

Finding a Place in Your Practice for Older Adults With Cancer

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The care of older adults differs from the care of younger patients, and specialized knowledge about aging and caring for older adults can help guide their care. Nurses can use geriatric assessment tools, many of which can be completed within a few minutes and can be easily incorporated into encounters with older adults in oncology practice settings. The results of the assessments can be used to develop care plans that identify vulnerabilities or patient concerns.

AT A GLANCE

- Many oncology nurses have not received specialized training in the care of older adults.
- Older adults may present with vulnerabilities that are not detected in a standard clinical oncology care assessment.
- Oncology nurses are in a key position to use geriatric screening tools and develop a plan of care based on issues identified during the screening.

KEYWORDS

older adult; geriatric oncology; nursing; geriatric assessment; oncology

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Because cancer is a disease of aging, most oncology nurses care for older adults. However, many oncology nurses have had little training in gerontology (Burhenn et al., 2021). An older adult is usually defined as someone who is aged 65 years or older, but aging is heterogeneous, and people can show signs of aging at different time points. In addition, cancer treatment can “geriatricize” some younger patients as their body systems are taxed, causing them to experience geriatric syndromes such as falls, depression, delirium, or functional decline (Guida et al., 2021; Wang et al., 2021). This article discusses the learning needs of oncology nurses as they relate to older adults, as well as geriatric assessment. Oncology nurses are a key interface between an older adult and their cancer journey and can use gerontology knowledge to improve the care of older adults with cancer (Burhenn et al., 2021).

Background

The care of an older adult differs from the care of a younger patient because changes in the aging process can affect how cancer treatment is tolerated (Mohile et al., 2018). In addition, cancer treatment can affect comorbidities and age-related changes to body systems (Goldberg et al., 2018). For example, patients who present with cognitive impairment are at greater risk for chemotherapy toxicity (Mohile et al., 2018). In addition, changes in mobility may also appear as one ages. When function is more fully assessed, difficulties may be revealed, such as a person’s ability to keep scheduled appointments or commit to a schedule of daily radiation therapy. Nurses can improve patient care by learning more about assessing physical and mental changes as a person ages, identifying issues through a specialized geriatric assessment, and implementing plans to assist older adults as they move through the cancer trajectory (Li et al., 2021; Mohile et al., 2021; Overcash et al., 2021).

Oncology nurses may have little formal training in the care of older adults. At the 2022 Oncology Nursing Society Congress®, 34% of a sample of attendees (N = 448) responded that they had no formal training in geriatrics, and 36% responded that their only training was during nursing school (Burhenn, 2022). In a 2012 nationwide survey, 621 oncology nurses self-reported that they felt they had average skill and comfort level in caring for older adults (Burhenn & Hurria, 2012). In a subsequent gerontology knowledge survey of oncology nurses, results indicated that these nurses had less knowledge than a benchmark of nurses nationwide from the Geriatric Institutional