

This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

Older Women's Reflections on Accessing Care Across Their Breast Cancer Trajectory: Navigating Beyond the Triple Barriers

Huibrie C. Pieters, PhD, DPhil, RN, MarySue V. Heilemann, PhD, RN, Marcia Grant, RN, DNSc, FAAN, and Rose C. Maly, MD, MSPH

Malignancies may strike at any age, but cancer burden is disproportionately high among older adults as 60% of survivors are older than 60 years (National Cancer Institute, 2010; Reuben, 2004). After gender, age is the highest risk factor for breast cancer (Chapman & Moore, 2005); median age at diagnosis is 61 years (Yancik, 2005). Despite similarities with younger breast cancer survivors, such as feeling shocked when learning of the cancer diagnosis (Crooks, 2001; Pelusi, 1997; Utley, 1999), unique aspects of the experience for older breast cancer survivors warrant attention. The breast cancer journey in women of all ages is shaped by the social context of the disease (Thorne & Murray, 2000), but older survivors' initial experiences involve social constructions of breast cancer that were formed decades before those of younger women. For example, reviews of information about breast cancer published in popular women's magazines from 1929–1949 (Black, 1995) and from 1974–1995 (Clarke, 1999) showed the assumption that surgery caused breast cancer to spread.

Preexisting comorbidities are more frequent among older adults with or without cancer (Hewitt, Rowland, & Yancik, 2003; Kurtz, Kurtz, Stommel, Given, & Given, 1997; Piccirillo et al., 2008) and have been found to be more predictive of quality of life for older breast cancer survivors than age itself (Ganz et al., 2003). In addition, cancer treatments and follow-up usually require many visits to healthcare providers that can increase the burden of family members (Bowman, Deimling, Smerglia, Sage, & Kahana, 2003), causing feelings of guilt (Sulik, 2007).

Despite the complex interface between aging and cancer survivorship (Hughes, Closs, & Clark, 2009; Overcash, 2004) in the rapidly aging population (Smith, Smith, Hurria, Hortobagyi, & Buchholz, 2009), older breast cancer survivors are seldom the focus of research (Boyle, 2006; Hewitt, Greenfield, & Stovall, 2006). Although age-appropriate nursing care is based on un-

Purpose/Objectives: To describe the experiences of older women regarding barriers to care for breast cancer in their prediagnostic period and throughout their diagnoses, treatments, and beyond.

Research Approach: Qualitative, descriptive study guided by grounded theory.

Setting: Participants' homes or apartments in southern California.

Participants: 18 women aged 70 years or older who recently completed treatment for breast cancer.

Methodologic Approach: Semistructured, individual interviews. The analytic approach was constructivist grounded theory.

Main Research Variables: Gero-oncology perspective of accessing care across the breast cancer trajectory.

Findings: Three interconnected, age-related barriers to care were described by the women throughout their cancer trajectories: knowledge deficits, preexisting comorbid diseases, and multiple appointments with healthcare providers. The women navigated beyond the triple barriers to life after cancer. Women described how the services of an oncology nurse navigator facilitated their progress.

Conclusions: Despite diverse sociodemographic circumstances and challenges in the healthcare system, all women successfully navigated the triple barriers.

Interpretation: Effective age-appropriate care requires sensitivity to the unique needs of older people newly diagnosed with cancer. Awareness of the triple barriers can be a catalyst for nurses to enhance access to care for older adults who fight to overcome a life-threatening disease and move on with their lives. More research is needed that specifically focuses on the role of oncology nurse navigators in older populations.

derstanding the general as well as the individual needs of the patient (Thomé, Dykes, Gunnars, & Hallberg, 2003), older breast cancer survivors have been considered the "silent population" (Kantor & Houldin, 1999) whose needs may not be known because little research has given voice to their experiences. As a result, this