Review of Contemporary Philosophy
ISSN: 1841-5261, e-ISSN: 2471-089X
Vol 22 (1), 2023
Pp 767 - 779

Role of Nurses in Managing Comorbidities in Geriatric Populations

[1] Jassim Mohammad Alshammari, [2] Ohood Shoey Mohammed Ati,[3] Amal Atallh Bakhit Alanazi,[4] Moribah Mohammed Alenezi,[5] Ahmed Mohammed Bin Yahya Sallam,[6] Esam Rezgullah Omar Megdad,[7] Fatima Saad Saqr Al-Dosari,[8] Naif Gobishan Alsuhaymi,[9] Zahi Foriaan Al Anazi,[10] Eshraq Awad Aljohany,[11] Nouf Rabeh Almohammadi,[12] Reem Mutlaq Alanazi,[13] Sara Dhahawi Alruwaili,[14] Samaher Mesfer Mohammed Al Dossry ,[15] Nouf Abdullah Salem Alnawaf

[1]Ksa , ministry of health ,Erada and Mental Health Hospital

[2]Ksa , ministry of health ,Jizan

[3]Ksa , ministry of health ,Riyadh Health Cluster II

[4]Ksa , ministry of health ,Riyadh First Health Complex

[5]Ksa , ministry of health ,Irada Hospital for Mental Health in Jazan

[6]Ksa , ministry of health ,rada Hospital for Mental Health in Jazan

[7]Ksa , ministry of health , Mansoura Health Center

[8]Ksa , ministry of health , King salman bin abdulaziz medical city.

[9]Ksa , ministry of health ,General Medical Authority

[10]Ksa , ministry of health ,General Medical Authority

[11]Ksa , ministry of health , Aljafur primary health care

[12]Ksa , ministry of health , General Medical Authority

[13]Ksa , ministry of health , King fahad Primari health care center Second health cluster Riyadh

[14] Ksa , ministry of health ,Al Jazeerah Health center

[15]Ksa , ministry of health

Abstract

Background: To successfully manage comorbidities and treatment choices, a comprehensive strategy is required due to the rising incidence of cancer in the senior population. Nurses are essential in managing the challenges of older cancer patients, such as frailty, comorbidities, and polypharmacy, to guarantee optimum care and treatment results.

Methods: A systematic study on the role of oncology nurses in helping older cancer patients make treatment decisions was carried out using databases such as CINAHL, PubMed, and PsycINFO. The search technique included important phrases pertinent to decision-making, elderly individuals, cancer, and nursing. Research using geriatric

evaluations and collaborative decision-making frameworks was examined to evaluate the influence of nurse-led interventions on treatment results.

Results: The analysis showed that nurses play a major role in helping older cancer patients make individualized treatment choices by using geriatric evaluations and good communication. Nurse-led interventions, including full geriatric evaluations, enabled personalized treatment regimens, leading to enhanced outcomes, decreased hospitalizations, and diminished postoperative complications. The role of nurses in delivering accessible information and promoting collaborative decision-making is crucial for achieving patient-centered care.

Conclusion: In order to improve care coordination, treatment results, and patient autonomy, nurses must be included in the treatment decision-making process for older cancer patients. Nurses can meet the specific requirements of older persons with cancer by using geriatric evaluations and effective communication skills, therefore facilitating better informed and tailored treatment choices.

Keywords: Geriatric evaluations, Collaborative decision-making, Oncology nursing professionals, Elderly cancer patients, Treatment choices

Received: 16 october 2023 **Revised:** 29 November 2023 **Accepted:** 13 December 2023

1. Introduction

The aging population has significantly led to a rise in the incidence of new cancer cases globally [1]. The anticipated worldwide cancer burden in 2040 is projected to reach 28.4 million cases, representing a 47% increase from 2020. The incidence of new cancer cases in older individuals (aged 65 and above) is projected to double by 2035, reaching 14 million. Age constitutes a risk factor for cancer owing to the prolonged duration of carcinogenesis, the susceptibility of aging tissues to environmental carcinogens, and several physiological alterations that promote the onset and proliferation of cancer [2].

Healthcare practitioners (HCPs) treating elderly patients with cancer encounter several problems. Older persons with cancer often exhibit age-related frailty, comorbidities, and polypharmacy, which complicate cancer diagnosis and provide ambiguity in treatment objectives and results. The participation of caregivers and other significant individuals in decision-making influences the form and process of decisions [3,4]. Clinical practice guidelines for elderly cancer patients urge the proper use of proven and standardized clinical assessment tools and decision-making models for this susceptible and widespread demographic group [5]. Over 50% of elderly individuals with advanced disease endure significant damage during the first three months of treatment. Assessing the values and preferences of older persons with cancer is essential for informed treatment decision-making for the management of cancer drug-related side effects and quality of life [6].

