


Benefits of nurse-performed oncology patient navigation: An integrative review

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ABSTRACT

Patient navigation is a way to guide the patient throughout the health system, in this way, he will have a trained and reference professional so that he can guide him in all the steps that are necessary. Objective: To report the benefits of nursing navigation to cancer patients. Method: Integrative review of the literature. Results: 5 articles were selected from the BdENF, LILACS and PUBMED databases. The elaboration of a navigation program based on George Washington's model for Brazil resulted in a model that can be widely used in all spheres of the Unified and Complementary Health System. In this sense, this adaptation was able to adapt the needs of patients to the reality of cancer care in Brazil. In addition, 2 instruments were created to guide patients about their treatment. These are the informative and the Patient's Diary, which has become a means of health education for both the patient and their families, thus making it possible to have access to everything related to the disease and its treatment. In addition, it was noticed that in order to achieve results in patient navigation, it is necessary for these nurses to be aware of the skills they need to have, since the professional will be responsible for directing and caring for them. Conclusion: Nursing navigation is a little-known care model, but it is very effective in the treatment of cancer patients. In addition to helping patients and families navigate the health system and learn about their disease, it enables the improvement of their emotional state, bringing more confidence, hope and willingness to continue treatment. It is necessary to emphasize the importance of implementing this care in hospital settings today.

Keywords: Nurse, Patient Navigation, Oncology Nursing.

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INTRODUCTION

Patient navigation was a program developed in 1990 by the American physician Harold Freeman, together with the *American Cancer Society* (ACS), with the aim of guiding, instructing and facilitating the diagnosis process of a patient, throughout the health system in its line of care³. The *Patient Navigator* program was created to guide cancer patients with the objective of facilitating access to care, and thus reducing treatment and eliminating the difficulties faced throughout the process, having an agile service centered on the patient and families.^{1-2-6 years}

Previously, patient navigation was performed by lay volunteers and health professionals, but over time there was a need for specialized professionals¹⁻². In this sense, in 2009 the *Academy Of Oncology Nurse Navigator* (AONN) developed competencies for the performance of Nurse Navigators (EN), which guide the professional in their function, differentiating themselves within the Nursing category. Thus, according to AONN, it is up to the navigator to coordinate care; be communicative; be aware of the services available; identify potential barriers and address them; participation in the implementation of care, in addition to helping in decision-making with the multidisciplinary team and implementation of action plans for the improvement of this patient.^{5-6 years}

In this sense, it is noted that EN is an exclusive support, with quality and benefits, because the journey of a cancer patient is very difficult, in which he must make decisions that can completely change his life, in view of all the emotional fragility²⁻⁴⁻⁵. Patients and family members need adequate support to cope with the diagnosis, prognosis and end of treatment¹⁻⁴⁻⁵. Communication between nurses, patients and family members has beneficial effects for good treatment, such action allows this patient to be navigated both in the Complementary System and in the Unified Health System (SUS), collaborating to alleviate the challenges in the practice of care²⁻³.

According to Pautasso FF et al. (2017)² the implementation of this program in Brazil may result in a differential in the care of cancer patients. Thus, due to the fragmentation of the health system, there is a delay in treatment, impacting on the patient's suffering, therefore, it is necessary to navigate care in all its integrality, from the discovery to treatment.²

According to Rodrigues RI et al (2021), the nurse navigator is responsible for maintaining the continuity of care⁶⁻³. Thus, it is important to observe what benefits will be offered to the patient. Therefore, the objective of this article was to report the benefits of nursing navigation to cancer patients.

METHOD

This is an integrative review of the navigation of cancer patients carried out by nurse navigators. This review is an instrument of Evidence-Based Practice (EBP), in which the research question that guided this review was: what are the benefits of nursing navigation for cancer patients?

There was a problematization of the theme, literature searches and critical evaluation, in addition to the presentation of the synthesis of knowledge. In this way, it is broad, as its generated knowledge can be applied in practice. The databases that were used: Nursing Database (BdENF), Latin American and Caribbean Health Sciences Literature (LILACS), *Medical National Library of Medicine* through the United States National Library portal (PUBMED), journals published between the years 2018 and 2023, with the search period between August 24 and 27, 2023.

The key words found through the descriptors in Health Sciences (DeCS/MeSh) were: nurse; patient navigation; Oncology Nursing. Thus, the descriptors were used in the databases, as shown in Chart 1.

