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Patient Navigator's Role Definition

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Patient Navigator's Role Definition

by

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Approval Page

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Abstract

Patient navigation as a care coordination model continues to evolve. Early programs focused on access to care for the underserved and uninsured. With no standard credentials, title, training or job descriptions, navigator programs are as varied as the people who perform these duties. The nurse navigator provides a holistic approach to care delivery and focuses on care coordination, education, and physical, social and emotional aspects of care. Workload for the navigators is increasing as a result of patient, facility, departmental, and national accreditation demands. The goal of this capstone project was to redefine the job descriptions of the Oncology Nurse Navigators working in a community cancer center and to measure the impact on job satisfaction. Using Lewin's Theory of Planned Change, the navigator job descriptions were redefined, while improving overall nurse satisfaction. Four domains of satisfaction as identified by the Satisfaction in Nursing Scale (SINS) were measured. Intrinsic rewards and administrative support increased while collegiality remained unchanged. Workload barriers increased. The results suggested that inclusion of navigators in job re-definition promotes employee satisfaction even if workload demands increase. Intrinsic factors and meaningful work were important to the navigators. Redefining the navigator role helped to meet the growing work demands and assisted with clarification of the role to other health team members.

Keywords: navigators, navigation, cancer, patient navigators, care coordination, navigator job satisfaction, nurse satisfaction, nurse job satisfaction.

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CHAPTER I

Introduction

Problem Statement

According to the American Cancer Society (ACS), 1,665,540 new cases of cancer will be diagnosed in 2014 in the United States (ACS, 2014). As one of the most feared diseases, cancer disrupts the lives of those it impacts and can be overwhelming. Treatment is often complex and difficulties in obtaining care may arise. Cultural, socioeconomic, financial, educational, fear, or distrust of the system, or linguistic issues are all documented barriers to care. For some populations, the burden of cancer is especially devastating, and barriers lead to disparities. Dr. Harold Freeman recognized the hardship that a cancer diagnosis places on patients in poverty. As the President of ACS, he worked to bring awareness to the issues of the poor, and their lack of access to care. In 1995, Dr. Freeman started the first patient navigation program using lay navigators in Harlem, New York. The goal was to assist underserved women, primarily African-Americans, to obtain breast cancer screening, and follow up on abnormal findings (Freeman, Muth, & Kerner, 1995). The success of the program gained recognition and provided the basis for the navigation movement that followed.

Like the Freeman model, early programs focused on removing barriers for people with disparities and were generally site specific. Cancer screening assistance was a goal for many of them. Over time, navigation models expanded and many now provide support to patients across the continuum of care. Navigators provided assistance during screening, treatment, and survivorship phases.

Cancer programs frequently customize a navigation program that is specific to their community needs. This practice is supported by accrediting agencies such as the American College of Surgeons Commission on Cancer (ACOS CoC) and the National Accreditation Program for Breast Centers (NAPBC). Although variation in programs and navigator duties exists, research does support some basic components of navigation. These job duties are key to navigation and include assessment, patient education, care coordination, communication with the health care team, and documentation.

The successes of navigation in promoting individualized care across the continuum have led the ACOS CoC to add navigation to the 2012 Standards for Accreditation of Cancer Centers. Standard 3.1 titled Patient Navigation Process states:

> "A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment" (ACOS CoC, 2012, p.75).

Based on this standard, the job descriptions must be reviewed annually and redefined to meet the community needs.

The NAPBC requires a Breast Health Navigator (BHN) for their designated Breast Centers of Excellence. Standard 2.2 states "A patient navigation process is in place to guide the patient with a breast abnormality through provided and referred services"

(NAPBC, 2013, p. 31). Attempts are underway to standardize navigation; however, a consensus on a definition for navigation, or navigators does not exist. Several organizations have made attempts to define these, and although components are similar, standardization is lacking.

The Oncology Nursing Society (ONS), the Association of Oncology Social Work, and the National Association of Social Workers Joint Position statement released in 2010 defines patient navigation as "individualized assistance offered to patients, families and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience" (ONS, 2010, p. 251). They believe that:

> "education and knowledge in community assessment, cancer program assessment, resolution of system barriers, the cancer continuum, cancer health disparities, cultural competence, and the individualized provision of assistance to patients with cancer, their families, caregivers, and survivors at risk are required for navigators regardless if the role is held by a nurse or a social worker" (ONS, 2010, p. 251).

The American College of Surgeons Commission on Cancer and National Accreditation Program of Breast Centers define patient navigation as "individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care and can occur from pre-diagnosis through all phases of the cancer experience" (ACOS, 2012, p.75). The North Carolina Oncology Navigator Association (NCONA), Association of Oncology Nurse Navigators (AONN), National Coalition of Oncology Nurse Navigators,

Academy of Oncology Nurse Navigators, The Harold P. Freeman Patient Navigation Institute, the National Leadership Consortium, and many others are working independently to define navigation. Without a consensus, the problem will continue to exist.

The lack of consensus is also seen in titles, job descriptions, credentials, competencies, and training. Skills and competencies may be based on program goals. Some programs refer to Patient Navigator (PN), while other organizations use Nurse Navigator (NN), Breast Health Navigator (BHN), or Oncology Nurse Navigator (ONN) as a job title. For this capstone, the terms will be used interchangeably. Programs that focus on system barriers such as scheduling and follow up for screenings may use a lay person. Programs that focus on patient barriers or needs may use a social worker, registered nurse, or nurse practitioner. When clinical care including education and care coordination are goals of the program, nurses or nurse practitioners may fulfill this role.

Standardized competencies for navigators have been unavailable. Previous research suggested some core skills and knowledge required, but no formal guidelines were available until 2013. The National Coalition of Oncology Nurse Navigators (NCONN) listed five competencies that were required for Nurse Navigators. In December 2013, ONS released competencies for Oncology Nurse Navigators (ONN) which described the fundamental knowledge and skills that ONN's should have, or obtain in their first one to two years in the role (ONS, 2013).

As part of the competency development, an advisory team formulated a definition for the Oncology Nurse Navigator:

> "An oncology nurse navigator is a professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Utilizing the nursing process, an oncology nurse navigator provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum" (ONS, 2013, p. 6).

The literature supports a broad scope of services provided by navigators. Assessment and interventions now include the family and caregiver needs, as well as patient concerns. The supportive role has expanded and includes psychosocial and emotional care. Management of barriers extends from the time of an abnormal finding to post treatment or survivorship. In addition to the broadening of services, cancer programs seeking or maintaining accreditation will be looking to navigators to assist in meeting compliance standards. Survivorship, as a new ACOS CoC standard will broaden the scope of the Patient Navigator. A comprehensive care summary and follow up plan for patients at the end of their treatment will be required in 2015 (ACOS, CoC, 2012). Nurse Navigators are typically the care coordinator and will most likely have a role in follow up.

Cancer risk increases with age and according to ACS, 77% of all cancers are diagnosed in people 55 years of age or older (ACS, 2014). The county of the capstone project site is expected to have an increase in the number of adults aging and moving into senior status. By 2015, 47,695 of the county population will be age 65 or older. By 2020, this number increases to 55,969, and by 2025, it escalates to 65,052 according to

the population projections of the US Census Bureau (US Census, 2014). The effect of growth in the senior population on the navigator role is unknown, but it has the potential to increase demands on the navigator.

