

# Oncology Nurse Navigator: Ensuring Safe Passage

Mary Ann B. Case, RN, MSN, OCN®

The purpose of this integrative review is to explore the presence of the oncology nurse as navigator on measurable patient outcomes. Eighteen primary nursing research studies were found using combinations of the following key words: *advocate, cancer, case manager, coach, certification, guide, navigator, nurse, oncology, patient navigator, pivot nurse, and continuity of care*. Nurse researchers identified nursing-sensitive patient outcomes related to the time to diagnosis and appropriate treatment, effect on mood states, satisfaction, support, continuity of care, and cost outcomes. Navigator roles are expanding globally, and nurses should continue to embrace opportunities to ensure the safe passage of patients with cancer along the entire trajectory of illness and to evaluate the implications for educational preparation, research, and practice of navigators of all kinds.

**T**he American Cancer Society ([ACS], 2010) estimated 1,529,560 new cases of cancer were diagnosed in 2010 and 11.4 million Americans with a history of cancer were alive in January 2006. Disparities exist in the incidence and mortality rates by cancer site, race and ethnicity, education, income, and gender (ACS, 2010). Although five-year survival rates for all cancers increased from 50% to 68% from 1975–2005, survival rates for African Americans during the same time period were lower, increasing from 40% to 59% (ACS, 2010). Barriers that interfere with timely screening and diagnosis of cancer increase the risk of death from the disease (ACS, 2010).

Patients with cancer can be considered vulnerable for reasons beyond possessing cultural, demographic, or socioeconomic disparities. Whether care is delivered in an urban clinic or in rural private practices, patients may experience delays in diagnosis and treatment and receive fragmented, uncoordinated care. Multidisciplinary care is the standard of treatment for many types of cancers. In a discussion regarding development of multidisciplinary disease centers, Strusowski (2006) described how cancer care management by nurses integrates all aspects of patient care, including counseling, development and coordination of a plan of care, education, and symptom management. Navigation of complex care becomes necessary when treatment recommendations may include chemotherapy,

## At a Glance

- ◆ Outcomes data support the value of the nurse as navigator in oncology care.
- ◆ Navigator services should be expected to increase beyond oncology to other chronic disease management.
- ◆ Navigation practices based on patients' needs and nursing competencies reflect the principles of the Synergy Model.

radiation, and surgery. The purpose of this integrative review is to explore the presence of the oncology nurse as navigator on measurable patient outcomes.

## Background

### Patient Navigation

Patient navigation was initially conceived by Harold Freeman, MD, and his colleagues at Harlem Hospital in New York in 1990 to assist medically underserved patients in overcoming barriers to cancer diagnosis and treatment (Fowler, Steakley, Garcia, Kwok, & Bennett, 2006). Freeman (2004) demonstrated the

Mary Ann B. Case, RN, MSN, OCN®, is a program nurse for Head and Neck Oncology at Dana-Farber Cancer Institute in Boston, MA. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. (Submitted May 2010. Revision submitted July 2010. Accepted for publication July 19, 2010.)

Digital Object Identifier: 10.1188/11.CJON.33-40