The Role of the Oncology Nurse Navigator and its Effect on Patient Satisfaction

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Background and Significance

- Patients with cancer often report unmet needs and difficulty navigating fragmented care during their cancer treatment.[7]
- Patients must plan numerous appointments, decide which procedures or doctors are best for them, decipher their disease, battle economic strains, all while coping with the unpredictability of their cancer trajectory.[7]
- Fragmented care leads to poor patient satisfaction with treatment, longer wait times for appointments, and higher mortality than if care was arranged professionally.[7]
- Higher patient satisfaction leads to better health outcomes, treatment adherence, and improved quality of life.[2]
- Oncology Nurse Navigators are a new RN role to guide patients, families, and caregivers through fragmented care.
- Oncology Nurse Navigators coordinate patient-centered care, ensure that test results are forwarded to the care team, advocate for patients, provide patient-specific education and decision-making support, perform risk assessments, and improve patient outcomes.[12]

Purpose

The purpose of this evidence review is to determine if Oncology Nurse Navigators compared to standard cancer care as usual affect patient satisfaction in adult oncology patients.

Methods

Databases: PubMed
Keywords: ((oncology) AND (nurse navigat*)) AND (patient satisfaction)
Exclusion Criteria: published prior to 2015, participants younger than 18 years of age, topics unrelated to evidence review purpose, and reviews of literature.
Results: five studies were retrieved that aligned with the purpose of this evidence search and were of the highest level of evidence and quality.[3,8]

Evidence Review

Authors (Years)	Results	Level of Evidence[12]	Quality Rating[13]
Mertz et al., (2017)[9]	Patients in the nurse navigation group reported significantly greater satisfaction with treatment and rehabilitation and lower levels of distress (mean 2.7 vs 5.1, p<.91), anxiety (mean 5.1 vs 7.8, p=.02) and depression (mean 2.2 vs. 4.4, p=.04) after 12 months from diagnosis when compared to the control group.	2	C
Berezowska et al., (2021)[1]	Patients who received nurse navigation reported higher satisfaction with answers received during treatment than the control group (47% vs 26%), higher satisfaction with received advice (26% vs 22%), and higher satisfaction with sexuality guidance (47% vs 26%).	2	B
Gordils-Perez et al., (2017)[4]	The average PSCC score (5-point Likert scale) in the gynecologic intervention group was 4.78 with a standard deviation of 0.38 where higher scores represent higher satisfaction. The average PSCC score in the hematologic intervention group was 4.87 with a standard deviation of 0.32. The average PSN-1 score (5-point Likert scale) in the gynecologic intervention group was 4.74 with a standard deviation of 0.36 where higher scores represent higher satisfaction. The average PSN-1 score in the hematologic intervention group was 4.76 with a standard deviation of 0.36.	4	B
Oh et al., (2021)[11]	Kwon et al. (2012) reported higher patient satisfaction in the nurse navigation group compared to the control group (Hedges' g = 0.07, 95% CI = -0.24 to 0.37, p = .669, 163 participants, RCT). While Koh et al. (2011) was unable to compare the satisfaction of their intervention and control group, the intervention group had a high mean satisfaction score (4.52 ± 0.51, 32 participants).	1	C
Tho et al., (2016)[13]	In one study, the mean scores for overall satisfaction (EORTC-SAT32) in the nurse navigation group was 90.7 (SD= 13.7) and in the control group, the mean scores were 85.5 (SD=16.7) where higher scores represent higher satisfaction. In another study, the mean scores for overall satisfaction in the nurse navigation group was 11.45 (SD= 3.69) and in the control group, the mean scores were 14.95 (SD= 1.69) where lower scores represent higher satisfaction.	1	B

Summary and Conclusions

- All five studies concluded that the addition of nurse navigation to standard cancer care improved patient satisfaction.
- There is still a need for future research to confirm these findings as most of the studies included had a small sample size, used convenience sampling, and had limited exclusion criteria. In future research, narrowing down the population by looking at the effects of nurse navigation on certain cancer diagnoses could reveal whether some diagnoses benefit more than others.

Implications for Practice and Clinical Nurse Leader Role

- Cancer centers should consider the use of Oncology Nurse Navigators in their practice to ensure that all patients have access to satisfying, high-quality, and timely care throughout their cancer trajectory.
- Coordination, transitions of care, risk assessment, and interprofessional communication are all areas that intersect with the role of Clinical Nurse Leader.[5] Thus, Clinical Nurse Leaders could function as Nurse Navigators or work harmoniously alongside this role to improve outcomes in the patients receiving navigation services.
- Other outcomes such as shorter start times to treatment, improved quality of life, increased patient knowledge, increased patient self-efficacy, and a reduction in 30-day unplanned readmission in cancer patients have also been attributed to oncology nurse navigation and should be further explored.[6,12]

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References

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