Cost is another factor that impacts the nurse navigator role. During this transitional period of healthcare reform, reimbursement, and finances are concerns for many facilities. While working through the unknowns of a new health care delivery system and payment structure, the addition of costs is a concern. Navigation services are not reimbursed by insurance and are typically supported by foundational funding, agencies, or the facility. The project site currently supports two navigators for the cancer program. Studies to validate and quantify cost effectiveness, or return on investment are limited. Therefore, making the case to add a third navigator under the current conditions is not feasible.

The Oncology Nurse Navigator role must be re-evaluated with the increasing demands. Facility demands required coordination for a new Computed Tomography (CT) lung screening program, which included pre-screening, education, coordination, and follow-up. The facility has also seen an increase in new cancer cases diagnosed at the facility. According to the cancer registry, the number of cancer patients increased from 507 to 537 from 2008 to 2012. This number does not include patients previously diagnosed with cancer. Departmental demands required performance improvement activities, an increase in community outreach and educational activities. National accreditation standards required patient navigation programs and evaluation of them. The Oncology Nurse Navigator (ONN) is a key component of the program, and redefining the

role is timely. As more cancer patients are diagnosed and seek care, navigation standards are defined, and competencies are developed, the ONN's role must evolve as well.

The facility navigators have an in-depth understanding of their positions. Many duties were not captured in their written job descriptions. Their insight was needed and their participation in the project was critical. As valued members of the oncology team, it was also important to consider the impact role changes would have on the navigators. Job satisfaction data for nurse navigators was not available; however, in a meta-analysis conducted by Zangaro and Soeken (2007) on nurses job satisfaction, job stress, nurse-physician collaboration, and autonomy all impacted job satisfaction. Although the results could not be generalized, the authors pointed out that the findings could be helpful in any setting interested in improving the work environment of nurses (Zangaro & Soeken, 2007, p. 455).

A recent study on ONN's reported that a bachelor's degree in nursing followed by a master's degree in nursing was the most frequently reported levels of education, and that 41% have the OCN certification (Brown et al., 2012). The navigators at the facility fit this profile. One navigator has a master's degree with 20 years of experience. The second one has a bachelor's degree with 32 years of experience. Both have advanced training in chemotherapy/biotherapy. One is a certified Breast Health Nurse and the other one is pursuing her Oncology Certification. They have become experts in their fields through training, experience, and certification. Decker (1997) states "Autonomy in nursing comes with experience and leadership, nurses with more years of experience tend to obtain advanced degrees or become experts in specialized fields and expect autonomy and opportunities within the organization" (Decker, 1997). By promoting

autonomy and eliciting navigator input, it was believed that job satisfaction would be maintained or improved.

The difficulty in defining the nurse navigator's roles, combined with a lack of standardization and increasing demands, created a gap between what was supported by evidence and what was occurring at the practice level. This capstone project assisted in closing this gap.

Justification of Project

The project site navigation program was developed in 2005, and began with the Breast Health Navigator (BHN). Limited research or resources were available at that time. A project team was assembled which consisted of a Surgical Oncologist, Radiologist, Outpatient Imaging Manager, Mammography Supervisor, Women and Children's Health Administrative Director, the Oncology Administrative Director, and two Registered Nurses. Navigation was new to the entire team.

To facilitate the development of a nurse navigation program, a survey of breast cancer patients was conducted. Respondents reported their stress levels during the period from discovery of a suspicious area to obtaining a diagnosis as severe or moderate. When asked "What are the most ideal breast center components?" immediate test results, quick turn- around for biopsy results, and education were priorities. The women also wanted a competent nurse to answer questions, and the team of physicians to review their case before recommending treatment.

The last step in developing the program and navigator job description included consultation with the manager and BHN of an existing breast navigation program. This

was followed by a site visit to view the facility. Information was shared and questions were answered.

The initial BHN description used broad statements to reflect the primary job functions. As a new role, specific duties were expected to change with program development. Ten items were identified as key components to the role. The main duties of the navigator included care coordination and education. A summary of actions to achieve these broad job functions was not included in the written description. Actions were being refined as the role evolved. The job descriptions were not updated and many tasks have been modified since the original design.

Physician support was needed from both the surgeons and radiologists. Obtaining buy in and ownership were important. Two physicians championed the new role and helped to identify actions they believed were helpful. Physician preferences included tasks such as: creating and assembling breast packets of information for patients, assistance with procedures, discharge of patients to home, providing education, and drain management if applicable. Other duties included: scheduling of appointments, assisting with giving diagnostic mammogram results, documentation in the chart, and communication of any patient concerns to the physicians. Emotional support was identified as an important task by the navigators and by the patient survey results.

The success of the BHN prompted the implementation of a general navigator position to assist all other cancer patients. It was quickly determined that the patient needs for the general oncology group differed from the breast cancer group. Due to the survival rate and treatment options for breast cancer patients, the issues addressed with end of life and intensive treatments were seen less frequently. The Breast Health

Navigator spent most of her time allocation during the interval from an abnormal finding to the start of treatment. The primary course of treatment was surgery. After discharge to home, the patients typically had resources and support. Further assistance was not needed for most women, although it was available.

The general oncology navigation group required more assistance. The various treatment options, side effects of treatments, educational needs, disease types, and lack of resources required more direct patient assistance and navigator support. The Oncology Nurse Navigator was consulted at diagnosis and provided assistance through completion of treatment. Transportation assistance, coordination of doctor appointments and accompanying patients to their visits, and in-depth education were often required by the general oncology group. End of life and palliative care issues required more navigator time and sometimes just involved listening.

The ten primary job functions or broad statements that were listed on the BHN job description were also on the ONN job description. The Oncology Nurse Navigator role had additional components of communication and education. Even though the job descriptions overlapped, variation existed between the roles based on the population and individual patient needs.

As more duties were placed on the navigators, it was important to review the roles, to redefine them, and to develop a summary of duties. By clearly defining expectations, the navigators could better prioritize to meet job expectations. In completing this process, it was expected that some actions would be eliminated and others would be added or reassigned.

Oncology Nurse Navigators required a broader skill set which includes time management, strong critical thinking, problem solving, communication, multitasking, and collaboration (Brown et al., 2012). The ability to collaborate and work autonomously is important to ONNs. Job stress, autonomy and nurse-physician satisfaction are important factors in determining nurse satisfaction. As a vital member of the cancer team, and because of the high level of performance required of the navigators, it is important to maintain or improve navigator job satisfaction while redefining the role.

Purpose

The goal of this capstone project was to measure navigator satisfaction after re-defining the Breast Health Navigator and the Oncology Nurse Navigator job descriptions. The process included the gathering and analysis of both external and internal evidence. Internal evidence included the primary job functions listed in the BHN and ONN job descriptions, navigator interviews, and nurse satisfaction surveys. The external evidence included a review of primary job functions performed by navigators at other facilities. This change process would promote navigator involvement, satisfaction, and more accurately reflect the navigator functions. Secondary goals were to compare navigator job descriptions for commonalities and differences, and to better define and communicate the navigator role to the cancer team and facility leadership.

Project Question

What is the impact on the job satisfaction of the nurse navigator working in a community cancer center after changes are made to the job description as measured by the Satisfaction in Nursing Scale (SINS)?

Definition of Terms

Patient Navigator for this project is defined as;

> "A professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Utilizing the nursing process, an oncology nurse navigator provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum" (ONS, 2013, p. 6).

