Aging is a multidimensional process for older adults. A life course approach toward aging enables nurses to see older adults as unique individuals who continue to grow and develop throughout life and to understand that current choices and decisions also are shaped by life experience (Binstock, 2006). Health is critical in aging. If incident rates remain stable, the total number of cancer cases is expected to double by 2050 because of an aging population (Yancik, 2005). Improvements in screening, diagnosis, and treatment have led to greater numbers of cancer survivors. However, most cancer deaths still occur in older adults. The median age of patients with cancer at time of death, across gender and tumor types, ranges from 71–77 years (Yancik). In 2004, the National Institutes of Health (NIH) recommended the development of end-of-life conceptual models to increase scientific rigor and improve evaluation of outcomes in research. Valid conceptual models are needed on which to base healthcare practices and research specific to the complex needs of the older adult with cancer near the end of life. The purpose of the current study was to test an adapted end-of-life conceptual model of the geriatric cancer experience and provide evidence for the validity and reliability of the model for use in practice and research.

**Background**

**Geriatric Cancer Experience**

Aging shapes patients’ cancer experiences. Older adults with cancer have older organ systems, decreased immune function, and comorbid conditions. They also undergo the pharmacologic interventions associated with those issues. Geriatric syndromes and uncontrolled or poorly managed comorbid conditions affect cancer treatment choices and outcomes (Balducci & Beghe, 2000; Balducci & Extermann, 2000; Rao & Cohen, 2004). Functional status is a strong predictor of morbidity and mortality in older adults with cancer (Hurria et al.; Lachs, Cohen, Muss, & Kornblith, 2006). Psychologically, older adult patients with cancer are at risk for depression, with a prevalence range of 17%–25%. Separating the symptoms associated with cancer from those of depression and making a definitive diagnosis is a challenge to healthcare providers (Hurria et al.; Rao & Cohen).

Spiritually, older adults express a need to practice their faith but often are limited by energy levels or social isolation. Religious beliefs and spiritual practices promote coping for patients with cancer at the end stage of their lives. Patients who use positive religious coping strategies such as forgiveness, direction, helping, seeking support of clergy, surrender, having a benevolent view of religion, and connecting report lower levels of...