Recent research indicates that geriatric assessments (GAs) are effective in evaluating and managing the vulnerability of older persons with cancer and facilitate shared decision-making (SDM) for treatment and interventions among patients, caregivers, and

oncologists. Nurses are at the forefront of providing care for cancer patients, especially in this new age of shared decision-making. Advanced nurse practitioners are essential in identifying and implementing the preferences of cancer patients [7-10]. The nursing position in cancer-shared decision-making is complex and requires adaptability [11-13]. Despite discussions on the significance of nurses' duties, there is a deficiency in the synthesis of their involvement in the treatment decision-making process for older individuals with cancer and its implications. This systematic review investigated the current responsibilities of oncology nurses in the cancer treatment decision-making process for older persons with cancer.

2. Methodology

This study was undertaken by a thorough search of three databases: CINAHL, PubMed (via MEDLINE), and PsycINFO. Manual examinations of reference lists and gray literature were conducted to locate pertinent papers. Searches were restricted to items published in English. A comprehensive array of essential search phrases derived from the MeSH (Medical Subject Headings) categories of “decision making,” “older adults,” “cancer,” and “nurse” was used.

3. Precise Genetic Algorithms

The oncology nurse is crucial in evaluating the variables influencing the cancer treatment decision-making process by effectively using GAs in elderly cancer patients. Festen et al. [14] performed a retrospective study on the results of nurse-led GAs and patient preference evaluations; they discovered that nurse-led GAs might facilitate the customization of treatment choices according to the patient's frailty state and preferences, hence enhancing outcomes [15,16]. There was no notable difference in one-year mortality between the unaltered and modified groups (29.7% vs 26.1%, $p = 0.7$). The modified group had a notably reduced duration of hospitalization (median 5 days compared to 8.5 days, $p = 0.02$) and a lower incidence of grade II or higher postoperative complications (13.3% vs 35.5%, $p = 0.005$). Furthermore, two case studies highlighted the efficacy of advanced practice nurses.

Shahrokni et al. [17] documented extensive geriatric assessments and successful GA-based therapies conducted in the Geriatrics Service department of the Memorial Sloan Kettering Cancer Center. At this facility, geriatric nurse practitioners conducted geriatric assessments to detect geriatric syndromes, formulate patient referrals, and effectively communicate with patients, caregivers, oncologists, and primary care doctors [18,19]. In a similar vein, Strohschein et al. [20] performed a case study on an 89-year-old male with head and neck cancer. The authors determined that oncology nurses may recognize and treat age-related issues, enhance communication, and aid in individualized care by incorporating GA tools into their practice.

In all three trials, nurses conducted complete geriatric assessments in conjunction with a multidisciplinary team for cancer therapy [21-23]. Nurses performed thorough complete geriatric assessments by using standardized evaluation instruments for each domain, by

the geriatric domain framework. Assessments conducted by nurses resulted in prompt interventions, proactive follow-ups, alignment with patient objectives and values, and enhanced care coordination. Nevertheless, since GAs strive to customize treatment for individual patients and enhance results, more time is required for patient evaluations throughout the decision-making process [24,25]. Consequently, time might sometimes be a constraining element in the execution of GAs. Oncology nurses may enhance treatment planning and recovery in elderly patients by performing a precise geriatric assessment. A critical concern is the development of abilities necessary for the successful and efficient assessment of patients under time restrictions.

4. Supply of Accessible Information

Nurses facilitate the prompt dissemination of information in the therapeutic decision-making process, grounded on a trust-based relationship with the patient. A qualitative study indicated that nurses endeavored to mitigate physicians' deficiencies by offering patients supplementary information and discussion opportunities while striving to establish trusting relationships to ensure continuity of care and enhance access to support during treatment [26]. Nurses should prioritize establishing trustworthy connections with senior patients, since older persons may be hesitant to provide personal information. Moreover, relevant patient information is not always accessible throughout treatment decision-making. Nurses must consistently gather high-quality, accessible, and timely information on older adult patients, evaluating their everyday circumstances to facilitate educated treatment choices [21].

