

THE BENEFITS OF HAVING ONCOLOGY NURSE NAVIGATORS WITH IMPLICATIONS FOR QATAR: A LITERATURE REVIEW

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Abstract

Background: The number of cancer patients is increasing in Qatar. Thus, there is need for oncology nurse navigators to deal with trajectories of cancer care, which in turn aligns with the National Cancer Strategy. Oncology nurse navigators support patients, families, and caregivers, which eliminates barriers to their care. It is asserted that Oncology nurse navigators provide streamlined care aimed at mitigating the cost of healthcare.

Aim: To explore oncology nurse navigators' roles and implications of these roles in Qatar.

Method: A review of the literature was conducted using databases such as CINAHL, Academic Search Complete and MEDLINE. This literature review included ten articles published between 2008 and 2018 that focused on the benefits of oncology nurse navigators' roles for cancer care. The quality of studies was assessed using Mixed Method Appraisal Tool and a matrix table was used to categorize and analyze the data.

Result: Data analysis revealed themes related to the benefit of oncology nurse navigators such as: patient satisfaction, self-management, and care coordination. Oncology nurse navigators increase patients' satisfaction because they provide education, information, and emotional support for patients. They also help patients to increase self-management

because they empower patients toward symptom management. Finally, oncology nurse navigators increase care coordination because they facilitate communication and reduce barriers to care.

Key words: oncology nurse navigators, cancer care, oncology patients

Introduction

Cancer currently causes 10% of the deaths in Qatar and the occurrence of new cancer cases will double by the year 2030 as the Qatari population ages [1]. The risk of having cancer is higher and may lead to increased complications for patients with advanced age. For this reason, the National Cancer Strategy aims to have nurses who specifically specialize in oncology and can further navigate the healthcare system; such nurses would be known as Oncology Nurse Navigators (ONNs). Oncology nurse navigators have skills and knowledge to deal with the complexity of the trajectory of cancer care for patients [2]. Oncology nurse navigators would be seen as beneficial in order to meet the demands of the oncology patients as they navigate their way through the course of cancer care in Qatar. The role of ONNs has been defined as professional registered nurses with “oncology specific clinical knowledge who offer individualized assistance to patients, families, and caregivers to help overcome health care barriers” [3]. Oncology nurse navigators provide all types of care to patients. This may encompass such things as psychological support, guidance, and education about various facets of the oncology department [4]. They counsel patients so they may know what to expect during and after their appointments and about care needs. Oncology nurse navigators have extensive knowledge of the cancer system where they work and thus are able to provide information to both inpatients and outpatients [5]. Oncology nurse navigators provide a holistic model of cancer care for individuals in order that they may have a better quality of life and care services, because they provide social, physical, and psychological support [2]. For these reasons, ONNs are needed to meet patient needs. Oncology nurse navigators require specialization of all departments within the oncology department with a focus on getting patients where they need to be and ensuring they are aware of treatment schedules, and what to do if side effects occur after treatment regimens [3]. Nurses who take on this role require specialized knowledge to be able to fulfill the needs of these patients. For this reason, additional training is needed for nurses to navigate the complex care of patients with cancer.

Patient navigators have evolved in their role which now in most cases, is highly specialized. In the cases where cancer is the diagnosis, these nurses are known as oncology nurse navigators (ONN) and thus play an important role for patients and their families. The word cancer and what it connotes creates real fear; most people think that having cancer means the end of life for them [6]. Although for some that may be true, there is still the need to be able to navigate through the system to receive both support and treatment. Patients and their families will face the biggest challenges of their life as they negotiate complex cancer care [7]. For this reason, ONNs are seemingly required to ensure care services are seamless and patients will receive the required services [8]. They are also pivotal owing to the prevention of complications from noncompliance. Oncology nurse navigators have been shown to be successful for breast

cancer patients and in fact has proven to increase survival rates [9]. Nurse navigation programs have become a global need in many oncology centers as stakeholders attempt to optimize patient care and services for people who have cancer [10]. These programs have become popular in most health care centers for many people who seek cancer care worldwide. Moreover, another benefit of this program may be that patients with cancer and their carers will be better equipped to enable self-care while at home; this is due to the teaching provided by these ONNs [11]. Patients who have been seen by ONNs and have received teaching related to their illness are also said to have a decrease in emergency room visits and readmission, therefore reducing inpatient care costs [12].