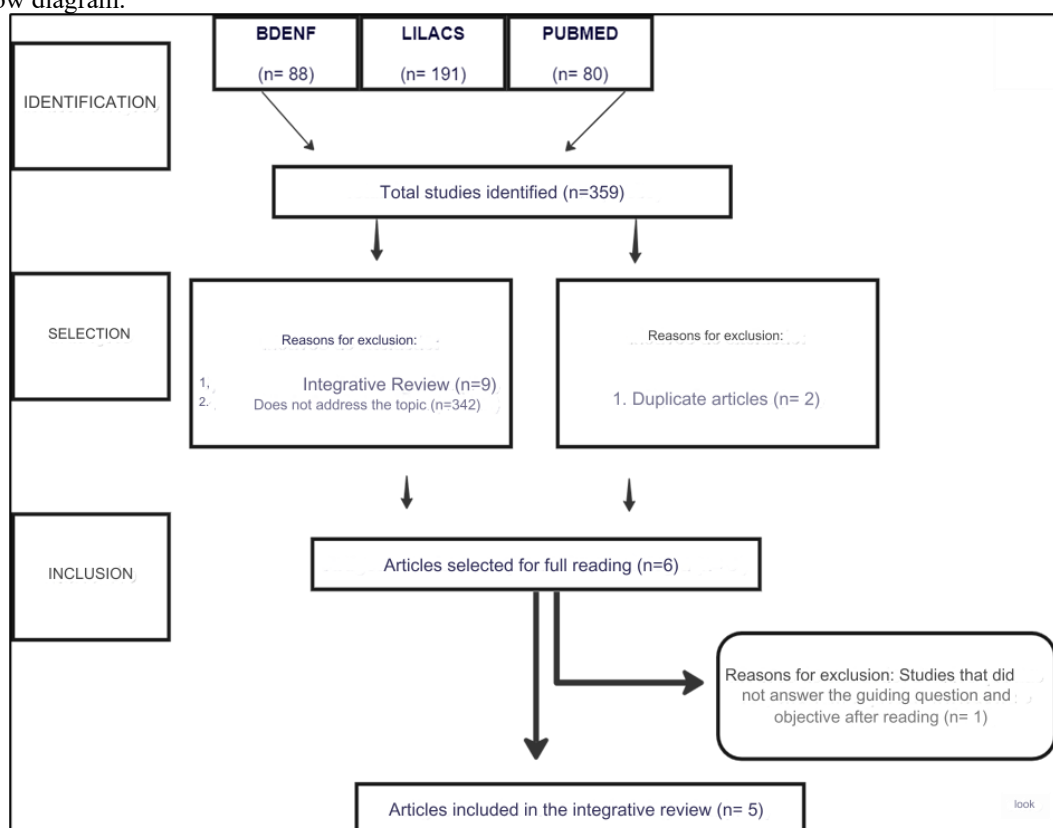
Table 1. Database search strategy

BDEFN	((Nursing)) and ((Patient Navigation)) or ((Oncology Nursing))
PUBMED	((Nursing)) and ((Patient Navigation)) and (Oncology Nursing)
LILACS	((Nursing)) and ((Patient Navigation)) or ((Oncology Nursing))

Source: Own, 2023

In this sense, the inclusion criteria were journal articles: in the Portuguese, English and Spanish languages, and articles related to the theme. Exclusion criteria: articles that do not answer the guiding question, theses, dissertations, pamphlets, duplicate studies, integrative reviews.

Figure 1 – Flowchart of crossings, results of searches in the databases and the reasons for exclusion, adaptation of the Prisma Flow diagram.



Source: The author, 2023

RESULTS

From the selection mode, articles were selected below where they were placed in the box with author/year of publication, objective, type of study and results.

Author/ year of publication	Objective	Type of Study	Results
Silva TCMS, Castro MCN, Popim RC. 2018	To adapt the content of the <i>Nursing Activities Score (NAS)</i> instrument for the care of cancer patients.	Methodological research	This instrument will make it possible to measure the workload of the Oncology Nursing team, and may contribute to a new direction, new dimensions of personnel. Diagnosing a high level of complexity in the areas of spiritual care and biopsychosocial care.
Yackzan S, Stanifer S, Barker S, Blair B, Vidro A, Weyl H, Wheeler P. 2019.	To evaluate the effect with ONN (Oncology Nursing Navigation) contact on patient satisfaction.	Retrospective review	Mean scores and percentile classification comparisons (a common method of comparing data in statistics) were higher in groups where there was contact with the Oncology Nursing Navigators. The maximum scores were significantly higher in items such as: nurses' concerns, patients' doubts and concerns, and the team's sensitivity to the difficulties and inconveniences caused by the treatment.
Silva LCA, Mr. C, Pilati ACL, Dalfollo BR, Oliveira DR. 2019.	To propose a model of orientation to cancer patients about chemotherapy treatment, through a printed newsletter and the creation of a "patient diary".	Excerpt from an exploratory research, of the action research type	In order to involve the patient in their treatment, a new workflow was created after meetings with nurses in the sector and the needs of the unit. A newsletter called "patient diary" and guidance on adverse effects related to your treatment.
Pautasso FF, Lobo TC, Flores CD, Caregnato RCA. 2020.	Develop a Navigation Program for cancer patients, based on the model proposed by <i>The GW Cancer Institute at George Washington University</i> , adapted to the reality of a High Complexity Oncology Center	Convergent applied care research.	In the Navigation Program, planning and implementation occurred simultaneously, creating a design in the basic formatting of this program and its processes, in which patients with head and neck cancer were also included in the program. The purpose of the Navigation Need Assessment Scale was to select and enter patients into the Program, determining the recommended support. This evaluation had a consensus index of 96.42%, whose stages occurred through the adapted <i>Plan/Do/Check/Act</i> cycle .