This capstone definition will be used synonymously for Oncology Patient Navigator (OPN), Patient Navigator (PN), Oncology Nurse Navigator (ONN), Breast Health Navigator (BHN), and Nurse Navigator (NN).

Navigation- is defined as "individualized assistance offered to patients, families and caregivers to help overcome health care system barriers, and facilitate timely access to quality medical and psychosocial care and can occur from prior to a cancer diagnosis through all phases of the cancer experience" (ACOS CoC, 2012, p. 75).

Primary Job Functions- refers to the principle duties and responsibilities listed in the job description and reflect the work that the employee is expected to perform in this position. (ONN and BHN facility job descriptions).

Nursing assessment- The American Nurses Association defines assessment as "an RN uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering care in paragraph one of The Nursing Process. Assessment includes not only physiological data, but also psychological, sociocultural, spiritual, economic and life-style factors as well" (ANA, 2014).

Barrier- An obstacle that creates delays or prevents patients from getting diagnostic and treatment resolution of an abnormal or suspicious finding (Freeman et al., 1995). These may include financial barriers (uninsured, underinsured), communication barriers (lack of understanding, language/culture), medical system barriers (fragmented medical system, missed appointments, lost results), psychological barriers (fear and distrust), or other (transportation, need for childcare) (Freeman, 2013).

Care Coordination- A model of healthcare in which all of the patient needs are coordinated with the assistance of a navigator. The navigator communicates with the team, the patient and caregiver to help the patient to get appropriate care (Freeman, 2013).

Follow up- to maintain contact with (a person) so as to monitor the effects of earlier activities or treatment (merriamwebster.com).

Community Outreach- the donation of time or resources to benefit a community or its institutions such as nonprofit, civic or community based organizations in an effort to improve the quality of life for community residents (www.ecu.edu).

Performance Improvement- continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community (www.cdc.gov).

Supportive Role-includes all of the activities that support the patient's psychosocial and emotional well- being such as support group involvement, coaching, counseling, listening, or just being there for the patient (Carroll et al., 2010).

Intrinsic rewards- subcategory of the SINS tool that addresses the feedback patients give nurses and the feelings nurses have about their work and being a nurse. This includes themes such as "making a difference", "professional pride", "caring" and "advocacy (Lynn, Morgan, & Moore, 2009, p.168, p. 170).

Workload barriers- subcategory of the SINS tool that reflects the volume and intensity of the nurse's daily work (Lynn et al., 2009, p. 170).

Administrative Support- subcategory of the SINS tool that dealt with the nurse's pay and administrations responses to the nurse and his or her unit's issues (Lynn et al., 2009, p.170).

Collegiality- subcategory of the SINS tool that measures how the nurses on the unit worked as a team (Lynn et al., 2009, p. 170).

Summary

Cancer prevalence continues to increase. Barriers to effective care have been identified and include socioeconomic, psychosocial, communication, and lack of knowledge or education. Patient navigators have been successful in eliminating these obstacles. Accrediting organizations now require navigators in cancer programs. As a new role lacking standardization, job functions performed by navigators vary. For this reason, the term navigator is not clearly defined and may be interpreted differently based on experiences with navigator programs. As duties changed, the navigators were unable to continue all current tasks. The purpose of this capstone project was to determine navigator job satisfaction after evaluating and redefining the navigator's job descriptions.

CHAPTER II

Research Based Evidence

The review of the literature provided information on navigators and navigation programs. Evidence was collected by conducting a review using the Cumulative Index for Nursing and Allied Health Literature (CINAHL) database. Medline and PubMed databases were also included. Key words used in the search included, navigators, navigation, cancer, patient navigators, cancer and patient navigators, care coordination, and care managers. The review was expanded to include navigator job satisfaction, nurse satisfaction, and nurse job satisfaction. After eliminating studies that did not meet the definition of navigator used in the project, 54 studies regarding navigation were found. Since the focus was on duties of the navigator, only those providing insight into the job were retained.

The Forsyth Nurse Scale is a tool to rate evidence according to five levels of credibility for best evidence. The first level is defined as "Multiple Well-designed Studies" and reflects a meta-analysis. This is considered to be highest level and the most credible source. "One Well Designed Study" or a qualitative research article is the second level of evidence. Level three includes "Studies with Significant Limitations" and includes patient satisfaction data. "Internal Data" such as patient opinion or interviews comprise level four. The last category and the lowest level of credible evidence is "Early Evidence". One patient's voice, narrative stories and nurse opinion all fall into this classification (Kring, 2010).

Eighteen studies related to the navigator role were found to be credible based on the Forsyth Nursing Scale with the majority scoring levels four or five. Of these 18

studies, six focused on the duties performed, while the others gave a glimpse into the job. No studies were found that addressed nurse navigator satisfaction; therefore, a review of nurse satisfaction was completed. The search identified several hundred studies on nurse satisfaction but they did not meet the definition of the navigator environment. Most of the studies were done outside of the United States or tested satisfaction as it related to specific items such as new graduates, shared governance, or specialty areas. Two studies were found that provided insight into general nurse satisfaction and were used as resources for the Patient Navigator Role Definition (PRND) Project. A review of the evidence that described the navigation role and nurse job satisfaction follows.

Review of Literature

Brown et al. (2012) completed an Oncology Nurse Navigator Role Delineation Study. The goal of the study was to determine primary job functions provided by the Oncology Nurse Navigator (ONN). A role delineation advisory committee worked with a contracted agency to gather data. Oncology Nurse Navigators completed a survey to determine if tasks were a part of the job functions and if so, they were asked to score the task based on importance using a Likert scale. A score of 0 meant the function was "not necessary for the job". One was interpreted as "yes, it is a part of the job, but is not very important". A score of two reflected "moderately important", "three was important to the job", four was "quite important", and five was "highly critical" (Brown et al., 2012, p. 583). Three hundred and thirty nurses completed the survey. The sample was primarily female, Caucasian, older than 45 years of age, and worked in a suburban health care environment. The majority of the respondents held a bachelor's degree and 41% had an OCN certification.

As part of the survey, nurses were asked to report time allocation in five areas. The results showed direct patient care required 40% of their time, consultation with providers (coordination of care) 27%, marketing 20%, community outreach and education 9%, and administration 5% (Brown et al., 2012). Tasks identified included:

- "Providing emotional and educational support for patients,
- Practicing according to professional and legal standards,
- Advocating on behalf of the patient,
- Demonstrating ethical principles in practice,
- Orienting patients to the cancer care system,
- Receiving and responding to new patient referrals,
- Pursuing continuing education opportunities related to oncology and navigation
- Collaborating with physicians and other healthcare providers,
- Empowering patients to self- advocate,
- Assisting patients to make informed decisions,
- Providing education or referrals for coping with the diagnosis,
- Identifying patients with a new diagnosis of cancer" (Brown et al., 2012, p. 584).

The study also reported areas of knowledge needed in the navigator role. "Confidentiality, informed consent, advocacy, symptom management, ethical principles, quality of life, goals of treatment, therapeutic options, evidence-based practice guidelines, professional scope of practice, and legal and professional guidelines" were all reported as essential areas of knowledge for ONNs (Brown et al., 2012, p. 584).