Qatar has clinical nurse pathway coordinators; however, their roles are limited and do not encompass the actual role ONNs may play. The role of ONNs is currently not well defined nor used in Qatar. Thus, the purpose of this literature review was to explore roles associated with having ONNs who are nurses, with implications for Qatar.

Method

To understand the benefits and important services that are provided by ONNs, a literature review was conducted using Cronin, Ryan and Coughlan's framework. This framework includes determining a review topic, searching the literature, analyzing and synthesizing literature, and writing the review, including adding references [13].

Literature Search

The following databases were used for this literature review: CINAHL, Academic Search Complete, and MEDLINE. The key search terms used were patient navigat*, nurse navigator*, patient navigation, oncology, cancer care, hospital*, and inpatient*. The initial search resulted in 232 articles. Of these 232 articles, 192 articles remained after applying limiters. The limiters were peer-reviewed articles published in English between 2008 and 2018.

Data Evaluation

The 192 articles were evaluated for inclusion in this review. The titles of these 192 articles were reviewed for inclusion based on inclusion and exclusion criteria. The inclusion criteria were (a) studies which focused on oncology care; (b) studies conducted in hospitals; (c) studies which focused on the oncology nurse navigator; (d) study designs restricted to primary studies that included qualitative, quantitative, and mixed method studies. Exclusion criteria included (a) studies that are grey literature; (b) studies done in the community; (c) studies that focus on non-cancer patients; (d) studies focused on navigators that did not include nurses; and (e) studies published before 2008. After reviewing titles, 92 articles were further excluded based on inclusion and exclusion criteria. The remaining 100 articles were reviewed for potential inclusion. After

reviewing abstracts, 50 articles were removed based on the above criteria. The remaining 50 articles were further reviewed for duplication. Duplicate articles were removed ($n = 25$). After full text review of 25 articles, 15 articles were excluded because these articles did not focus on nurse navigators but focused on social workers as navigator. Ten articles were found to be appropriate for inclusion in this literature review: five qualitative and five quantitative.

Data Appraisal

Five qualitative and five quantitative studies were appraised for methodological quality. Qualitative studies included one phenomenological, one case study, and three descriptive qualitative studies. Quantitative studies included two non-randomized trials, two randomized control trials and one descriptive quantitative type study. The Mixed Method Appraisal Tool (MMAT) was used to appraise the studies [14]. This tool has two steps. The first step is to answer two questions to evaluate all types of studies. The second step is to answer five questions related to the specific type of studies. The responses are yes, no, or cannot tell. Each of the five qualitative articles met the criteria of both the first and second stage of the MMAT which included looking at research question, data analysis, data collection and reporting. Four of the quantitative articles also met the above criteria. However, one quantitative article was noted to have a high attrition but met all other outlined criteria.

Data Extraction

After critical appraisal, the data were extracted using a literature review matrix. The approach for matrix designs is based on the topic and the purpose of the research study (Cronin et al., 2008). The matrix developed for this review contained the following information: (a) author and country, (b) aim (c) method, (d) sample size, (e) findings, and (e) limitations.

