



The Process of Oncology Nurse Practitioner Patient Navigation: A Pilot Study

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Oncology nurse practitioner (ONP) patient navigators may improve clinical outcomes. However, no standard measures of the process of oncology patient navigation or of related clinical outcomes exist, and research in this area is limited. The exploratory pilot study detailed in this article used grounded theory and interviews with three ONPs to define the processes employed by ONP patient navigators in caring for patients with cancer.

At a Glance

- In general, oncology nurse practitioner (ONP) navigation has been shown to achieve high-quality, cost-effective care.
- ONPs use unique navigation processes, including fielding telephone calls, providing support, coordinating care, and tracking.
- Additional research involving larger samples is needed to validate the processes used by ONPs when navigating care for patients with cancer.

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Key words: navigation; care coordination; outcome management

Digital Object Identifier: 10.1188/16.CJON.207-210

Research, although limited, has shown that oncology nurse practitioner (ONP) patient navigators improve clinical outcomes (Campbell, Craig, Eggert, & Bailey-Dorton, 2010; Johnson, 2015; Rosales et al., 2014). However, no standard measures exist for either the process of ONP patient navigation or related clinical outcomes, both of which are important for program evaluation. Various governing bodies, such as the American College of Surgeons (2013) and the American Nurses Association (2012) have stressed the need for navigation programs to address the fragmented healthcare system. The cancer care delivery system is in crisis because of a growing demand for cancer care and a shrinking workforce. The number of oncologists that are aged 64 years or older has been growing, and, in 2008,

it surpassed the number of oncologists aged younger than 40 years. This can affect retirement rates and other factors, including productivity and a decrease in physician work hours (Kirkwood, Kosty, Bajorin, Bruinooge, & Goldstein, 2013). Care coordination has been defined by the Agency for Healthcare Research and Quality (2015) as “deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care” (para. 1). The number of cancer survivors in the United States was 11 million in 2007 (Centers for Disease Control and Prevention, 2014) and is projected to increase to 18 million by 2022 (Institute of Medicine [IOM], 2013). About 14 million people have had cancer, and 1.6 million new cases are diagnosed each year; inci-

dence is forecasted to rise to 2.3 million new diagnoses per year (IOM, 2013). The 2010 Patient Protection and Affordable Care Act has addressed the need for patient navigation programs. Defining the process of ONP patient navigation is the initial step toward achieving standardized outcome measures and ensuring high-quality cancer care.

Methods

Constructivism is the philosophical orientation that was adopted for this study. Data and analyses are created from shared experiences and relationships with participants and other sources of data (Charmaz, 2012). This viewpoint facilitates one in learning “how, when, and to what extent the experience is embedded in larger and often hidden positions, networks, relationships, and situations” (Charmaz, 2012, p. 130).

Three ONPs (one certified breast cancer navigator and two advanced oncology certified nurse practitioners) working in inpatient and outpatient settings were recruited for this study, which was guided by the following research question: What processes do ONPs use when caring for patients with cancer? Eligibility criteria were (a) state licensure to practice as an NP, (b) certification to practice as an oncology nurse, (c) a minimum of five full-time years of experience practicing in oncology nursing, and (d) the ability to speak English. The mean age of the ONP patient navigators in the sample was 45 years, and the average number of years working in nursing was 19, with an average of 12 years working in oncology nursing and an average of 3 years working as a navigator. Demographic data are depicted in Table 1. Interviews with