Respondents were asked to name specific skills required for the role. Communication, problem solving, critical thinking, multitasking, collaboration, time management, and advocacy were all reported. The authors cited an overlap of general oncology nurse and navigator knowledge as an area requiring further evaluation (Brown et al., 2012, p. 585). This study was credible at a level four and was the first study that surveyed ONNs to help define their role. This research provided the foundation for the ONS navigator competencies that were released in December 2013.

Parker et al. (2009) evaluated three programs within a national trial of patient navigation to develop a protocol for observing what navigators do. They identified two domains of navigator activity. These domains were task and network. Task domain referred to the specific activities navigators performed and included helping or navigating with the patient, completing or facilitating activities for the patient, addressing system issues, documentation completion and other (Parker et al., 2009, p.523).

Identifying and removing barriers was considered as navigating for the patient and included activities of education, inquiry, supporting, and coaching. "Facilitating for the patient included tasks such as locating patients and getting them in for appointments, coordinating team communication, gathering information, and obtaining help and collaboration for patient fears" (Parker et al., 2009, p.523).

System issues were addressed by identifying potential patients needing assistance and by building internal and external networks. Activities such as lab review for potential patients needing help, developing referral routines and networks, and reviewing cases to ensure all issues were resolved were all examples of system issues. Recording in the medical record, entering and getting test results, and processing information were all

listed under documentation. Research activities, providing clinical backup, performing non-navigation tasks, and socialization were all classified as other (Parker et al., 2009).

The network domain included interactions with patients regarding follow up or assistance with upcoming diagnostic procedures. Navigating with providers and non-clinical staff such as insurance carriers, receptionists, and schedulers were in the network category. Addressing issues by providing supportive services required working with others such as social workers, translators, transportation staff, or family and friends. Reviewing the medical record before actions are taken was also considered a network task. This study defined the navigator job to allow comparison of navigator activities within and across programs.

A qualitative synthesis by Wells et al. (2008) explored patient navigation, how it is defined, what navigators do, and what their qualifications should be. They cited 16 studies addressing navigation. Outcome measures were also reported. Four areas of navigation intervention were identified. These were:

- Overcoming health system barriers
- Providing health education about cancer across the cancer continuum from prevention to treatment
- Addressing patient barriers to cancer care
- Providing psychosocial support (Wells, 2008).

Variations in navigator qualifications existed and included lay people, undergraduate prepared individuals, masters prepared staff, nurse practitioners, social workers, health educators, and cancer survivors. Navigators were typically paid employees. The population served was primarily individuals at risk for poor cancer

outcomes, but some managed care and medical center patients were seen. Most programs focused on a specific cancer type such as breast. The outcomes of these navigation programs varied and included the following components:

- Increased screening
- Improved patient follow up care after an abnormal screening
- Decreased time from diagnosis to treatment of cancer
- Increased cancer treatment and the psychosocial experience of cancer treatment
- Increased accrual and retention in clinical trials
- Recruited individuals for cancer screening
- Assisted with increased compliance with referrals to genetic testing particularly breast cancer (BRCA) 1 and BRCA 2 (Wells et al., 2008).

The authors reported that limitations existed in most of the studies reviewed and included a lack of control groups, small sample sizes, and overlapping interventions. Four key duties of patient navigators were identified in the study.

Chyongchiou et al. (2008) studied three hospital programs and compared barriers and time required to address them for an at-risk population. Navigators guided the patients and families through the treatment process within the system and helped them to link to community resources needed during and after treatment. Access to support groups, cancer education, and screening programs was provided. The duties were classified as in-reach and out-reach services. Out-reach referred to collaboration with community resources, while in-reach reflected aid within the system.

The researchers evaluated the amount of time spent performing navigator duties. An average of 2.5 hours was spent on each patient. Financial needs including insurance and out of pocket expenses were reported most frequently and required the most time to address at 169 minutes. Transportation issues required 74 minutes, end of life issues required 65 minutes, arrangement for dependent care used 60 minutes, scheduling appointments used 34 minutes, and 24 minutes were required for assistance with daily living (Chyongchiou et al., 2008). The authors concluded that this study would be helpful in allocation of staff time and in program development. Limitation included the use of a convenience sample. This study does give insight into the navigator role; however, the role was performed by non-nurses.

Koh, Nelson, and Cook (2011) evaluated a patient navigation program for timeliness of access to cancer care, resolution to barriers, and satisfaction. They studied 55 newly diagnosed breast cancer patients over a six month period to see what navigation experiences were effective. Access to care, barriers to care, and patient satisfaction were all evaluated. Records and record keeping and scheduling appointments were the most frequent navigation activities with an average of 87.5 minutes spent. Providing education and support required the next highest time with 17.5 and 14.58 minutes. Seventy percent of the participants had two or more barriers to care (Koh et al., 2011). Most navigator time was spent on barriers related to employment issues, attitudes toward providers, and perceptions or beliefs about tests or treatment. Seventy-one percent of barriers were eliminated by the time treatment was started. The researchers suggested that a reduction in non-nursing tasks such as appointments and record keeping would better utilize the special knowledge and skills of the oncology nurse. Limitations in this study included a

small sample size, and completion at a tertiary referral center serving a predominantly white population, employed with insurance.

Horner et al. (2013) provided an overview of the ONN Program at their facility as part of a National Cancer Institute Study. Three nurses served in an ONN role part time. They had training in psychosocial skills which included assessment for depression, problem solving, behavioral activation, and communication strategies. Seven responsibilities of the Oncology Nurse Navigator were identified and included:

- Proactively reach out to patients newly diagnosed with cancer
- Facilitate communication between providers
- Prevent delays in treatment
- Explain medical treatment language
- Provide psychosocial support
- Monitor and manage symptoms
- Identify and recommend resources (Horner et al., 2013).

The authors concluded that "the roles and functions for ONNs need to be articulated to understand their value in healthcare settings" (Horner et al., 2013, p. 48).

Aspects of Navigation and the Navigator Role

Studies to identify the job functions of the patient navigator were limited. The six studies above provided the best information available. Some insight into navigator duties was gained by reviewing additional studies where tasks were identified, but were not the focus of the study. The following studies provided insight into the role.

Christie et al. (2008) used navigators to provide assistance to patients of average risk for colorectal cancer (CRC) in a randomized controlled trial to increase colonoscopy

screening among low income minorities. Patients were navigated or non-navigated as they completed colonoscopy. The patient navigator contacted patients within one week after their clinic visit. Screenings were scheduled and explanations including purpose, risks, benefits, nature of the procedure, and preparation were provided. The navigator mailed instructions and then called the participants one week prior to the test to answer any questions, and to remind them of the procedure. Two days before the test, a second call was made to address any concerns. Two days after the test, another call was made by the navigator to discuss any concerns. If the appointment was not kept, she addressed barriers and attempted to reschedule.

A tracking log of pre and post colonoscopy activities was kept by the navigator. Duties of the navigator included providing assistance with referral forms and getting the patient to the scheduler, assisting in getting referrals for the colonoscopy, providing risk education, providing prep education, sending appointment reminders, providing explanation of procedures, arranging transportation, and rescheduling appointments if needed (Christie et al., 2008). The results showed that 54% of navigated patients completed screening colonoscopy versus 13% of the non-navigated. The findings also reported that 6% of navigated patients had an excellent or very good prep for procedure and 100% were very happy with the navigation process. The sample size was considered a limitation and larger studies were recommended to determine what features of navigation were most effective in increasing colonoscopy screening compliance. The investigators concluded that navigation improves compliance with CRC screening.