Studies on the attitudes of older persons with cancer have highlighted the significance of nurses' giving of information. A study conducted by Burton et al. [10] among older persons with breast cancer seeking information for treatment decision-making revealed that approximately 40% chose face-to-face discussions with a nurse as their primary source of information. Moreover, the majority of women said that a breast care nurse (45 out of 55, 82%) was the preferred individual for discussing their treatment options [10]. The findings underscore the significance of nurses in delivering information and guaranteeing that women have their desired level and quantity of information, along with their participation in treatment decision-making using decision-support tools.

Conversely, a qualitative study examining perceptions of treatment decisions among older adults with cancer revealed that most patients were content with their communication with oncologists, and none indicated that nurses contributed to or supported their treatment decision-making process [27]. Consequently, nurses must engage actively in decision-making processes to ensure their contribution is acknowledged by patients. Nurses may instruct patients on how to pursue evidence-based conversations about treatment alternatives and provide more knowledge on these options.

McWilliams et al. performed a qualitative investigation on treatment decision-making including older persons with cancer and dementia, their families, and healthcare professionals, including specialist nurses [11]. An essential motif was the proficient conveyance of clinically pertinent information, and the authors offered the following

recommendations: allocating more time with the patient, facilitating information exchange, and comprehending the alternatives for cancer therapy. Healthcare professionals may need to articulate slowly and repeat information several times to assist patients and their families in navigating therapeutic decision-making, while avoiding ambiguous explanations of side effects, convoluted information, and delays in communication. Shahrokni et al. [17] emphasize the need to foster good and efficient communication among oncologists, family doctors, geriatricians, and nurses, particularly for older patients and their families, to enhance decision-making for this demographic.

Training in communication skills is essential to facilitate the exchange of therapeutically relevant information. Shen et al. assessed a Communication Skills Training module for healthcare professionals by using a shared decision-making method in consultations with elderly cancer patients and their families [28]. The findings demonstrated a substantial impact of training on overall proficiency; healthcare professionals' self-efficacy in using communication skills pertinent to collaborative geriatric decision-making markedly improved from pre- to post-training. Effective communication that fosters genuine shared decision-making is particularly crucial when confronting significant treatment choices for older persons with cancer who may be experiencing cognitive deterioration [28].

Research on healthcare professionals' perspectives indicates that nurses who are trusted by patients contribute to treatment planning by delivering information promptly. Survey research about the perspectives of elderly cancer patients emphasized the significance of nurses delivering information, however, other studies indicated a lack of acknowledgment of the contributions or assistance offered by nurses in treatment planning. Nurses must actively participate in the decision-making process to inform patients of their role and to enhance and develop their communication skills.

5. Promotion of a cause

Oncology nurses are pivotal in fighting for the respect of the specific values and preferences of elderly cancer patients in their treatment choices. Bridges et al. conducted a study of physicians, including nurses, about the features of cancer treatment decision-making in elderly cancer patients, revealing that nurses significantly advocate for patient autonomy and the ability to make informed choices [10]. Oncology nurses participating in multidisciplinary teams concentrate on intricate patient-centered data, including comorbidities, psychosocial and supportive care requirements, and patient preferences, underscoring the significance of nurses' contributions in highlighting wider concerns throughout the meeting [11]. Nonetheless, nurses encounter challenges in delivering consistent input during multidisciplinary team meetings [13].

Conversely, Tariman et al. [23] examined the preferences of older adult patients recently diagnosed with symptomatic myeloma regarding their involvement in the decision-making process, revealing that the majority preferred to collaborate with their physicians or to make decisions independently. Consequently, doctors and nurse practitioners must provide comprehensive disclosure of treatment alternatives to their patients, enabling them to make informed decisions [23]. The authors emphasized the significance of the

following roles of oncology nurses in honoring and assisting individual patients with their preferences: (a) ensuring patients obtain information regarding their disease and treatment, (b) motivating patients to communicate their decisional role preferences to the physician, (c) fostering a culture of mutual respect and valuing the patient's autonomy in treatment decision-making, (d) recognizing the patient's right to make treatment choices, and (e) offering psychological support throughout the decision-making process, from diagnosis to end-of-life care. Due to the significant variability in patients' preferences for participation, which may hold personal significance for each individual, physicians and oncology nurses must ascertain the patient's preferences, investigate the true implications of participation for them, and support the patient's decision-making process [22].