Findings

Of the ten articles included in this review, five were qualitative and five were quantitative and all were published between 2008 and 2018. These studies were conducted in various countries such as the United States ($n = 4$), Canada ($n = 3$), Korea ($n = 2$), and Denmark ($n = 1$). There were five qualitative studies with different types of designs. These included three descriptive, one case study and one phenomenology. In the descriptive study, Gotlib et al. (2017) [15] examined the experiences of patients regarding navigation services. In another descriptive study, Jeyathevan et al. (2017a) [16] explored the role of ONNs in enhancing patient empowerment. In another descriptive study, Korber et al. (2011) [17] identified perspectives of participants in the navigation program. In the case study, Horner et al. (2013) [18] compared the patients in the navigation program with patients receiving usual care. In the phenomenological study, Jeyathevan et al. (2017b) [19] explored the role of ONNs in facilitating continuity of care for adults with lung cancer. The quantitative studies

were two non-randomized control trials, one descriptive study and two randomized control trials. Three studies Lee et al. (2017) [20], Park et al. (2017) [21], and Mertz et al. (2017) [22], examined the effects of ONNs on patient satisfaction. In another study Koh et al. (2011) [23], examined the effectiveness of the patient navigation program. One study by Wagner et al. (2014) [24] sought to determine whether nurse navigation intervention improves quality of life and patients' experiences.

Several benefits of ONNs' roles were identified in the ten articles included in this review. These benefits impacted on patient experiences and health outcomes. The impact of the roles of ONNs of these studies are categorized into three overarching themes such as patient satisfaction, care coordination, self-management and were further broken down to five sub themes: providing information and education, providing emotional support, facilitation of communication, eliminating barriers to care, and personalized symptom management.

Discussion

Present in the literature was evidence that patients with cancer were especially satisfied because ONNs provide information and education for them, which enabled them to have better access to care due to guidance through the medical system [15-18-21-23-24]. The findings from this literature review are congruent with a quantitative study conducted by Hook et al. in 2012 [25]. This study's findings demonstrated that the majority of patients (97%) were satisfied with ONNs because ONNs helped these patients to learn new information about their care management and cancer stages. This same study showed that information provided by ONNs improved patients' perception of their cancer experiences. A further study conducted by Trevillion et al. (2015) [26] demonstrated that 94 % of participants understood the information provided by ONNs and 85.2% of participants were satisfied with the amount of information and guidance in navigating the health care system. Information and education that is provided by ONNs to patients with cancer empowers them to make decisions regarding care that is informed and best able to meet their needs.

Literature also highlights that patients were satisfied because ONNs provided emotional support [18-22]. A qualitative study conducted by Hebert and Fillion (2011) [27] showed patient satisfaction were increased when ONNs provided emotional support for patients. This study went on to demonstrate that patients were able to cope with disease because ONNs were aware of the emotional and psychological needs of these patients. Patients in this study reported that ONNs helped them deal with difficult situations during their treatment. One patient went on to say "she {ONN} brings us emotional security... and you know that you can count on her" [27]. Similarly, in the study of Mertz et al. (2017) [22], satisfaction was increased because ONNs provided options and interventions for patients to decrease distress. Comparably, Harding

(2015) [28] showed that women with breast cancer were more satisfied with care of ONNs and reported less distress. In this study, women who were cared for by ONNs had lower distress scores than non – navigated women.

The finding of this literature review showed that ONNs were actively involved in supporting patients in self-management, which helped patients to cope with their cancer.

Patients in this review understood specific self-efficacy enhancing techniques to cope with cancer related symptoms [15-17-18-19]. Similarly, Fillion et al. (2012) [29] showed that ONNs were actively involved in helping patients to have self-management, and they used a variety of specific efficacy-enhancing techniques to help patients cope with disease. In this study, patients with cancer felt an increase in self-efficacy when dealing with health problems and symptom management. Fillion et al. (2012) [29] showed that ONNs monitored patients' symptoms by providing and facilitating symptom management. In addition, ONNs reinforced self-care behavior and assisted patients and their families in following individualized treatment, and care plans. In this study, ONNs worked toward educating, modeling, and coaching to facilitate patients' and their families' behavioral changes toward patient centered care. Another study conducted by Wilcox and Bruce (2010) [30] identified that ONNs helped patients with cancer to develop tools to cope with their difficulties and patients felt more empowered. This helped patients to decrease their anxieties during their treatment. Oncology nurse navigators in this study were seen as advocates in empowering patients with cancer to cope with diseases.

