

Gero-Oncology Nursing Research

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Purpose/Objectives: To analyze the development of gero-oncology research through a critical review of nursing and other relevant research as well as the present state of practice.

Data Sources: Journal articles, book chapters, and personal experience.

Data Synthesis: Cancer in older adults is viewed through two investigative perspectives. The assumptions, questions, theoretical frames, and research design that follow from these investigative perspectives do not adequately meet the need to examine the interplay of responses to aging, cancer, and nursing practice. The mismatch of need, knowledge, and resources marks older adults with cancer as a special population in need of far more sophisticated research. With the synthesis of a new perspective, gero-oncology nursing research becomes age focused, more precisely shaping theoretical, methodologic, and analytic approaches.

Conclusions: Uniform attachment of chronologic age or other simple age-related variables to investigations, which is the primary consideration of age-related research, is irrelevant for older adults who are diagnosed with, treated for, live with, survive, and die from cancer. Shaping the next phase of gero-oncology research with a focus on age precisely integrates theoretical, methodologic, and analytic approaches through language specific to older adults and cancer.

Implications for Nursing: Shifting perspectives in gero-oncology nursing research will better inform future practice.

The volume and sophistication of research in cancer and aging within nursing and across disciplines are incongruent with the demographics of aging and the epidemiology of cancer. Examination of the general perspectives through which this research is conducted illuminates that incongruence. Cancer in older adults commonly is viewed through two investigative perspectives. First and most often, cancer and old age are seen as distinct variables. Cancer and age are linked but are not integrated in theoretical frameworks or research design. Studies stemming from this perspective use an age-related variable. This most often is the simple measure of chronologic age in years. This variable influences study design, sample selection, and findings emphasizing the age analysis of dependent variables. Findings are age related and categorized by chronologic age.

Second, cancer and old age are recognized as inextricably linked and redundant. The relationship is represented in the oxymoron: "If almost everyone who has cancer is old, then we study old age when we study cancer." The assumptions, theoretical frames, questions, and research design that stem from this perspective nominally include age and make little of age-related differences. This stance fails to recognize the unique interplay of responses to aging and cancer and the care needs for the increasing number of older adults at risk for or living with cancer. Ultimately, the research emerging from each of these perspectives largely avoids the critical need for specialty

Key Points . . .

- Cancer disproportionately affects older adults.
- Cancer nursing research has inadequately addressed the needs of older adults.
- Shifting perspectives on research in aging and cancer are necessary to meet the needs of our aging society.

research and care in aging and cancer. Both prominent perspectives are unable to guide age-focused research in cancer that reflects the complexity and chronicity of aging and cancer in nursing. Age-focused research addresses the need for specialty knowledge and the crisis of care for older adults with cancer without trailing the recognized problem with investigations that are limited in scope and utility.

This article argues that nursing and interdisciplinary research in aging and cancer require a shift in perspectives to meet the demands of a rapidly aging society and the burgeoning epidemiology and age demographic of cancer. Current and emerging perspectives for investigation are analyzed by outlining two phases of development. The first phase defines the specialty area of cancer and aging research. The second phase moves beyond the definition and sketches an opportunity to build the language of gero-oncology as a fundamental tool for successful age-focused research. To conclude the article, the new language of gero-oncology is contrasted with standard language and concepts in cancer research to discuss new models for investigation.

Significance

Older adults incur more than 60% of cancers diagnosed and almost 70% of cancer deaths as well as an inestimable proportion of the actual cancer care delivered across the United States (Balducci, 2000b; Campisi, 2000; Yancik & Ries, 2000). Cancer and aging represent a complicated intersection of cancer biology, senescence, cancer treatment, and myriad responses at emotional, psychological, behavioral, and spiritual levels

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Digital Object Identifier: 10.1188/04.ONF.293-299