Han, Lee, Kim, and Kim (2009) employed lay health workers to increase breast cancer screening outcomes in Korean-American women. Lay health workers of the same

ethnicity were trained and competency was rated. The workers then recruited women 40 years and older who had not completed a mammogram over the past two years. Questionnaires, education, counseling, and navigation within the healthcare system were provided. Education about breast cancer was given in groups and usually lasted about 122 minutes. Counseling services occurred by telephone, or by home visits for follow up. Additional navigation services included providing information about mammogram facilities close to home (54%), information about low income state cancer programs (36%), appointments for a mammogram (34%), transportation, and translation services (20%) (Han et al., 2009). Results showed that women receiving mammography increased significantly during the six month period.

Clark et al. (2009) employed case managers to assist women in obtaining mammography. Culturally appropriate assessments were completed and barriers to screening were identified and addressed. Patient and clinician communication and cultural barriers regarding screening and test results were removed. Navigation of the healthcare system included help with setting up appointments, tracking and reporting abnormal test results, and helping clinicians to complete follow up for abnormal tests. Community resource referrals to social services, health centers, and public health were included. Navigators tracked patients and contacted them when their next mammogram was due. They offered education and next steps. The navigators also attended physician visits to provide support. Results showed a significant increase in screening. Limitations included a small sample size and the lack of a control group, which could impact validity and the inability to distinguish study effects from historical trends.

The objective of Lasser et al. (2009) was to determine the effectiveness of a Patient Navigator-based intervention to increase CRC screening rates in community health centers. Patients who had not completed CRC screening, and who were found to be appropriate by their primary care physician, were contacted via a letter regarding their need to be screened. A brochure was also given to them. Patient navigators followed up to discuss screening and to provide assistance. The researchers reported that 31% of the intervention patients were screened at six months versus 9% of control patients. Navigators were found to be effective in increasing screening.

Ell, Vourlekis, Lee, and Xie (2007) completed a randomized clinical trial in Los Angeles that included 204 women with abnormal mammograms referred for follow up who were assigned to a patient navigation intervention or usual care. The navigators helped with telephone risk assessment, education, psychosocial counseling, navigation of the system, patient tracking, patient reminders, follow up calls, and chart abstraction. Results showed that by adding a patient navigator a significant increase in the rate of adherence to follow up through diagnostic resolution was found. The group with navigator intervention had 90% follow up compared to the usual care at 66%. Study limitations included a small sample size of women with American College of Radiology (ACR) level 4-5 abnormal mammograms and of non-Latino background.

Palmieri et al. (2009) used patient navigators for underserved women to eliminate delays in diagnostic resolution of abnormal screening mammograms, provide services for abnormalities noted during breast cancer screening, describe demographic and clinical characteristics of enrollees, and to assess post-screening follow up care. The navigator duties included confirming patient eligibility criteria, which included breast abnormality

on mammogram. The patient navigator obtained informed consent, identified and alleviated barriers, gave appointment reminders, arranged interpretation assistance, guided patients through the system, helped with communication and coordination of services, and documented and assisted with appointments and paperwork. Results showed that the median time from detection of abnormality to diagnosis was 37 days (Palmieri et al., 2009).

The Community Health Advisors in Action Program (CHAAP) was a pilot PN project. The goal was to increase adherence to follow up and treatment for underserved women, primarily African Americans, from 23 Alabama communities (Fouad, Wynn, Martin, & Partridge, 2010). Once eligibility was confirmed and the navigator was matched, the PN met with the patient to determine needs or barriers. The navigators guided women through the system by linking them to physicians or facilities. Barriers included breast cancer education (27%), how to get help (26%), written information that is easy to understand (19%), body image (17%), reassurance about surviving breast cancer (16%), and coping strategies (13%) (Fouad et al., 2010). Twenty-six percent needed help filling out forms and understanding written information, 16% needed guidance through screening and treatment, and 15% needed help with keeping up with appointments. Forty-seven percent needed to know more about Medicare/Medicaid benefits. Thirty-four percent needed help getting a breast cancer support group and 22% needed to connect to a breast cancer survivor. The navigator interventions focused on addressing financial barriers (29%) and transportation barriers (28%). Overall adherence rate for patient appointments was 93%. The use of PNs was effective in closing the gap between development and delivery of cancer treatments for the medically underserved.

Chen et al. (2010) completed a randomized controlled trial to look at the effectiveness of patient navigation in improving quality care for urban minority women with an abnormal mammogram. Navigators provided social and emotional support, helped with arranging appointments, assisted with financial applications, helped get community resources and support systems and facilitated communication and collaboration with the health care team (Chen et al., 2010). The researchers studied ASCO NICCQ breast cancer quality indicators adherence pre and post navigation. Overall adherence to the quality indicators was 69% pre-navigation and 86% post-navigation. Significant improvement was seen in surveillance mammography after curative treatment (Indicator BR-7-2: 52 to 76% $p < 0.05$). The number of women receiving adjuvant chemotherapy went from 73% to 92%, and the receipt of radiotherapy after mastectomy went from 75% to 100%. All nine indicators had a minimum of 75% adherence after navigation was implemented. The researchers reported that these quality improvements were seen in a short time span after initiation of navigators. No training or education on the quality standards was provided. Chen et al. (2010) stated that Patient Navigators helped to bridge the gaps and to decrease fragmentation of the healthcare system for breast cancer patients. They found that navigation helped to improve quality of care in women with cultural, linguistic, and financial barriers in a public hospital.

The goal of Fillion et al. (2009) was to look at the impact of a Patient Navigator on continuity of care and empowerment of patients with head and neck cancers. Continuity of care specifically looked at satisfaction and hospitalization, while empowerment referred to cancer related problems and quality of life. Clinical functions performed by the navigator included assisting the patient and family to cope with the disease and

treatment, promoting decision making, providing social support and resources, reinforcing coping strategies to help with problem solving and distress management, and providing transitional support and counseling. Organizational duties included timely and tailored information, proper use of communication tools, comprehensive needs assessment and aligning it with resources, coordination of treatments, using care pathways, and being accessible (Fillion et al., 2009). The navigation group showed higher satisfaction and shorter duration of hospitalization as well as fewer cancer-related problems. Body image concerns and sexuality related problems were reported to be less. Emotional quality of life and functioning was higher in this group. Limitations included the cross-sectional and non-equivalent group design and sample size. Results were not generalizable as only one university hospital was included in the research. However, this study shows the expansion of navigator duties to include many psychosocial duties such as counseling, coping, transitional support and distress management.

Carroll et al. (2010) completed a randomized controlled trial to evaluate patient's experiences with navigation for cancer care. Patient interviews were conducted. Patients who received usual care and patients who were navigated from cancer diagnosis through treatment completion were included in the trial. The most common expectation of navigation was education. Other helpful tasks included how to arrange tests and appointments and help with financial or insurance issues. Care coordination, advocacy, helping the patients to manage their care, and navigator being present were also valued. Emotional support was important as most patients stated they felt overwhelmed. Presence of the navigator provided comfort and security. Being present activities included checking in with calls or informal visits, or just having someone to call if

needed. The patients saw the navigator as someone with personal knowledge of their life situation. For those in the usual care group, unmet needs were a lack of assistance or support with childcare, household responsibilities, coordination of care, and emotional support. Implications of this study showed that navigation services may help to improve cancer care outcomes important to patients by addressing fragmented, confusing, uncoordinated, or inefficient care.