Care coordination is vital to eliminating barriers to effective care management [16-24]. This finding highlighted the role of ONNs in improving care coordination for cancer patients, which helped these patients to have better access to care. Similarly, Bailey, et al. (2018) [31] underscored the fact that care coordination is one of the necessary competencies needed in the role of ONNs. This competency helped ONNs to facilitate well-organized delivery of healthcare services and to serve as a key contact to promote optimal outcomes while delivering patient centered care. In this study, ONNs identified barriers to care and facilitated referrals, as appropriate, to mitigate barriers in order to coordinate care. However, Yatim et al. (2017) [32] showed different findings related to care coordination activities. These authors identified five categories of ONNs' coordination activities for patients with cancer. These categories were monitoring patients, helping patients to navigate through clinical pathways, managing technical problems, collecting data, and transmitting patient data. All of these coordination activities for ONNs helped patients to have better access to care and work toward eliminating obstacles.

ONNs play an important role in care coordination by facilitating communication and discussion with members of the multidisciplinary team [17-18-20]. These findings emphasize that ONNs need to act as liaisons between patients, families, and caregivers to improve patients' outcome. Similarly, another study showed that communication was one of the competencies of ONNs that helped to coordinate patient care [33]. Oncology nurse navigators in this study demonstrated intrapersonal communication that allows an exchange of ideas and information with patients and patients' families. In this study, ONNs ensured that communication is culturally sensitive, and they facilitated communication among members of the team to prevent delays in care that can affect patient outcomes.

Conclusion

The aim of this paper was to explore the benefits of having ONNs and implications of these roles in Qatar. Oncology nurse navigators play important roles in providing streamlined care to cancer patients based on the retrieved research findings. Most articles showed the benefits of having ONNs in increasing patient satisfaction, increasing self-management, and improving care coordination. This literature review highlighted that patient satisfaction increased because ONNs provide education and information and emotional support for patients with cancer. This review also demonstrated that ONNs empower patients with cancer to increase self-management. It further showed that care coordination can be improved due the facilitation of communication and elimination of barriers to care. For these reasons, the role of ONNs should be introduced to Qatar to benefit the population which in turn aligns with the Cancer National Strategy.

References

- (1) National Cancer Strategy (2016). Achieving Excellence in Cancer Care: A vision for 2022
- (2) Felipe Pautasso, F., de Medeiros Zelmanowicz, A., Dias Flores, C., & Aquino Caregnato, R. C. (2018). Role of the Nurse Navigator: integrative review. *Revista Gaucha de Enfermagem*, 39(1), 1–20. doi:10.1590/1983-1447.2018.2017-0102
- (3) Oncology Nursing Society. (2017). 2017 oncology nurse navigator core competencies. Retrieved from <https://www.ons.org/sites/default/files/2017ONNcompetencies.pdf>
- (4) Swanson J, & Koch L. (2010). The role of the oncology nurse navigator in distress management of adult inpatients with cancer: a retrospective study. *Oncology Nursing Forum*, 37(1), 69–76. doi: 10.1188/10.ONF.69-76
- (5) McMullen, L. (2013). Oncology Nurse Navigators and the Continuum of Cancer Care. *Seminars in Oncology Nursing*, 29(2), 105–117. doi: 10.1016/j.soncn.2013.02.005
- (6) Vrinten, C., McGregor, L. M., Heinrich, M., von Wagner, C., Waller, J., Wardle, J., & Black, G. B. (2017). What do people fear about cancer? A systematic review and

