The Future of Gero-Oncology Nursing

Sarah H. Kagan

Objectives: *To project the future of gero-oncology nursing as a distinct specialty, framed between analysis of current challenges and explication of prospective solutions.*

Data sources: *Peer-reviewed literature, policy directives, web-based resources, and author expertise.*

Conclusion: *Oncology nursing faces several challenges in meeting the needs of older people living with cancer. Realigning cancer nursing education, practice, and research to match demographic and epidemiological realities mandates redesign. Viewing geriatric oncology as an optional sub-specialty limits oncology nursing, where older people represent the majority of oncology patients and cancer survivors. The future of gero-oncology nursing lies in transforming oncology nursing itself.*

Implications for Nursing Practice: *Specific goals to achieve transformation of oncology nursing into gero-oncology nursing include assuring integrated foundational aging and cancer content across entry-level nursing curricula; assuring a gero-competent oncology nursing workforce with integrated continuing education; developing gero-oncology nurse specialists in advanced practice roles; and cultivating nurse leadership in geriatric oncology program development and administration along with expanding the scope and sophistication of gero-oncology nursing science.*

Key Words: *older adult, older people, geriatric oncology, gero-oncology nursing.*

The future of gero-oncology nursing lies in recognition of demographics and epidemiological realities with commensurate redesign of nursing science, education, and clinical practice. Nurse scientists and leaders widely acknowledge, as do the authors of this issue of *Seminars in Oncology Nursing*, multiple scientific and clinical implications of rapidly evolving demographic and epidemiological changes altering the shape of cancer today.[1] Similarly, many cite statistics reflecting associations between age and cancer[2,3] in arguing the significance of a specific study. As a result, there is a growing body of nursing science addressing cancer in older people. However, similar developments in education and practice are less easily observed. Thus, as Bond, Bryant, and Puts note,[4] oncology nurses are today inadequately prepared to fully address the needs of older people living with cancer. Many authors

University of Pennsylvania School of Nursing, Philadelphia, PA

University of Pennsylvania School of Nursing, 418 Curie Boulevard, Philadelphia, PA 19104-4217. E-mail: skagan@nursing.upenn.edu

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– those contributing to this issue foremost among them – outline particular focal implications to shape future goals in practice, education, and science. Nonetheless, the larger questions of how to shift the larger oncology nursing paradigm to attain adequate preparation for the demographic and epidemiological challenge of aging and cancer, and to specifically insure that oncology nursing fully attends to the needs of our aging societies, remain essentially unanswered.

This article projects the future of gero-oncology nursing at a time when the United States and many other societies around the world are on the cusp of moving from an aging population to one that is demographically aged and far more in need of nursing care.[1,5,6] This global sociodemographic evolution is the impetus for a range of social phenomena, from redefining the influence of old age in public media to social discourse on provision of care for aged populations.[7,8] To achieve the aim of capturing the future of gero-oncology nursing, current challenges are synthesized from analysis of contemporary literature and policy directives. These challenges are balanced against formulation of innovation solutions. The article concludes with a strategic agenda for developing gero-oncology nursing.

Challenges

Cancer Care in Aging Societies

Nursing, as it is situated in the larger context of health care, both responds to and shapes the broader system of care. The American health care system, such as it is, like those systems in most high-income or developed nations, evolved to focus on acute illness and injury.[9] Many aspects of health care including cancer care developed during a time where frailty, multimorbidity, and chronic conditions that characterize old age were only nominally considered.[10] As a result, most health care infrastructure and care processes, while generally suited to meeting the needs of younger people, are far less well matched to the needs of elders.[10,11] The current system of cancer care reflects the youth-centrism of health care most broadly and is described as a system in crisis in the landmark report "Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis" from the Institute of Medicine.[12] In its present form, cancer care is often incommodious for older people and poorly suited to the needs of frail multi-morbid elders. Furthermore, advances in cancer care (for example, advanced diagnostics and personalized therapies) now result in unparalleled levels of information and complexity, overwhelming patients of any age while limiting successful access and navigation.[12]

Nursing – and oncology nursing specifically – manifest the general approach of the larger health care system. Primary emphasis is placed on acute care with a focus on specialty care for people diagnosed with diseases like cancer, regardless of whether those diagnoses are comorbid with other conditions.[11] Episodic health care encounters are accepted or even expected as part of specialty care. Nursing education and practice alike tend to echo acute care centric specialty health care. Hence, in oncology nursing, premiums are placed on inpatient oncology practice along with disease-specific and even treatment-specific subspecialties in both generalist and advanced practice.

Entry level nursing curricula situate the discipline of nursing in health care systems, integrating clinical content ostensibly representing current health care priorities. Particular pathophysiology, expected treatment, and resultant nursing care are commonly explored in exploration of varied conditions, including cancer. Etiologic context and sociodemographic mandates are sometimes difficult to trace. Without doubt, much entry-level nursing education now includes some content on aging and care of older people, though such content is not well delimited or universally required.[13,14] Likewise, these nursing curricula include some content on cancer and oncology nursing.[15] Nonetheless, content on aging content and on cancer, where the topics are taught, are almost always presented separately. Whether in entry-level or continuing education, this pedagogical approach of isolating the topics echoes placement of cancer care for older people. Within often fragmented health care delivery, specialty foci predominate and insular care processes frequently occur. Comprehending the needs for integrated care commonly found among often multimorbid elders is then difficult for new and practicing nurses to appreciate. As a result, oncology nurses are often not gero-competent, possessing sufficient particular knowledge and skill necessary to care for older people. Most oncology nurses, while commonly not being gero-competent, are still required to provide care to older patients (albeit with little specific nursing science and few particularized best practices to guide them).

All health professions, and not nursing alone, lag in preparation to meet the needs of aging