Walsh et al. (2011) conducted a phenomenological study to explore experiences and views of cancer care coordination. Participants included health clinicians, cancer care coordinators, nurse coordinator, and patients. Key components identified were organization of patient care, access to and navigation through the healthcare system, allocation of a key contact person, effective communication and cooperation among the multidisciplinary team and other health service providers, delivery of services in a complementary and timely manner, sufficient and timely information to the patient, and needs assessment (Walsh et al., 2011). Both clinicians and patients reported a key contact as essential. This was someone that they can talk with that knew each patient and who was an advocate. The authors concluded that these components may provide a foundation for the development of metrics and interventions to improve the quality of cancer care through improved care coordination.

In a study by Chen et al. (2008), patients were enrolled in a cohort study in a teaching facility in New York. The patients were mostly African Americans and Hispanics with screening colonoscopy referrals. A bilingual Hispanic PN contacted the patients and reviewed medical history, gathered a medication list, and confirmed insurance status. The navigator provided education about the procedure and scheduled

the test. Instructions and reminder postcards were then mailed. Patients were contacted at two weeks, and then again at three days before the procedure to confirm visit and transportation needs if indicated. Education about the day of the procedure was given. The navigator met with the patient immediately before the procedure to answer any questions and alleviate fears. A call two weeks after the procedure was conducted to address any outstanding issues, and to gather patient satisfaction information. Results showed that 66% of navigated patients completed colonoscopy. Eighty-seven percent communicated that the PN helped to calm their fears about the procedure. Patient satisfaction was 98% overall, and 66% stated they would not have completed their colonoscopy without navigation (Chen et al., 2008)

A summary of navigator tasks identified in the previous studies is shown in Figure 1 (Carroll et al., 2010; Chen et al., 2010; Chen et al., 2008; Christie et al., 2008; Clark et al., 2009; Ell et al., 2007; Fillion et al., 2009; Fouad et al., 2010; Han et al., 2009; Lasser et al., 2009; Palmieri et al., 2009; Walsh et al., 2011).

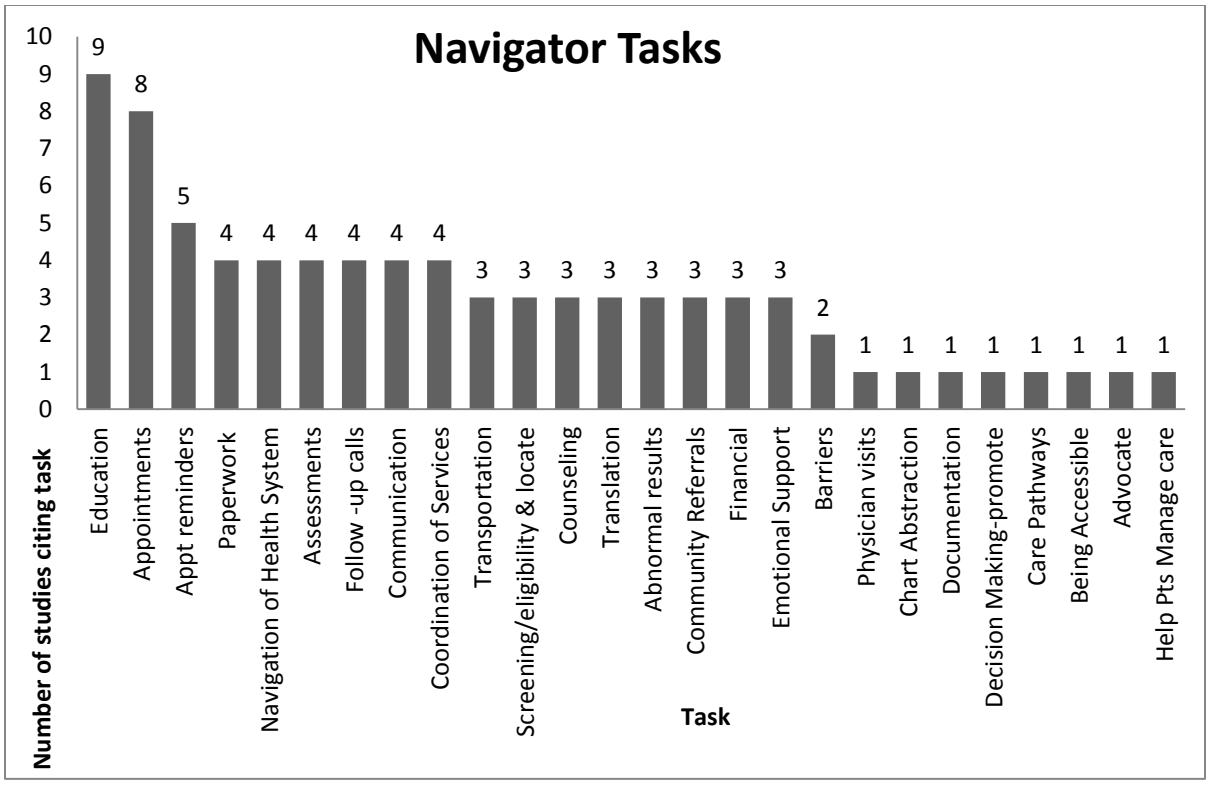

Figure 1. Navigator Tasks

The navigator tasks and number of studies that cited the task is listed. Education was the number one duty identified. Education was listed as a function in nine of the ten additional studies. Assistance with scheduling appointments and sending appointment reminders were performed by PNs in over half of the studies. This review of tasks is consistent with the six studies that focused on the navigator role, although some variation in the duties was found. Using care pathways, promoting decision making, being accessible, being a patient advocate, and helping patients to manage their care were less frequently reported. These tasks are often seen as duties of a nurse as identified by Brown et al. (2013). Early navigation programs focused more on screening and frequently used lay people to perform tasks and may help to explain the variation.

A review of the literature showed that PNs play a big role in the delivery of cancer care. Several themes emerged to describe the most common tasks completed. These included assessment or identification of needs, alleviating barriers to care, care coordination, communication, documentation, providing education and follow up, information management, community outreach, performance improvement, supportive services, and other. Other included any activities that did not fit in any of the other 11 categories.

Education topics were broad and included screening processes, disease, treatment options, coping skills, and resources. The navigators helped patients to make informed decisions. Assessment was at the center of their role, and involved identifying potential or actual barriers to care. Alleviating patient barriers required navigators to know the available resources, and how to access them. Emotional support and a presence of being there were valued components of navigation. The 12 themes listed above provided a foundation to review and redefine the current navigator job descriptions.

Nurse Satisfaction

Literature on navigator satisfaction was unavailable. Studies to look at nurse satisfaction were reviewed. Most studies on nurse satisfaction focused on new graduates, shared governance, or specialty areas. Two general studies on satisfaction were found and included. They helped to identify factors of nurse satisfaction.

Zangaro and Soeken (2007) completed a meta-analysis of 31 studies that focused on nurse satisfaction. The goal was to provide a better understanding of the factors that impact nurse satisfaction in today's working environment. Recurrent themes of satisfaction were autonomy, job stress, and nurse-physician collaboration. Job

satisfaction for this study was defined as “the extent in which employees like their jobs” (Zangaro & Soeken, 2007, p 446). Control and autonomy were grouped together. They have been recognized as one of the most important factors impacting nurse satisfaction. Job Stress included items that were listed in previous research such as burnout, work, and emotional exhaustion. Nurse-physician collaboration was the last concept and reflected the interactions that occurred between the two. They found that job stress has the strongest negative impact on satisfaction. Nurse-physician collaboration had the strongest positive correlation. Autonomy had a moderately positive correlation. The authors pointed out that job stress and job satisfaction showed a significant increase in correlation since the last meta-analysis of 12 years prior. This is believed to coincide with increased technology and a changing environment. The study was completed using registered nurses in inpatient and outpatient settings. Therefore, generalization to other areas may not be applicable.