- meta-synthesis of cancer fears in the general population. *Psycho-oncology*, 26(8), 1070-1079. doi: 10.1002/pon.4287
- (7) Woźniak, K., & Lżycki, D. (2014). Cancer: a family at risk. *Przegląd menopauzalny = Menopause review*, 13(4), 253–261. doi:10.5114/pm.2014.45002
- (8) Case MAB. (2011). Oncology nurse navigator. *Clinical Journal of Oncology Nursing*, 15(1), 33–40. doi: 10.1188/11.CJON.33-40
- (9) Strusowski, T., Sein, E., Johnston, D., Gentry, S., Bellomo, C., Brown, E., ... Messier, N. (2017). Standardized Evidence-Based Oncology Navigation Metrics for All Models: A Powerful Tool in Assessing the Value and Impact of Navigation Programs. *Journal of Oncology Navigation & Survivorship*, 8(5), 220–243. Retrieved from <http://search.ebscohost.com.ezproxy.lib.ucalgary.ca/login.aspx?direct=true&db=rzh&AN=123615955&site=ehost-live>
- (10) Gervès-Pinquier, C., Dumas-Yatim, F., Lalloué, B., Girault, A., Ferrua, M., Fourcade, A., ... Minvielle, E. (2017). Impacts of a navigation program based on health information technology for patients receiving oral anticancer therapy: the CAPRI randomized controlled trial. *BMC health services research*, 17(1), 133. doi:10.1186/s12913-017-
- (11) Cook, S., Fillion, L., Fitch, M. I., Veillette, A. M., Matheson, T., Aubin, M., ... & Rainville, F. (2013). Core areas of practice and associated competencies for nurses working as professional cancer navigators. *Canadian Oncology Nursing Journal/Revue canadienne de soins infirmiers en oncologie*, 23(1), 44-52. doi: 10.5737/1181912x2314452
- (12) Role of the Oncology Nurse Navigator Throughout the Cancer Trajectory. (2018). *Oncology Nursing Forum*, 45(3), 283. doi : 10.1188/18.ONF.283
- (13) Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British journal of nursing*, 17(1), 38-43. doi:10.12968/bjon.2008.17.1.28059
- (14) Hong QN, Pluye P, Fàbregues S, Bartlett G, Boardman F, Cargo M, Dagenais P, Gagnon M-P, Griffiths F, Nicolau B, O’Cathain A, Rousseau M-C, Vedel I. Mixed Methods Appraisal Tool (MMAT), version 2018. Registration of Copyright (#1148552), Canadian Intellectual Property Office, Industry Canada
- (15) Gotlib Conn, L., Hammond Mobilio, M., Rotstein, O. D., & Blacker, S. (2016). Cancer patient experience with navigation service in an urban hospital setting: a qualitative study. *European Journal of Cancer Care*, 25(1), 132–140. doi: 10.1111/ecc.12247
- (16) Jeyathevan, G., Lemonde, M., & Cooper Brathwaite, A. (2017a). The role of oncology nurse navigators in enhancing patient empowerment within the diagnostic phase for adult patients with lung cancer. *Canadian Oncology Nursing Journal*, 27(2), 164–177. doi:10.5737/23688076272164170
- (17) Korber, S. F., Julie Gray RN, B. S., & Powell, M. (2011). A breast navigator program: barriers, enhancers, and nursing interventions. *In Oncology nursing forum* ,38 (1), 44-50. doi: 10.1188/11.onf.44-50
- (18) Horner, K., Ludman, E. J., Mccorkle, R., Canfield, E., Flaherty, L., Min, J., ... & Wagner, E. H. (2013). An oncology nurse navigator program designed to eliminate gaps in early cancer care. *Clinical journal of oncology nursing*, 17(1), 43-48. doi: 10.1188/13.cjon.43-48
- (19) Jeyathevan, G., Lemonde, M., & Brathwaite, A. C. (2017b). The role of oncology nurse navigators in facilitating continuity of care within the diagnostic phase for adult patients with lung cancer. *Canadian Oncology Nursing Journal/Revue canadienne de soins infirmiers en oncologie*, 27(1), 74-80.
- (20) Lee, T., Ko, I., Lee, I., Kim, E., Shin, M., Roh, S., ... & Chang, H. (2011). Effects of nurse navigators on health outcomes of cancer patients. *Cancer Nursing*, 34(5), 376-384. doi: 10.1097/ncc.0b013e3182025007
- (21) Park, K. A., Oh, Y. J., Kim, K. M., Eum, S. Y., Cho, M. H., Son, Y. H., ... & Chang, H. S. (2017). Navigation programs, are they helpful for perioperative care with thyroid cancer patients? *European journal of cancer care*, 26(4), e12592. doi : 101111/ecc.12592
- (22) Mertz, B. G., Dunn-Henriksen, A. K., Kroman, N., Johansen, C., Andersen, K. G., Andersson, M., ... & Envold Bidstrup, P. (2017). The effects of individually tailored nurse navigation for patients with newly diagnosed breast cancer: a randomized pilot study. *Acta Oncologica*, 56(12), 1682-1689. doi:10.1080/0284186x.2017.1358462
- (23) Koh, C., Nelson, J. M., & Cook, P. F. (2011). Evaluation of a patient navigation program. *Clinical journal of oncology nursing*, 15(1), 41-48. doi:10.1188/11.cjon.41-48
- (24) Wagner, E. H., Ludman, E. J., Bowles, E. J. A., Penfold, R., Reid, R. J., Rutter, C. M., & McCorkle, R. (2014). Nurse navigators in early cancer care: a randomized, controlled trial. *Journal of Clinical Oncology*, 32(1), 12. doi:10.1200/jco.2013.51.7359
- (25) Hook, A., Ware, L., Siler, B., & Packard, A. (2012). Breast Cancer Navigation and Patient Satisfaction: Exploring a Community-Based Patient Navigation Model in a Rural Setting. *Oncology Nursing Forum*, 39(4), 379–385. doi: 10.1188/12.onf.379-385
- (26) Trevillion, K., Singh-Carlson, S., Wong, F., & Sherriff, C. (2015). An evaluation report of the nurse navigator services for the breast cancer support program. *Canadian Oncology Nursing Journal*, 25(4), 409–421. doi: 10.5737/23688076254409414
- (27) Hébert, J., & Fillion, L. (2011). Gaining a better understanding of the support function of oncology nurse navigators from their own perspective and that of people living with cancer: Part 2. *Canadian Oncology Nursing Journal*, 21(2), 114–121. doi: 10.5737/1181912x212114121
- (28) Harding, M. (2015). Effect of Nurse Navigation on Patient Care Satisfaction and Distress Associated with Breast Biopsy. *Clinical Journal of Oncology Nursing*, 19(1), E15-20. doi: 10.1188/15.CJON.E15-E20

