outcomes. Midlife signals the end of growing up and the beginning of growing old (Sheehy, 1976). It is the period of time when an individual is no longer considered young, but is not really old either (Tamir, 1982). Midlife crisis, rather than denoting a time of danger, actually denotes a predictable turning point in an individual’s life (Sheehy, 1998). Erickson first used the term crisis to describe a critical turning point in the life cycle when vulnerability is increased, but so is opportunity for growth. During this time, questions related to self regarding individual position and purpose in life arise. The internal struggles for identity have been compared to those encountered during adolescence (Sheehy, 1995). Wethington (2000), on surveying equal numbers of men and women between 28 and 78 years old, discovered that 26% had experienced a midlife crisis. In-depth questioning revealed that the crises were merely events that had been managed successfully at various times during this period. Occupational health nurses are in a position to provide ongoing education addressing all areas and ages to facilitate transitions during crises.

Men and women both experience physical and psychological changes signaling the beginning of another phase of life. Change usually creates stress, which both genders experience during this time. Children leaving home and parents aging cause middle-aged adults to face their own mortality. They realize a limited number of years remain to accomplish previously set goals.

Men and women respond differently to these changes despite being the same age. Sheehy (1998) found women may experience pangs of regret for lost youth, but men experience feelings of dread. Men do not view change as a way to grow, whereas women often embrace change as a way to progress. Men become more nurturing as they age, whereas women become more assertive (Kets de Vries, 1999; Sheehy, 1998). During midlife, women seek change by starting new careers or returning to school, whereas men, having achieved status through their accomplishments, do not seek change (Carr & Sheridan, 1999; Davis, n.d.; McDaniel, 2003; Sheehy, 1995, 1998; Tamir, 1982). Men fear death more than women (Sheehy, 1998) and become more needy during the middle years, when women are feeling freed from the previous constraints of home and children (Davis, n.d.; Kets de Vries, 1999; Sheehy, 1995, 1998). Men’s careers have usually peaked by midlife, whereas women’s careers are beginning to rise. Women are often excited by the possibilities before them, whereas men see declining opportunities.

Despite the differences between men and women during the middle years, this can be a time of growth for both. It is a time to examine life lived thus far and to set goals for the years ahead that match individuals’ values—a time to assess and reorganize. It can be when individuals seek meaning in life and ways to fulfill dreams (Atkinson, n.d.).

The health care system currently focuses more on the disease aspect of aging than on disease prevention through health promotion. Occupational health nurses can address problems associated with aging early through communication, education, and counseling. Vaillant and Mukamal (2001) found that predictors of healthy aging included not being a smoker or stopping young, having an adaptive coping style, not abusing alcohol, maintaining a healthy weight, having a stable marriage, and engaging in some exercise. They also discovered that ancestral longevity, cholesterol level, stress, childhood
temperament, parental characteristics, and ease in social relationships did not predict successful aging. Occupational health nurses can provide new workplace interventions and educational programs addressing the physical, emotional, and mental health of aging workers. Physical stature may change due to the aging process, but physical abilities need not decline. Guidance, referrals, and education will assist in maintaining full flexibility and strength. Screening programs, support groups for relationship building, educational workshops on safety, and information about financial planning can be incorporated into the workplace to ease the transition through the middle years and increase productivity.

REFERENCES