The efficacy of decision aids (DAs) in extracting patient preferences and offering proactive assistance has been assessed. In research conducted by de Angst et al. [12], 60% of nurses used decision aids (DAs) to ascertain unique patient preferences, indicating that DAs may be advantageous in facilitating shared decision-making (SDM). Oncology nurses had a greater preference for DAs compared to oncologists. In research conducted by Jones et al. [18] including older persons with advanced prostate cancer and their decision partners, participants regarded decision aids as beneficial for treatment decision-making. Directors of Administration permitted previously unrecognized concerns to be identified, allowing a thorough examination and discussion with healthcare professionals. Facilitating comprehensive discussions between patients and decision partners, together with allocating sufficient time for these conversations, enhanced their comprehension and confidence in decision-making [29]. Moreover, DAs enhance the patient–HCP connection, fostering more patient-centered and effective dialogues [30].

Older persons diagnosed with cancer often have adult offspring or spouses participating in treatment choices [21,23]. Nurses must evaluate the influence of familial engagement and connections on decision-making processes while assisting the patient’s choices. Griffiths et al. emphasized the need for an evaluation that accounts for many elements and guarantees psychological well-being to assist patients in using their unique capabilities throughout the decision-making process [21]. Dijkman et al. investigated the perceptions of surgeons and nurses on the participation of adult offspring of elderly cancer patients in treatment decision-making [15]. The findings revealed that nurses employ six strategies to facilitate positive family engagement in treatment decision-making: prioritize the patient, recognize diverse viewpoints, include adult children, familiarize themselves with the family dynamics, ensure comprehension of information by the patient and family members, and encourage communication and discussion with adult children [13]. Involving families in treatment decision-making introduces particular complications and problems in discussions that need the creation and execution of effective patient- and family-centered solutions [15].

Research on healthcare professionals' perspectives indicates the need for nurses and doctors to comprehensively explain all treatment alternatives, therefore empowering

patients to make educated choices. The desired amount of engagement significantly differs across patients and may have individual consequences; hence, it is essential to consider the impact of familial involvement and connections on decision-making. Nurses must cultivate communication skills to facilitate patients' decision-making by identifying their information requirements and desired degree of involvement.

6. Discussion

This evaluation is distinctive in its emphasis on the involvement of nurses in the treatment choices for elderly cancer patients. Prior studies have shown doctors' perspectives on the decision-making process in cancer patients and the involvement of nurses [31-33]. This study uniquely incorporates data about the impact of GAs administered by nurses. Through the execution of GAs, nurses recognized geriatric syndromes, extracted patient preferences, and facilitated effective communication among patients, caregivers, and doctors. Current evidence indicates that customizing treatment options according to a patient's frailty level and preferences improves patient outcomes.

Nonetheless, temporal limitations for the execution of GAs were noted [21]. Consequently, for nurses to fulfill their anticipated role within a multidisciplinary team, they must attain proficiency in the efficient and successful execution of GAs. The capacity of oncology nurses to execute geriatric screening and assessment is contingent upon supplementary training, alongside the availability of time, place, and institutional backing to do these evaluations. Outlaw et al. presented a comprehensive review of geriatric oncology and emphasized current advancements in the use of GAs in cancer treatment [34]. Geriatric assessments are now advised for all older persons diagnosed with cancer, as per the guidelines from the American Society of Clinical Oncology, National Comprehensive Cancer Network, and International Society of Geriatric Oncology. Additional research is required to enhance comprehension and address the obstacles to the widespread deployment and use of GAs [34].

Despite the limited level of evidence, two case studies offered insights into the formulation of efficient and successful GA training programs for nurses, with the tailored use of GAs in older persons [11,17]. Festen et al. [14] have shown that the inclusion of nurse-led GAs in decision-making might enhance patient outcomes; therefore, further research should use prospective cohorts across varied cancer populations. Randomized controlled studies are essential to gather information about the impact of nurse-led GAs on decision-making.

Senior cancer patients often find the complexity and extensive amount of information about diagnosis and treatment overwhelming, impeding their access to necessary information [31,34]. This analysis elucidated that nurses are pivotal in discerning the informational requirements of elderly patients by evaluating their comprehension levels and facilitating their knowledge of the material. Numerous elderly cancer patients have confidence in their doctors and are content with the information provided; however, they

encounter inadequate communication throughout the treatment decision-making process and thereafter [35]. Patients have expressed concerns over oncologists' use of medical language, the minimization of treatment adverse effects, insensitivity, and insufficient time allocated for patient interaction [31]. Decreasing numeracy, reduced literacy, and advancing age correlate with a tendency for conserving time and energy, perhaps elucidating the pronounced inclination for in-person dialogues using colloquial language. This predilection is troubling, since it may result in erroneous risk perceptions. Nurses must use the teach-back approach to verify the patient's comprehension of the information provided by doctors, provide psychological support, ascertain particular patient-specific information requirements, and promote proper risk perception.