- (29) Fillion, L., Cook, S., Veillette, A.-M., Aubin, M., de Serres, M., Rainville, F., Doll, R. (2012). Professional Navigation Framework: Elaboration and Validation in a Canadian Context. *Oncology Nursing Forum*, 39(1), E58-69. doi: o10.1188/12.ONF.E58-E69
- (30) Wilcox B, & Bruce SD. (2010). Patient navigation: a “win-win” for all involved. *Oncology Nursing Forum*, 37(1), 21–25. doi: 10.1188/10.ONF.21-25
- (31) Baileys, K., McMullen, L., Lubejko, B., Christensen, D., Haylock, P. J., Rose, T., Srdanovic, D. (2018). Nurse Navigator Core Competencies: An update to reflect the evolution of the role. *Clinical Journal of Oncology Nursing*, 22(3), 272–281. doi: 10.1188/18.CJON.272-281
- (32) Yatim, F., Cristofalo, P., Ferrua, M., Girault, A., Lacaze, M., Di Palma, M., & Minvielle, E. (2017). Analysis of nurse navigators’ activities for hospital discharge coordination: a mixed method study for the case of cancer patients. *Supportive Care in Cancer*, 25(3): doi: 10.1007/s00520-016-3474-x
- (33) McMullen, L., Banman, T., DeGroot, J. M., Scott, S., Srdanovic, D., & Mackey, H. (2016). Providing Novice Navigators with a GPS for Role Development: Oncology Nurse Navigator Competency Project. *Clinical Journal of Oncology Nursing*, 20(1), 33–38. doi: 10.1188/16.CJON.20-01AP