Call for Action: Caring for the United States’ Aging Cancer Survivors

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The United States is undergoing significant societal shifts that will have profound implications for the professional practice of oncology nurses, including the aging of the nation’s baby boomers and an anticipated increase in cancer survivors. Understanding of the confluence of those factors and their impact on survivors’ physical and psychological outcomes remains limited. Nurses may be aware of advances in general survivorship care but may not have the specific knowledge and skills to meet the distinctive needs of older adult cancer survivors. The authors call for a paradigm change in nursing practice, which will increase awareness across professional specialties that survivorship care for older adults is a professional obligation of all nurses.

S everal trends in U.S. society are changing oncology nursing practice, education, and research. Two trends highlighted in this article are the aging of the nation’s baby boomers (born from 1946–1964) and the move to include survivorship care as part of the cancer continuum (Federal Interagency Forum on Aging-Related Statistics, 2012; Rowland, 2008). Both represent the need to increase the care, services, and delivery of survivorship programs tailored to older adults diagnosed with cancer. These trends also increase the demands for oncology nurses to maintain an appropriate level of professional competency in the practice and science of geriatric oncology and cancer survivorship. To establish expertise in those specialties, oncology nurses must commit to ongoing professional development and lifelong learning.

Oncology nurses have met the challenges of changing paradigms in patient care before, as demonstrated by their leadership in advancing the care and science of cancer pain management. In that paradigm shift, nurses played a vital role in transforming clinical practice to include assessment of pain as a standard of care; developing evidence-based practice guidelines; ensuring increased content on pain management in nursing curricula and professional development programs; and advocating for institutional, regulatory, and national policy changes. The authors call for a systematic and evidence-based approach, similar to the pain management movement, to provide survivorship cancer care specifically designed for adults aged 65 years and older. Expanding the current general model of survivorship care to include a specialty on older adult survivor care would contribute to a better quality of life for the nation’s aging survivors.

Aging Cancer Survivors

The increase in older adult cancer survivors is another demographic change that will affect oncology nursing practice. More than 12 million survivors are living in the United States, with at least 50% aged 65 years or older (American Cancer Society, 2012). Factors contributing to the increase in older cancer survivors include advances in oncology care that prolong longevity and increased awareness and participation in the prevention and early detection of chronic diseases.
Because cancer is a disease of the aged, maintaining optimal physical function and psychological health is a major goal for survivors, their families, and their healthcare providers; however, physical and psychological functioning in aging survivors may be impaired by comorbid conditions (Bellizzi, Mustian, Palesh, & Diefenbach, 2008). The top five chronic diseases in more than 20% of adults include arthritis, diabetes, dementia, osteoporosis, and heart disease (American Geriatrics Society, 2012). Consequently, those conditions contribute to symptoms such as pain, urinary incontinence, cognitive impairment, depression, fatigue, and sleep disturbances (American Geriatrics Society, 2012). The combination of these symptoms may be particularly detrimental to an older adult survivor’s quality of life. To date, limited research has focused on the impact of long-term effects on older adult cancer survivors, which suggests that older adults are more likely to receive inadequate survivorship assessment, management, and care. The convergence of these demographic trends reflects the urgent need for oncology nurses to better understand the challenges of providing comprehensive cancer survivorship care to aging survivors.

Geriatric Survivorship Care

Oncology nurses were among the first group of healthcare professionals to recognize the special needs of older adult cancer survivors. In 1992, the Oncology Nursing Society (ONS), in collaboration with the Geriatric Oncology Consortium, provided one of the first road maps for the care of older adult patients with cancer (Boyle et al., 1992). The seminal position paper outlined 10 position statements to improve the care of older adults with cancer (see Figure 1). In addition, it proposed detailed recommendations for the ONS leadership structure to promote optimal cancer care for older adults. Several of the statements also were addressed in recommendations in the Institute of Medicine’s report From Cancer Patient to Cancer Survivor: Lost in Transition (Hewitt, Greenfield, & Stovall, 2005).

An increasing number of articles related to older adult survivorship care are emerging in peer-reviewed nursing journals, but more are needed. Examples of topics addressed in these publications have included the need for geron-oncology nursing research (Boyle, 2003; Kagan, 2004) and integration of a cancer-specific geriatric assessment into survivorship care (Economou, Hurria, & Grant, 2012). ONS continues to recognize the need for specialized care of older adult patients with cancer and survivors, as evidenced by the 2007 revision of the position paper (Oncology Nursing Society & Geriatric Oncology Consortium, 2007) and the identification of survivorship care as a priority topic in the ONS Research Agenda for 2009–2013 (Berger, 2008). In addition, ONS developed and conducted a Web-based survey of its members to assess needs and practices related to the state of cancer survivorship care (Irwin, Klemp, Glennon, & Frazier, 2011). The results indicated a “need for education to enhance the knowledge and skills of nurses who will provide survivorship care” (Irwin et al., 2011, p. E11). However, because all nurses will care for older cancer survivors during their career, regardless of their specialty, the next step for the profession is to identify the best methods for educating nurses about the care of aging survivors.

Call to Action

Cancer survivors are increasing in number, thus increasing the likelihood that nurses will be called on to care for a survivor. Oncology nurses are the group of healthcare providers being called on by the public, patients, and colleagues to provide leadership, consultation, and education in this area. What’s more, oncology nurses are well positioned to lead “innovative practice change in the specialty of oncology nursing through evidence-based practice, research, quality improvement, and education” (Oncology Nursing Society, 2012, p. 127). Caring for older adults is challenging because of physiologic changes and the increased presence of comorbid conditions. The combination of these nuances, coupled with the complexity of cancer, calls for oncology nurses to achieve professional competency in developing specialties such as gerontologic and survivorship care. Nurses also need professional resources that reflect evidence-based nursing care in those specialty areas. For example, standards of practice for survivorship care of older adults, guidelines on the role of survivorship care plans in clinical practice, and continuing education programs and academic curricula focusing on geriatric survivorship care all would be helpful.

The authors believe the demand for specialized care of older adult cancer survivors can be met if every nurse makes a commitment to better understand the unpredictable impact of the survivorship experience on older adults with cancer. They call on all nurses, regardless of their nursing role, educational preparation, or years of experience, to stop for a moment and reflect on the question, “Do I have the professional competencies to provide safe and optimal nursing care to an older adult cancer survivor?”

It is imperative that oncology nurses
• Recognize personal biases toward aging and the elderly that may interfere with the delivery of quality nursing care.
• Advocate for cancer prevention and early detection activities.
• Acknowledge the dynamic and complex interrelationships between cancer and aging that affect cancer nursing care.
• Intervene to prevent or minimize the unique age-specific sequelae of cancer and its management.
• Integrate comprehensive gerontologic assessment into the nursing care of older adults.
• Assess the availability and capability of the support networks of elderly patients and their significant others.
• Increase communication with colleagues about older adults with cancer to enhance problem solving in a variety of settings and at different points along the cancer continuum.
• Consider age-related factors that affect learning and performance of self-care activities related to the cancer experience.
• Maximize their advocacy role in ethical decision making relative to quality of life of elderly people with cancer.
• Recognize the effects of healthcare policy on the nursing care of older adults who have or who are at risk for cancer.

FIGURE 1. Original 1992 Oncology Nursing Society Position Statements

References