Pavlish and Hunt (2012) completed an exploratory study on meaningful work in acute care nursing. In this study, nurses were interviewed and a content analysis was done. Nurses shared stories that represented meaning or value to them. Three themes were identified connections, contributions, and recognition. Connections referred to the ability to form relationships with their patients and families. Nurses felt having time to sit with a patient and to get to know them showed caring. This connection provided an opportunity to know the patient physically, mentally, emotionally, and spiritually.

Contribution was the next theme identified and represented the value that nurses placed on seeing their patients improve. Improvement did not always refer to discharge

to home, and symptom alleviation was also considered improvement. Making a difference or doing something worthwhile promoted meaning.

Recognition was the last theme of meaningfulness. Nurses liked to be recognized for their expertise, accomplishments, or humane care. The nurses shared comments of how patients and family members thanked them for their care. Value and meaning was placed on these comments.

The study reviewed meaningfulness from a nurse's perspective. The nurses identified roles that they believed to be important. These included being a patient advocate, catalyst and guide, and having a caring presence. The authors pointed out that all three of the meaningful roles identified were relationship based.

Conditions that promote meaningfulness included learning-focused environments with constructive management, cohesive teamwork, and sufficient patient-contact time. Task filled environments, stressful relationships, and divisive management prohibited meaningfulness. The authors stated that "nurses described difficult work and long hours, but doing something meaningful made them proud to tell people, I'm a nurse" (Pavlish & Hunt, 2012, p. 118). This study suggested that job satisfaction is better when nurses find meaning in their work.

Gaps in Literature

The literature provided a lot of information regarding navigation, but studies to define the role were limited. Since communities base programs on their specific needs, it is hard to compare roles outside of the geographic area. The Oncology Nursing Society Role Delineation study was the first one to define the role based on Oncology Nurse Navigators and Oncology Nursing.

Navigator job satisfaction is another gap in the literature. No evidence was available on the factors that impact navigator satisfaction. A knowledge of "what navigator's value" would have been helpful when designing the project. To measure navigator satisfaction, factors that impact it must be defined and tools must be available to measure it.

Strengths and Limitations of Literature

The literature provided an overview of navigation and programs. Based on the Forsyth Nurse Scale, the majority of the evidence was in the top two levels for credibility. Patient Navigator research has continued to grow. A broad spectrum of program designs and duties were seen across various settings. Early data focused more on screening and providing patient assistance. Lay navigators were typically used in this period of navigation. The evidence showed the evolvement of navigation and navigators. Recent studies reflected the continuum of care from prevention to survivorship, multiple disease sites, and a broader use of navigator skills. Nurses were fulfilling many of these roles, and brought new knowledge and skills to the position. Standardization of navigator duties has been identified as a gap in the research.

Theoretical or Conceptual Framework

Kurt Lewin, was a German psychologist who developed the Planned Change Theory. Lewin is known as the father of change and his theory provided a theoretical framework for the project. Change may be perceived as difficult, and may promote feelings of anxiety and uncertainty. When steps are planned and taken to meet a new standard, indicator or goal, it is change by design. Change also occurs that is

spontaneous, unplanned, and may be in response to an action. Healthcare provides an environment of constant evaluation and change.

Two concepts central to this theory are field and force. Lewin defined a field as a system. When a change occurs in the field, the entire system can be impacted. Evaluation of the field for effect must occur. Force is defined as a directed entity that has the characteristics of direction, focus and strength. Change is defined as the movement from the status quo that creates a disruption in the balance of work forces or equilibrium (McEwen & Wills, 2002).

Change is impacted by two opposing forces. Driving forces promote movement toward a goal or outcome. They are recognized as the motivation or initiative to move. Restraining forces block or impede progress toward the goal. When planning change, the driving forces should be carefully evaluated and promoted while restraining forces should be minimized. Effective change occurs when equilibrium has returned (McEwen & Wills, 2002).

When change occurs, three phases must be completed. If the phases are not finished, change may be ineffective or undesired. The first phase is referred to as unfreezing. During this phase, the individuals must recognize and agree that there is a need for change. Change in the work environment often leads to feelings of uneasiness, uncertainty and loss of control (McEwen & Wills, 2002). During the unfreezing period, the driving forces must be identified. Restraining forces must be evaluated and planned for.

The second phase is referred to as movement. During this stage, the driving forces should exceed restraining forces. When these driving forces are planned for, an

environment where the goal or outcome can be achieved is promoted. The driving forces create the impetus for the change. Movement takes time and is not sudden or spontaneous, and it does not always go in the direction desired. Thoughtful planning must be completed prior to implementation of change.

The third phase refers to refreezing. Lewin believed that change unsupported by an infrastructure will not be maintained. During this stabilization process, the change is assimilated into the system. The new "normal" is defined. Change disrupts the comfort of status quo therefore, resistance to change should always be anticipated and expected (McEwen & Wills, 2002).

Each step of the process must occur for change to be real. Lewin also believed that those who are affected should be a part of the process and have input. In this theory, the individual as part of the system is impacted by the group. This project involved a change in the job description to meet increased demands. The navigators are a vital part of the cancer team, and are influenced by the team. The team is impacted by the navigators as well.

In the first phase of unfreezing, the job descriptions were evaluated. The status quo was challenged by reviewing navigator roles from external facilities, and by comparing them to the facility job descriptions. A review of the American College of Surgeons Commission on Cancer and National Accreditation Program of Breast Centers compliance standards was completed and broadened the system. These guidelines became a part of the driving forces. Other driving forces included an increase in patients needing assistance, additional facility duties such as performance improvement, survivorship, and a changing healthcare system.

The navigators were aware of the need for change, and provided valuable information during interviews. They completed the Satisfaction in Nursing Survey (SINS) during this phase which threatened a change in the status quo. The measurement of ONN satisfaction was a new component, and could have been conceived as threatening or uncomfortable. Inclusion of the ONNs in the process was required for change to be effective.

Many of the navigator tasks were developed with physician input, and the ONNs did not want to change areas where their relationships and collaboration could be impacted negatively. This concern was one of the restraining forces that needed to be considered. The Oncology Nurse Navigators had assumed some duties that were not a part of the original job description. These included assistance with biopsies and other procedures, discontinuing intravenous catheters, completion of discharge paperwork, and escorting patients to their car at discharge. Eliminating these duties from the list required discussions with department managers, and provisions to continue the duties after the ONNs stopped completing them. The plan had to include actions to minimize or eliminate these restraining forces.

The second phase is defined as movement. During the phase, the new job descriptions were created and implemented. Additional tasks assumed by the navigators were reassigned to other staff or departments. Since nurse-physician collaboration was a restraining force, and the navigators voiced concern, some duties were kept even though the evidence did not support them. This included assistance with biopsies. Careful planning in the first phase allowed the movement phase to proceed smoothly and to not disrupt care delivery. Implementation occurred over a one month period.