<p>Trajano R A, Alves LL, Almeida EPC, Decanio LCS, Whitaker MCO, Amaral JB, 2022.</p>	<p>To report the experience of oncology nurses navigators in the implementation of organizational actions to maintain patient care during the COVID-19 pandemic.</p>	<p>Experience report, developed between March and July 2020, using Situational Strategic Planning.</p>	<p>There were 4 stages: 1st – Decrease in the number of patients in diagnostic services, change in the routine of patients undergoing cancer treatment, and increased exposure to the virus. 2nd stage – Objectives were set to maintain the service, reduce doubts about the pandemic, and establish safety measures. 3rd stage – Actions to maintain early diagnosis and therapeutic routines, identification of signs and symptoms of COVID-19 and safety actions aimed at reducing exposure to the virus. 4th stage – Actions carried out as challenges to be overcome: the difficulty of telemonitoring, access to exams through digital platforms and as an innovation the "drive – thru" service.</p>
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DISCUSSION

According to the supporting literature, it is necessary that the professional who will perform patient navigation should be a nurse or an academic, depending on the level of reception that will be provided⁷. In this way, the authors noted that it is important to have basic features and a profile for browsers. In this sense, it can be seen that the patients will be the ones who will benefit directly, since the action of the navigators will result in beneficial effects to them. Such characteristics are: carrying out therapeutic plans; promote the elimination of barriers; work on health education so that patients have an understanding of their health-disease status; monitor the treatment together with the multidisciplinary team, collaborating in decision-making, among others. Therefore, it is notorious that the patient will be well assisted and instructed during his treatment, as he will have the support not only of his family members, but will also have a professional who will be his reference⁷.

The elaboration of a navigation program based on *George Washington's* model for Brazil resulted in a model that can be widely used in all spheres of the Unified and Complementary Health System. Thus, it is clear that coordinated patient-centered care associated with guidance and information plays an important role from diagnosis discovery to treatment⁷.

According to Resolution No. 210/1998 of the Federal Council of Nursing (COFEN)¹⁰, it is the responsibility of the nurse of the chemotherapy service to promote and disseminate measures to prevent risks and injuries through the education of clients and family members, aiming to improve the quality of life of the client. It also states that it is the nurse's role to "develop therapeutic nursing protocols for the prevention, treatment and minimization of side effects in clients undergoing antineoplastic chemotherapy treatment"¹⁰, as well as "To provide comprehensive care to clients and their families, based on the Code of Ethics for Nursing Professionals and current legislation"¹⁰.

Therefore, thinking about access to information, treatment and reception of patients, 2 instruments were created to guide patients about their treatment⁸. These are the informative and the



Patient's Diary, which has become a means of health education for both the patient and their families, thus making it possible to have access to everything related to the disease and its treatment. The information is delivered at the beginning of the treatment to guide and explain the effects and function that each chemotherapy therapy presents to the patient, (since the reactions will also occur when at home) and can be updated when necessary⁸.

The Patient Diary was created aiming at the personal side of the patient, working as a means of venting, as the patient will take it home and if any doubt arises regarding the treatment, chemotherapy or any other question, it should be written down and delivered at the next appointment in which the nurse will read and answer correctly. It will also record answers to questions related to the patient's daily state⁸. In addition, at each follow-up visit, an outpatient nurse will be responsible for reviewing the diary and checking if there are any doubts or questions noted while at home, and new orientations will be provided from that moment on⁸.

Thus, it is understood that the patient starts to understand his disease, being aware of all the stages and processes, becoming more relieved and involved, avoiding an overload and absence of possible information, enabling the creation of a bond with health professionals and consequently making his treatment something light and understandable⁸.

