Cancer Care From the Perspectives of Older Women

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Purpose/Objectives: To understand how older age affects cancer care, from the perspectives of older women.

Research Approach: Qualitative, participatory.

Setting: Urban southern region of Ontario, Canada.

Participants: Purposive sample (age groups and income) of 15 women diagnosed with cancer at age 70 or older; 10 women were diagnosed with breast cancer, 5 with gynecologic cancer.

Methodologic Approach: Two face-to-face interviews, with data analysis in collaboration with the project team based on constructivist grounded theory, including negative case analysis.

Main Research Variables: Age, experience of cancer care.

Findings: Age-related life and health circumstances intersect with professional practice and wider social contexts and are implicated in treatment decision making, including decisions against treatment, as well as in the day-to-day “getting around” that cancer care requires.

Conclusions: The nursing history should be holistic in scope, attending to the supportive care domains to elicit older women’s physical, social, practical, informational, psychological, and spiritual needs after a diagnosis of cancer. History taking should draw forward older women’s life contexts and examine these contexts in relation to cancer care, including treatment decision making.

Interpretation: Individual-level care and systems advocacy are required to ensure that older women’s worries about sustaining independence, including worries generated by inadequacies in home-based care, do not act as determinants of treatment choices.

The effect of age on patterns of cancer care and treatment is a subject of considerable debate. Controversy abounds, for instance, regarding appropriate medical investigation and treatment for older people (Balducci, 2001; Lickley, 1997; Turner, Haward, Mulley, & Selby, 1999; Yarbrough, 2004). Some investigators have characterized older patients’ generally more conservative treatment as “less than ideal” (Wanebo et al., 1997). Silliman (2003) explicitly linked patients’ generally more conservative treatment as “less than...