
MODELS OF CARE IN GERIATRIC ONCOLOGY NURSING

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OBJECTIVES: *To review models of care for older adults with cancer, with a focus on the role of the oncology nurse in geriatric oncology care. International exemplars of geriatric oncology nursing care are discussed.*

DATA SOURCE: *Published peer reviewed literature, Web-based resources, professional society materials, and the authors' experience.*

CONCLUSION: *Nursing care for older patients with cancer is complex and requires integrating knowledge from multiple disciplines that blend the sciences of geriatrics, oncology, and nursing, and which recognizes the dimensions of quality of life.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses can benefit from learning key skills of comprehensive geriatric screening and assessment to improve the care they provide for older adults with cancer.*

KEY WORDS: *Geriatric oncology, nursing, models of care.*

The challenge of caring for older people with cancer is the complexity of assessing and understanding the inter-related physiological and psychosocial aspects of their responses to the diagnosis of cancer and its treatment.¹ The proportion of cancer patients more than 65 years of age is currently 60% in developed countries² and is expected to rise markedly

in coming decades. Thus, it is timely to consider how nurses can optimize the outcomes of older people with cancer. Geriatrics and oncology, however, often tend to function as completely separate disciplines. Ideally, geriatric oncology nursing merges the art and science of geriatric nursing with the art and science of oncology nursing, while stressing the importance of quality-of-life concerns and function. For example, geriatric nursing aims to maximize independence by assessing and addressing key areas in which older adults can develop deficits. In contrast, oncology nursing embraces a holistic approach by providing care through the cancer continuum from prevention, early detection, treatment, and palliative care, with a focus on symptom and disease management.

As shown in Figure 1, however, geriatric and oncology nursing have commonalities that enable collaboration to occur. Both fields of nursing value patient participation in care, patient goals, and quality of life and function. The oncology nurse in this model is responsible for the coordination of care.

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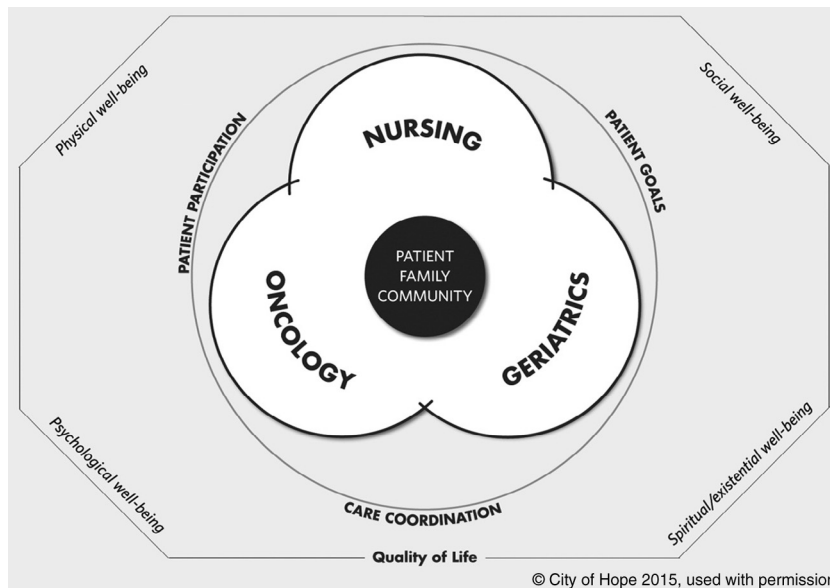


FIGURE 1. Proposed model for geriatric oncology nursing.³⁻⁶

Figure 1 illustrates the components of geriatric oncology nursing care, which extends beyond the traditional medical management of illness and includes assessment and management of the physical, cognitive, affective, social, spiritual, and environmental areas of care in which nurses excel.³⁻⁸

The role of geriatrics in oncology nursing is not widely recognized. For example, a survey of US oncology nurses indicated that the geriatric knowledge levels of nurses working in a comprehensive cancer center was less than that of nurses working in a general population.⁹ The aim of this article is to discuss aspects of the nursing care of older adults with cancer, with a focus on the potential role of the oncology nurse in comprehensive geriatric assessment (CGA) and comprehensive geriatric care teams. International exemplars of models from France, the United States, and Australia, which use CGA in different ways in cancer care, are also discussed. The article concludes with a discussion of recommended guidelines for geriatric oncology practice that nurses in this field might find useful.

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The role of nurses in geriatric cancer care is predicated on the precise needs of the health service and its patients, and the personnel and material sources that are available. These roles can be roughly categorized into models of care that are driven by CGAs and those driven by geriatric

resource nurses (GRNs). Broadly speaking, models driven by CGA use the input of a geriatric specialist. For example, older adults with cancer could be admitted to a specialized unit under the supervision of nurses and other members of the multidisciplinary team with geriatric expertise. This model of care includes the Geriatric Evaluation and Management Unit,¹⁰ which includes both acute care and inpatient rehabilitation care programs. Another example is an Oncology Acute Care for Elders Unit,¹¹ in which nurses screen for geriatric-specific problems and intervene as applicable.

Another approach to care for the older adult patient involves a GRN who functions as an expert geriatric nurse and serves as a role model in clinical areas where older people with cancer receive care.¹² The concept of the GRN was initially developed by the program Nurses Improving Care for Health System Elders (NICHE). Information about this program is available on their Website.¹³ NICHE is a program that was designed for hospitals and institutions to improve the care of older adults. The program is used primarily in the US and Canada, with limited expansion to other countries such as Singapore and Bermuda.¹³ GRNs work in collaboration with a multidisciplinary geriatric consultation team if one is present.¹⁴ The GRN model is acknowledged as an effective method of integrating high-quality evidence-based geriatric nursing into the clinical practice of caring for older persons.¹⁵⁻¹⁶ An organization can become NICHE-designated by participating in the NICHE Leadership Training Program and developing a plan

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