Conversely, the current analysis indicates that elderly cancer patients sometimes may not see nurses as experts from whom they get crucial treatment-related information. Oncology nurses are essential contributors to cancer treatment decision-making; yet they encounter obstacles, including limitations in practice, education, institutional regulations, and administration [35]. Nurses must cultivate communication skills that proactively address patients' informational requirements, therefore mitigating hurdles and enhancing their responsibilities as essential caregivers for elderly cancer patients. To facilitate treatment and care decisions for older adults with intricate health issues, physicians and nurses must possess the communication skills necessary to effectively address complex patient needs through multidisciplinary team meetings and supplementary information exchange beyond the conference setting [21]. Moreover, we assert that healthcare professionals (HCPs) participating in the multidisciplinary team must exchange treatment and care plans using the Collaborative Care Model to enhance effective communication [29].

Policymakers and clinical practice guidelines advocate for the implementation of shared decision-making (SDM) as a routine procedure in the decision-making process [34,35]. Implementing a communication training program enhances patient participation and shared decision-making. The decision-making procedures about cancer therapy that follow shortly after diagnosis are conducted by a team and are characterized by medical dominance and a tight emphasis on cancer pathology [21]. Clinicians recognize the need to understand patients' broader health and social care requirements; nonetheless, they encounter challenges in obtaining this information promptly to guide cancer treatment choices [21]. Consequently, nurses must do compensatory tasks to facilitate patient involvement in therapeutic decision-making and to promote patient-centered choices [13]. Moreover, the focus should be directed towards investigating alterations in the decision-making process and offering structural assistance to guarantee that cancer patients with intricate needs obtain sufficient and prompt evaluations, as well as access to clinical specialists capable of aiding them in making optimal treatment choices [11].

Decision aids empower patients to participate in the medical decision-making process and articulate their beliefs and preferences, resulting in proactive support from nurses [24]. A comprehensive assessment of the efficacy of decision aids for older persons

indicated that they boost knowledge, elevate risk perception, reduce decisional conflict, and promote involvement in shared decision-making. Nevertheless, only a limited number of papers in this review performed subgroup analyses on people with inadequate health literacy or numeracy, those with low education, fragile patients, or other vulnerable populations [25]. Nurses must consider many issues, such as multi-morbidities, cognitive impairment, and limited health literacy while administering DAs to elderly cancer patients. Furthermore, further research on the impact of DAs on decision-making in elderly cancer patients is required.

Older cancer patients often include their adult children or spouses in the decision-making process about treatment. Family can enhance deliberation and extend the dialogue beyond a purely medical viewpoint by incorporating pertinent facets of a patient's life; however, patients may withhold information in the presence of their children, or particular complexities and challenges in treatment decision discussions may arise. Nurses must design effective ways for triadic discussions about therapeutic decision-making, based on the fundamental principles of a family system approach and family health dialogues [27].

7. Limitations

A drawback of the current analysis is that the data examined was derived from a limited number of studies, underscoring the need for more research that encompasses various cancer kinds, attributes of older persons, and different healthcare systems. The responsibilities of nurses may vary according to their specialization, including general, oncology, geriatric, and advanced practice nursing. Consequently, it is essential to advance research that encompasses these subspecialties. Thematic analysis was performed in a limited number of included research, complicating the extraction of subthemes. This study was performed via iterative discussions between two researchers with distinct specializations (nurse and physician), including review preparation, literature searches, assessment, and analysis. Given the involvement of diverse experts in decision-making for the care of elderly individuals, further evaluations by a multidisciplinary expert team with interspecialty cooperation are recommended.

8. Conclusions

The decision-making process for cancer therapy in elderly adults is a difficult matter. A notable discovery in the existing literature is that nurses' involvement in the decision-making process for elderly cancer patients includes doing a thorough geriatric assessment, supplying pertinent information, and advocating for the respect of individual values and preferences. Nurses are tasked with identifying patients' comprehensive health and social care requirements throughout intricate decision-making processes while honoring individual preferences and beliefs. Nonetheless, older persons and their families may struggle to recognize the supplementary role of nurses in medical decision-making, and chances for nurse-patient interaction may be overlooked owing to time limitations. Additional research on the role of nurses, taking into account various cancer kinds, the characteristics of older individuals, and healthcare systems, is necessary.