A tool was created to assist and guide the patient in their treatment process, and it is up to the outpatient nurse to monitor this instrument throughout the patient's consultation⁸. In this sense, the *Nursing Activities Score* (NAS) points out the overload of the work performed by the health professional, studies carried out¹⁰ adapted this Score within oncology, where specialists from various multiprofessional areas linked to direct and indirect care, such as the research ethics committee of the Botucatu college and Judges, carried out a method with two rounds of opinions, i.e., an instrument to validate the workload of professionals who deal with cancer patients in intensive care units¹⁰.

In this way, they understood that the *feedback* from the nursing teams on quality measures of cancer patients results in positive perceptions about the patients, but a negative perception in relation to the burden such as the well-being and performance of these professionals. This perception positively influences the measurement of the workload of these professionals, contributing to the improvement of these professionals and the improvement of planning, avoiding stress and contributing to better professional care¹⁰.

Such instruments created by the authors⁸ can be used as a work tool by the nurse who will perform the navigation instead of being the outpatient nurse, considering that the professional has other duties in care. Thus, it is notorious that navigation should be performed with dedication exclusively by the nurse navigator, because according to the NAS, the nurse himself already has an overload of work, because in addition to administrative tasks, he has complete patient care, such as



bedside monitoring, support and care for family members and patients, ventilatory support, and cardiovascular support¹⁰.

In order to achieve results in patient navigation, it is necessary for these nurses to be aware of the skills they need to have, since they will be responsible for directing and caring for them. During the SARS-CoV-2 (COVID 19) pandemic, strategies were implemented so that cancer patients did not abandon treatment⁹.

Thus, with the help of Situational Strategic Planning, a method created by a Chilean economist Carlos Matus in 1970, which has 4 stages: Explanatory, Normative, Strategic and Tactical Operational to face challenging and problematic situations; they developed some plans in two outpatient clinics and in a hospital, being strategic such as: the creation of the *drive-thru* for injectable medication, COVID testing before chemotherapy treatments, telecare consultations, home care, and scheduling appointments at an exact time and with a 1-hour interval between one patient and another⁹.

In this sense, it was observed that they brought confidence in patients and recognition of the importance of the nurse navigator's role in adapting and innovating with even individual strategies for diagnoses and continuation of safe treatment with planning and execution of emergency actions⁹.

In addition, other studies¹¹ were conducted with outpatients from the *Press Ganey*, evaluating the development and satisfaction of cancer patients in contact with oncology nurses and patients without this assistance. In this sense, surveys and questionnaires were applied, which allowed the evaluation of the main factors that corroborate the efficiency of the treatment. Some surveys and questionnaires were used through some items of:

[...] emotional needs addressed, kept the family informed about what to expect, sensitivity to difficulties and inconveniences, inclusion in treatment decisions, home care instructions, nurses' concern with questions and concerns, quality of care received from the nurse, explained what to expect during radiotherapy, explanation of the management of radiotherapy side effects, waiting time from the call to the first scheduled appointment, coordinated care between physicians and caregivers, care provided in this unit, likelihood to recommend services.¹¹

It was observed that patients accompanied by a navigator had a higher satisfaction compared to patients who did not obtain care from a navigator. In view of all the research, it is worth emphasizing the importance of effective health education, so that the patient has an improvement in the quality of life and ensures the best possible treatment. In addition, the professional should demonstrate trust, demonstrating responsibility to bring comfort and safety to the patient throughout the process¹¹.



FINAL THOUGHTS

It is concluded that patient navigation is a treatment model in the area of oncology in which it is little seen, practiced and currently known in Brazil. It is considered that this new work model is totally necessary in the treatment of cancer patients, due to its numerous benefits. The care provided to patients shows a significant improvement not only in their clinical conditions, but also in their view related to treatment and disease.

Patient-centered care enables easy access to the healthcare system and relevant information from the beginning to the end of treatment. It is noted that the patients are more willing to accept and continue with the treatment, since the Nurse Navigator will be available exclusively to them, solving doubts, questions, monitoring and showing how this whole process works. In addition, it will serve as a link between patient and family, welcoming and guiding not only patients, but also their families.

As a result, the patient feels welcomed, encouraged, gaining strength and reasons to continue the treatment, something that was not a reality before, given this lack of assistance. Thus, it is necessary to emphasize the importance of the Nurse Navigator in the lives of cancer patients, making them more recognized so that the professional can expand and be directed to work on the front line.

It is important to emphasize the need for further studies on the navigation performed by nurses, as well as its implementation, since it is an area of great value in which the patient will have self-centered care throughout the health-disease process, both in the Unified Health System (SUS) and in the complementary one.

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