A Research Agenda for Gero-Oncology Nursing

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Objectives: *The global challenge of accessible, affordable cancer care for all older adults requires a new research agenda for gero-oncology nursing to guide investigator skill development, identify priority areas for investigation, and direct resource distribution.*

Data Sources: *Published peer-reviewed literature and web-based resources.*

Conclusion: *A cross-cutting theme of the research agenda is the need to determine the gero-oncology nursing care that will preserve economic resources, promote function, provide symptom management, and incorporate patient preferences.*

Implications for Nursing Practice: *In partnership with interprofessional colleagues, gero-oncology nurse scientists are poised to conduct global research that improves access to quality cancer care.*

Key Words: *Global health, frail elderly, comprehensive geriatric assessment, nursing research, aged, oncology nursing.*

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Accessible, affordable cancer care is a fundamental component of high-quality cancer care.[1] The challenge of providing accessible, affordable care will increase with the global aging of the population. Currently, more than 60% of total annual cancer cases occur in Africa, Asia, and Central and South America, and account for 70% of the world's cancer deaths.[2] It is expected that the burden of cancer will continue to shift to less developed countries because of the growth and aging of the population and the increasing prevalence of known risk factors of such as tobacco, overweight/obesity, and physical inactivity.

The challenge of providing accessible, affordable care is heightened by other fundamental population shifts. Driven by conflict, climate change, and rural economic failures, large numbers of the world population are migrating, in hopes of better futures. A disproportionate share of the migrating

population has settled into urban slums that lack basic services.[3] A number of these migrants are older adults who are unable to obtain health insurance coverage in their newly adopted countries.[4,5] Moreover, the developed countries face challenges in providing accessible, affordable care because of the growing cancer burden from an ageing population and the rising expense of treatment technologies.[6]

The global challenge of accessible, affordable cancer care for all older adults mandates a new research agenda for gero-oncology nursing to guide investigator skill development, priority realms for investigation, and resource distribution. With their combined knowledge from the cross-disciplines of gerontology and oncology, gero-oncology nurse scientists are prepared to meet this challenge. Beginning with Florence Nightingale's observational research, nurse scientists have continued to confront and solve global challenges. Gero-oncology nurses must work together with their interprofessional colleagues to meet and solve the global challenge of access to quality cancer care for older adults.

The purpose of this article is to advance this work by presenting an international research agenda to improve access to cancer care for older adults, addressing the main components of the experience of the older adult with cancer: Early detection, treatment, cancer survivorship, pain and palliative care, and care givers. The research agenda is guided by a proposition, based on the Andersen Behavioral Model of Health Services Research,[7] that the interaction of individual, provider, and system factors facilitate or block access to cancer care (see Table 1).[8] The literature is examined in the context of this framework, providing comparisons between developed and developing countries. Based on the examination of the literature, gero-oncology nursing research opportunities are presented at the end of each section.

TABLE 1.
Facilitators and Barriers to Access to High Quality Cancer Care

- Individual factors: gender, social, psychological, physical, behavioral, spiritual, race, socio-economic status, and insurance
- Environmental factors: system, resources, and economics
- Provider factors: pain medicine, allied health services, complementary services, primary care providers, provider training, physicians
- Communication factors: incomplete communication, impaired communication, and communication of results

Early Detection of Cancer

Early detection and screening practices facilitate discovery of either asymptomatic or early stage cancers, when treatment is more effective and cure is more possible. Early detection and screening practices are not perfect. Cancers can be missed. Some early stage cancers may still have a poor prognosis. Moreover, some screening tests may result in false-positive results, leading to unnecessary treatment. Nevertheless, evidence supports that early detection and screening practices can impact population health.[9]

The availability and use of early detection and screening varies between the developed and the developing countries. For example, in the United States, 72.4% of women overall followed screening recommendations of a mammogram every 2 years.[10] In South Africa, only 10.5% of women underwent a mammogram within a 3-year period.[11] Consequently, in the US, the 5-year survival rate for women with breast cancer is 89%; whereas, in South Africa, the 5-year survival rate for women with breast cancer is 53%.[12] Colorectal cancer, also associated with age, is another cancer in which access to early detection and screening may improve survival. The highest incidence rates are in Australia/New Zealand, Europe, and Northern America. Rates are low in Africa and South-Central Asia. Mortality rates are declining in a large number of countries, likely because of colorectal screening, improved lifestyles that decrease risk factors of unhealthy diet, obesity, smoking, and improved treatments. In contrast, mortality rates are increasing in countries in South America and Eastern Europe.[9]

Within developed countries, early detection and screening practices vary depending on the resources available within the community. To combat inequality of early detection and screening practices in the US, providers and key stakeholders developed a patient navigation intervention.[13] This intervention addresses payment barriers, provides patient support, and implements proactive patient representation.[14] Research has shown that a free cancer screening program can improve early detection of breast cancer among women without resources.[14]

Individual, provider, and system factors contribute to the percent proportion of the population