References

1. Pilleron, S.; Sarfati, D.; Janssen-Heijnen, M.; Vignat, J.; Ferlay, J.; Bray, F.; Soerjomataram, I. Global cancer incidence in older adults, 2012 and 2035: A population-based study. Int. J. Cancer 2019, 144, 49–58.
2. Handforth, C.; Burkinshaw, R.; Freeman, J.; Brown, J.E.; Snowden, J.A.; Coleman, R.E.; Greenfield, D.M. Comprehensive geriatric assessment and decision-making in older men with incurable but manageable (chronic) cancer. Support. Care Cancer 2019, 27, 1755–1763.
3. Mohile, S.G.; Dale, W.; Somerfield, M.R.; Schonberg, M.A.; Boyd, C.M.; Burhenn, P.; Canin, B.; Cohen, H.J.; Holmes, H.M.; Hopkins, J.O.; et al. Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Chemotherapy: ASCO Guideline for Geriatric Oncology. J. Clin. Oncol. 2018, 36, 2326–2347.
4. Hurria, A.; Mohile, S.; Gajra, A.; Klepin, H.; Muss, H.; Chapman, A.; Feng, T.; Smith, D.; Sun, C.-L.; De Glas, N.; et al. Validation of a Prediction Tool for Chemotherapy Toxicity in Older Adults With Cancer. J. Clin. Oncol. 2016, 34, 2366–2371.
5. Mohile, S.G.; Velarde, C.; Hurria, A.; Magnuson, A.; Lowenstein, L.; Pandya, C.; O'Donovan, A.; Gorawara-Bhat, R.; Dale, W. Geriatric Assessment-Guided Care Processes for Older Adults: A Delphi Consensus of Geriatric Oncology Experts. J. Natl. Compr. Cancer Netw. 2015, 13, 1120–1130.
6. Kane, H.L.; Halpern, M.T.; Squiers, L.B.; Treiman, K.A.; McCormack, L.A. Implementing and evaluating shared decision making in oncology practice. CA A Cancer J. Clin. 2014, 64, 377–388.
7. Volker, D.L.; Kahn, D.; Penticuff, J.H. Patient Control and End-of-Life Care Part I: The Advanced Practice Nurse Perspective. Oncol. Nurs. Forum 2004, 31, 945–953.
8. Tariman, J.D.; Mehmeti, E.; Spawn, N.; McCarter, S.P.; Bishop-Royse, J.; Garcia, I.; Hartle, L.; Szubski, K. Oncology Nursing and Shared Decision Making for Cancer Treatment. Clin. J. Oncol. Nurs. 2016, 20, 560–563
9. Bridges, J.; Hughes, J.; Farrington, N.; Richardson, A. Cancer treatment decision-making processes for older patients with complex needs: A qualitative study. BMJ Open 2015, 5, e009674.
10. Burton, M.; Kilner, K.; Wyld, L.; Lifford, K.J.; Gordon, F.; Allison, A.; Reed, M.; Collins, K.A. Information needs and decision-making preferences of older women offered a choice between surgery and primary endocrine therapy for early breast cancer. Psycho-Oncology 2017, 26, 2094–2100.
11. McWilliams, L.; Farrell, C.; Keady, J.; Swarbrick, C.; Burgess, L.; Grande, G.; Bellhouse, S.; Yorke, J. Cancer-related information needs and treatment decision-making experiences of people with dementia in England: A multiple perspective qualitative study. BMJ Open 2018, 8, e020250.
12. de Angst, I.B.; Kil, P.J.; Bangma, C.H.; Takkenberg, J.J. Should we involve patients more actively? Perspectives of the multidisciplinary team on shared decision-making for older patients with metastatic castration-resistant prostate cancer. J. Geriatr. Oncol. 2019, 10, 653–658.

