## Improving Nurses' Knowledge About Older Adults With Cancer

Peggy S. Burhenn, MS, RN, CNS, AOCNS<sup>®</sup>, Betty Ferrell, PhD, MA, FAAN, FPCN, Shirley Johnson, RN, MS, MBA, and Arti Hurria, MD

Burhenn is a professional practice leader, Ferrell is a professor and director of the Division of Nursing Research and Education, Johnson is a chief nurse and patient care services officer, and Hurria is director of the Cancer and Aging Research Program, all at City of Hope in Duarte, CA.

No financial relationships to disclose.

All authors contributed to the conceptualization and design and manuscript preparation. Burhenn completed the data collection. All authors provided the statistical support and analysis.

Burhenn can be reached at pburhenn@ coh.org, with copy to editor at ONFEditor@ ons.org.

Submitted June 2015. Accepted for publication September 17, 2015.

Key words: geriatric oncology; education; needs assessment; aged; nursing care

ONF, 43(4), 497-504.

doi: 10.1188/16.0NF.497-504

**Purpose/Objectives:** To assess nurses' knowledge, attitudes, and perceptions of caring for older adults and to use that assessment data to develop a training program to improve skills in caring for older adults with cancer.

**Design:** Survey of oncology nursing staff conducted pre- and posteducation regarding geriatric care.

Setting: City of Hope, a comprehensive cancer center in southern California.

Sample: 422 (baseline) and 375 (postintervention) nursing staff in adult care areas.

**Methods:** The primary endpoint was the difference between baseline and postintervention knowledge. Secondary endpoints included differences in attitudes and perceptions of caring for older adults in an oncology setting. A two-sample t test was performed to compare the mean results between baseline and follow-up surveys.

Main Research Variables: Knowledge, attitudes, and perceptions of caring for older adults.

**Findings:** Survey comparisons from baseline to postintervention demonstrated statistically significant increases in nurses' knowledge of geriatric care after the implementation of an educational program targeted at oncology nurses. Nurses' attitudes remained the same pre- versus posteducation. A significant change reflecting a better perception was noted in the burden of behavioral problems; however, a worsening was noted in disagreements among staff; disagreements involving staff, patients, and families; and limited access to geriatric services. Both surveys highlighted the need to provide more education for staff about geriatric care issues and to make available more geriatric-specific resources.

**Conclusions:** Knowledge about caring for older adults is needed for oncology nurses, and a geriatric education program for oncology nurses can result in improved knowledge in a variety of domains. Surveying staff highlighted the positive attitude of nurses toward caring for older adults at the study institution. The use of this survey identified key issues facing older adults and ways to improve care.

**Implications for Nursing:** Additional knowledge about caring for older adults for oncology nurses and assistive staff is needed to prepare for the increasing population of older adults with cancer. Continuous learning is key to professional development, and more research is needed on how to best continue to integrate knowledge of geriatric concepts into oncology care.

ife expectancy in the United States is increasing, and the number of baby boomers aged 65 years and older is expected to almost double, to 70 million or 20% of the U.S. population, by the year 2030 (Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine [HMD], 2008). The risk of developing cancer increases with age (Jemal et al., 2008), and data from the Surveillance, Epidemiology, and End Results database demonstrate that 57% of patients with cancer are aged 65 years and older (National Cancer Institute, n.d.). Because of the aging U.S. population and the association of cancer with aging, this number is estimated to grow to almost 70% by 2030 (Smith, Smith, Hurria, Hortobagyi, & Buchholz, 2009). In contrast, a relatively modest