The Role of the Oncology Nurse Navigator in Distress Management of Adult Inpatients With Cancer: A Retrospective Study

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According to the National Comprehensive Cancer Network ([NCCN], 2007), patients with cancer experience varying levels of distress about their disease, treatment, and prognosis. Frequently, the distress may be severe enough to impair patients' daily lives and abilities to comply with treatment regimens. One-third of all patients with cancer experience prolonged and high levels of distress that contribute to ongoing adjustment difficulties and can interfere with treatment compliance (Sellick & Edwardson, 2007; Vitek, Rosenzweig, & Stollings, 2007). Still, the healthcare system is doing little to adequately and responsibly attend to this issue (Bultz & Holland, 2006).

Several governmental and professional organizations recommend that patients with cancer be screened routinely for the presence of heightened psychological distress. The NCCN (2007) recommends that all patients with cancer be screened at the initial visit and at appropriate intervals thereafter. Several methods have been developed to screen for distress in patients with cancer. The Distress Thermometer (see Figure 1) is similar to the rating scale used to measure pain: 0 equals no distress and 10 equals extreme distress. The tool has been proven to be valid and reliable (Hegel et al., 2008).

The Distress Thermometer as used at Saint Elizabeth Regional Medical Center serves as a baseline, single-question screening tool to identify distress coming from any source, even if unrelated to cancer. The nurse asks the patient, "How distressed are you on a scale of 0 to 10?" A score of 4 or more indicates a significant level of distress that, according to NCCN, should be evaluated.

A relatively new type of professional, the oncology nurse navigator (ONN) is an RN trained in cancer care who guides and supports patients through the challenges of having cancer, from diagnosis to recovery. An ONN collaborates with all members of a patient's

Purpose/Objectives: To determine whether the oncology nurse navigator (ONN) role as an intervention decreases the distress of adult inpatients with cancer.

Design: Retrospective chart review was used to collect information about patient distress scores at admission and discharge. Scores were compared to determine whether the ONN role is effective in lowering patients' distress levels.

Setting: 261-bed regional medical center in the midwestern United States.

Sample: Convenience sample of 55 inpatients with diagnoses of cancer.

Methods: Nurses asked patients with cancer to rate their distress daily during their stays. Correlation studies and two-tailed t tests were used to assess the relationship between the change in distress and the ONN intervention.

Main Research Variables: Distress scores of patients seen by the ONN versus distress scores of patients not seen by the ONN.

Findings: Patients seen by the ONN tended to have lower distress scores on dismissal (p = 0.1046). The difference was clinically significant to warrant providing an ONN for patient distress. ONN visits have a statistically significant effect on distress scores of inpatients 65 years of age or younger (p = 0.044) and those from rural settings (p = 0.045).

Conclusions: An ONN can lower patients' cancer-related distress scores. Other research has shown that ONNs can help increase patient satisfaction; this research shows that the satisfaction may be related to a decrease in distress and increase in overall quality of life.

Implications for Nursing: Patients experience high distress levels that can interfere with treatment compliance. This research shows that patients benefit from having an ONN to answer their questions and provide them with education about their diseases.

medical team to ensure that information about the diagnosis and plan of care is understood by all team members, including doctors, nurses, ancillary staff, and especially the patient and his or her family members.