13. Griffiths, A.W.; Ashley, L.; Kelley, R.; Cowdell, F.; Collinson, M.; Mason, E.; Farrin, A.; Henry, A.; Inman, H.; Surr, C. Decision-making in cancer care for people living with dementia. Psycho-Oncology 2020, 29, 1347–1354.
14. Festen, S.; van der Wal-Huisman, H.; van der Leest, A.H.; Reyners, A.K.; de Bock, G.H.; de Graeff, P.; van Leeuwen, B.L. The effect of treatment modifications by an onco-geriatric MDT on one-year mortality, days spent at home and postoperative complications. J. Geriatr. Oncol. 2021, 12, 779–785.
15. Dijkman, B.L.; Paans, W.; Van der Wal-Huisman, H.; van Leeuwen, B.L.; Luttik, M.L. Involvement of adult children in treatment decision-making for older patients with cancer—a qualitative study of perceptions and experiences of oncology surgeons and nurses. Support. Care Cancer 2022, 30, 9203–9210.
16. Tariman, J.D.; Doorenbos, A.; Schepp, K.G.; Becker, P.S.; Berry, D.L. Patient, physician and contextual factors are influential in the treatment decision making of older adults newly diagnosed with symptomatic myeloma. Cancer Treat. Commun. 2014, 2, 34–47.
17. Shahrokni, A.; Kim, S.J.; Bosl, G.J.; Korc-Grodzicki, B. How We Care for an Older Patient With Cancer. J. Oncol. Pract. 2017, 13, 95–102.
18. Jones, R.A.; Hollen, P.J.; Wenzel, J.; Weiss, G.; Song, D.; Sims, T.; Petroni, G. Understanding Advanced Prostate Cancer Decision Making Utilizing an Interactive Decision Aid. Cancer Nurs. 2018, 41, 2–10.
19. Sattar, S.; Alibhai, S.M.; Fitch, M.; Krzyzanowska, M.; Leighl, N.; Puts, M.T. Chemotherapy and radiation treatment decision-making experiences of older adults with cancer: A qualitative study. J. Geriatr. Oncol. 2018, 9, 47–52.
20. Strohschein, F.J.; Loucks, A.; Jin, R.; Vanderbyl, B. Comprehensive Geriatric Assessment: A Case Report on Personalizing Cancer Care of an Older Adult Patient With Head and Neck Cancer. Clin. J. Oncol. Nurs. 2020, 24, 514–525.
21. Tariman, J.D.; Berry, D.L.; Cochrane, B.; Doorenbos, A.; Schepp, K.G. Physician, Patient, and Contextual Factors Affecting Treatment Decisions in Older Adults with Cancer and Models of Decision Making: A Literature Review. Oncol. Nurs. Forum 2012, 39, E70–E83.
22. Broc, G.; Gana, K.; Denost, Q.; Quintard, B. Decision-making in rectal and colorectal cancer: Systematic review and qualitative analysis of surgeons' preferences. Psychol. Health Med. 2017, 22, 434–448.
23. Tariman, J.; Szubski, K. The Evolving Role of the Nurse During the Cancer Treatment Decision-Making Process: A Literature Review. Clin. J. Oncol. Nurs. 2015, 19, 548–556.
24. Nightingale, G.; Burhenn, P.S.; Puts, M.; Stolz-Baskett, P.; Haase, K.R.; Sattar, S.; Kenis, C. Integrating Nurses and Allied Health Professionals in the care of older adults with cancer: A report from the International Society of Geriatric Oncology Nursing and Allied Health Interest Group. J. Geriatr. Oncol. 2020, 11, 187–190.
25. Strohschein, F.; Haase, K.; Puts, M.; Jin, R.; Newton, L.; Fitch, M.; Loucks, A.; Kenis, C. Facilitating a Canadian conversation about oncology nurses' role in optimizing care

of older adults with cancer: Preliminary insights. J. Geriatr. Oncol. 2019, 10 (Suppl. 1), S84.
26. Strohschein, F.J.; Newton, L.; Puts, M.; Jin, R.; Haase, K.; Plante, A.; Loucks, A.; Kenis, C.; Fitch, M. Optimizing the Care of Older Canadians with Cancer and their Families: A Statement Articulating the Position and Contribution of Canadian Oncology Nurses. Can. Oncol. Nurs. J. 2021, 31, 352–356.
27. Outlaw, D.; Abdallah, M.; A Gil-Jr, L.; Giri, S.; Hsu, T.; Krok-Schoen, J.L.; Liposits, G.; Madureira, T.; Marinho, J.; Subbiah, I.M.; et al. The Evolution of Geriatric Oncology and Geriatric Assessment over the Past Decade. Semin. Radiat. Oncol. 2022, 32, 98–108.
28. Shen, M.J.; Manna, R.; Banerjee, S.C.; Nelson, C.J.; Alexander, K.; Alici, Y.; Gangai, N.; Parker, P.A.; Korc-Grodzicki, B. Incorporating shared decision making into communication with older adults with cancer and their caregivers: Development and evaluation of a geriatric shared decision-making communication skills training module. Patient Educ. Couns. 2020, 103, 2328–2334.
29. Giri, S.; Chakiba, C.; Shih, Y.Y.; Chan, W.L.; Krok-Schoen, J.L.; Presley, C.J.; Williams, G.R.; Subbiah, I.M. Integration of geriatric assessment into routine oncologic care and advances in geriatric oncology: A young International Society of Geriatric Oncology Report of the 2020 American Society of Clinical Oncology (ASCO) annual meeting. J. Geriatr. Oncol. 2020, 11, 1324–1328.
30. DuMontier, C.; Sedrak, M.S.; Soo, W.K.; Kenis, C.; Williams, G.R.; Haase, K.; Harneshaug, M.; Mian, H.; Loh, K.P.; Rostoft, S.; et al. Arti Hurria and the progress in integrating the geriatric assessment into oncology: Young International Society of Geriatric Oncology review paper. J. Geriatr. Oncol. 2020, 11, 203–211.
31. Extermann, M.; Brain, E.; Canin, B.; Cherian, M.N.; Cheung, K.L.; de Glas, N.; Devi, B.; Hamaker, M.; Kanesvaran, R.; Karnakis, T.; et al. Priorities for the global advancement of care for older adults with cancer: An update of the International Society of Geriatric Oncology Priorities Initiative. Lancet Oncol. 2021, 22, e29–e36.
32. Choi, S.; Choi, J. Effects of the teach-back method among cancer patients: A systematic review of the literature. Support. Care Cancer 2021, 29, 7259–7268.
33. McCarter, S.P.; Tariman, J.D.; Spawn, N.; Mehmeti, E.; Bishop-Royse, J.; Garcia, I.; Hartle, L.; Szubski, K. Barriers and Promoters to Participation in the Era of Shared Treatment Decision-Making. West. J. Nurs. Res. 2016, 38, 1282–1297.
34. Carmona, C.; Crutwell, J.; Burnham, M.; Polak, L.; Guideline Committee. Shared decision-making: Summary of NICE guidance. BMJ 2021, 373, n1430.
35. Maes-Carballo, M.; Muñoz-Núñez, I.; Martín-Díaz, M.; Mignini, L.; Bueno-Cavanillas, A.; Khan, K.S. Shared decision making in breast cancer treatment guidelines: Development of a quality assessment tool and a systematic review. Health Expect. 2020, 23, 1045–1064.

دور الممرضين في إدارة الأمراض المصاحبة في الفئات العمرية المسنّة

الملخص

الخلفية :لإدارة الأمراض المصاحبة وخيارات العلاج بشكل ناجح، تتطلب الاستراتيجية الشاملة نظراً للزيادة في حدوث السرطان بين الفئة العمرية المسنّة. يلعب الممرضون دوراً أساسياً في معالجة التحديات التي تواجه مرضى السرطان من كبار السن، مثل الهشاشة والأمراض المصاحبة ومتعدد الأدوية، لضمان تقديم الرعاية المثلى ونتائج العلاج.

الطرق :تم إجراء دراسة منهجية حول دور الممرضين في أورام السرطان في مساعدة المرضى المسنين على اتخاذ قرارات العلاج، باستخدام قواعد بيانات مثل CINAHL و PubMedو .PsycINFOتضمنت تقنية البحث عبارات رئيسية ذات صلة باتخاذ القرار، والأفراد المسنين، والسرطان، والتمريض. تم فحص الأبحاث التي تستخدم التقييمات الجيـرياتية وأطر اتخاذ القرار التعاونية لتقييم تأثير التدخلات التي يقودها الممرضون على نتائج العلاج.

النتائج :أظهرت التحليلات أن الممرضين يلعبون دوراً مهماً في مساعدة مرضى السرطان المسنين على اتخاذ خيارات علاجية فردية من خلال استخدام التقييمات الجيـرياتية والتواصل الجيد. مكّنت التدخلات التي يقودها الممرضون، بما في ذلك التقييمات الجيـرياتية الشاملة، من إرساء نظم علاجية مخصصة، مما أدى إلى تحسين النتائج، وتقليل حالات النقل إلى المستشفى، وتقليل المضاعفات ما بعد الجراحة. إن دور الممرضين في توفير المعلومات المتاحة وتعزيز اتخاذ القرار التعاوني يعد أمراً محورياً لتحقيق رعاية مركّزة على المريض.

الخاتمة :لتحسين تنسيق الرعاية ونتائج العلاج وحرية اختيار المرضى، يجب إشراك الممرضين في عملية اتخاذ قرار العلاج لمرضى السرطان من كبار السن. يمكن للممرضين تلبية الاحتياجات الخاصة لكبار السن المصابين بالسرطان من خلال استخدام التقييمات الجيـرياتية ومهارات الاتصال الفعالة، مما يسهل اتخاذ خيارات علاجية أفضل وأكثر تخصيصاً.

الكلمات الدالة :التقييمات الجيـرياتية، اتخاذ القرار التعاوني، ممارسي تمريض الأورام، مرضى السرطان المسنين، خيارات العلاج.