The third phase was refreezing, and occurred when the new role became a part of the system and was maintained. New expectations were developed, communicated, and accepted by all members of the group. The system returned to equilibrium. Processes were solidified, and written job descriptions were finalized. Navigator satisfaction was measured to determine the impact of the process. Return of equilibrium was measured by maintenance or improvement in the nurse navigator's satisfaction. A conceptual theoretical empirical model of the planned change theory and evaluation methods is provided in Figure 2.

Conceptual Model Concepts	**Unfreezing**	**Movement**	**Refreezing**
Mid-Range Theory	PNs are aware of and agree with job description change	PNs trialed new job descriptions Nurse Managers involved in re-delegation of duties	PNs return to equilibrium with new role Team supportive of changes
Empirical Research Methods	PNs help: Review Standards Review job description/comparison data Complete Interviews Complete SINS tool	New Job descriptions implemented for one month Other members of the team completed duties as re-assigned	SINS completed and measures PNs satisfaction New job description-finalized in written format for communication

Key: PN-Patient Navigator
SINS-satisfaction in nursing scale

Figure 2. Lewin's Theory of Planned Change CTE

Summary

Navigators have been used to address barriers and/or access to care within the health care system. As a patient advocate, they also provide individual assistance by helping with resources, providing education, and psychosocial support. Navigators work with patients across the continuum of care from prevention to survivorship. A standard definition of the duties they perform does not exist.

Twelve themes or categories were identified from the literature and included assessment, alleviating barriers to care, care coordination, communication, documentation, education, and follow up, information management, community outreach, performance improvement, supportive services, and other.

Brown et al. (2012) surveyed ONNs to determine the tasks, knowledge base and skills required. Their study provided the foundation for the ONS competencies. Evidence was limited on the navigator role, but attempts to standardize and define the role were seen.

Factors that impact navigator satisfaction or a tool to measure satisfaction were not found in the literature. Studies showed that job stress, autonomy, and nurse-physician collaboration are important components of nurse satisfaction. Patient Navigation Role Definition used Lewin's Theory of Planned Change to redefine the job description and to evaluate the navigator's satisfaction.

CHAPTER III

Project Description

The purpose of this capstone project, Patient Navigator Role Definition was to measure Oncology Nurse Navigator's job satisfaction after modifying the job descriptions. Navigator job descriptions were obtained from external facilities and reviewed. Primary job functions performed by the navigators were identified and recorded. The tasks were then assigned to one of the 12 categories identified in the literature. These categories were assessment, alleviating barriers to care, care coordination, communication, documentation, education and follow up, information management, community outreach, performance improvement, supportive services, and other. The categories were then averaged to determine the percent of workload required for each group. The themes had to total 100%. The same process was completed for the facility job descriptions. Once this was completed, a comparison of the time allocation between the facility and external facilities was done. The classification and time allocation results were shared with the ONNs during an interview. Navigator input and the comparison data were used to make changes to the existing job descriptions.

The navigators completed a satisfaction survey prior to the job descriptions revision. After one month of working with the new job descriptions, the navigators repeated the Satisfaction in Nursing Survey. This process helped to align the navigator role with facility demands, departmental needs, and accrediting agency standards.

Facility demands required assistance of an increasing number of cancer patients. A new lung screening program was started and pre-screening, educating, coordinating, and providing follow up assistance for patients was needed. Departmental demands

required an increase in reporting performance improvement and in providing community outreach and education. Accreditation standards required the assistance of the navigators in follow up and survivorship. The primary objective of the capstone was to determine the impact on the Oncology Nurse Navigator's job satisfaction after changes to the job description were made. Secondary goals were to compare navigator job descriptions for commonalities and differences and to better define and communicate the navigator role to the cancer team, and facility leadership

Project Implementation

This capstone project consisted of two phases. The first phase occurred over a three month period. During this phase, navigator job descriptions were obtained from various facilities and settings. Eight sample job descriptions were reviewed and included both large and small facilities. Duties from the sample descriptions were recorded, and then assigned to one of the following twelve categories: assessment, barriers, care coordination, communication, documentation, education, follow-up, information management, community outreach, performance improvement, supportive services, and other. Each of the 12 categories was then averaged to determine time allocation for tasks specific to that category. The duties were also classified as either a task or network domain based on Parker et al. (2009). The averages were calculated based on 100%. The results were reviewed and labeled the comparison group. The same process was followed for the capstone site job descriptions. These results were labeled the facility group. Time allocation for each of the 12 categories and for the two domains was contrasted between the comparison group and facility group.

The facility job descriptions included broad statements, and did not reflect the tasks completed by the navigators. The navigators were asked to provide a summary of current duties, which was included in the facility group as part of the time allocation process. To determine face validity, the two navigators and the research coordinator at the site were given the list of tasks and asked to validate the classifications. It was determined that identification of barriers should be a part of assessment. Follow up was considered an extension of care coordination. Information management and documentation were considered to be components of communication. These changes were made and the classification was decreased to eight categories. Time allocation was recalculated. Figure 3 shows the final comparison after face validity was determined.

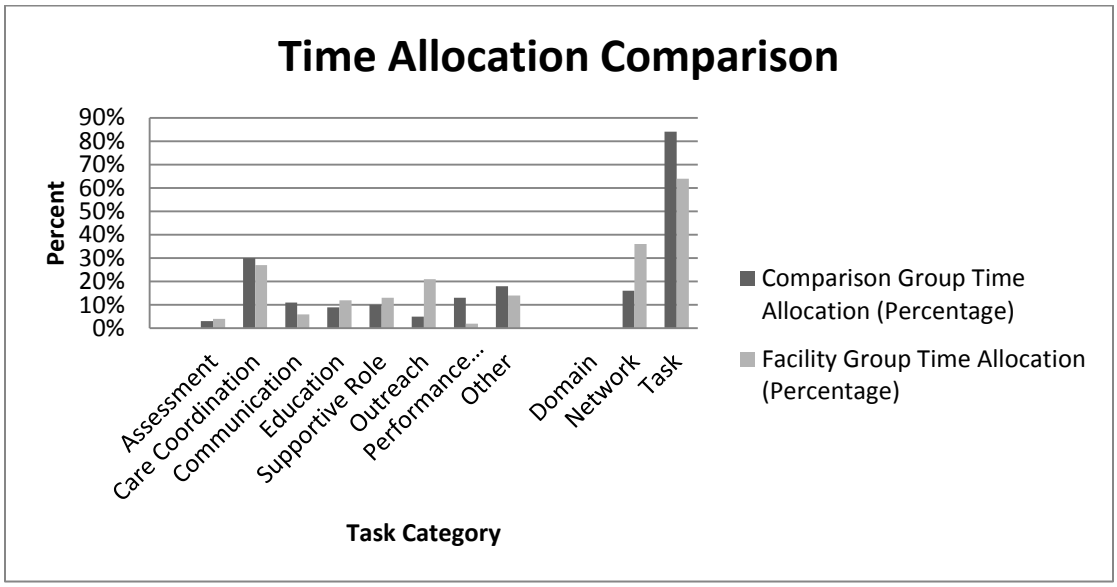

Figure 3. Facility and Comparison Group Time Allocation

Next, the navigators were interviewed. During the interview, the time allocation comparison, the primary job functions listed on the current descriptions, and the additional tasks provided by the navigators were discussed. Duties listed in the facility job descriptions, the additional job duties identified by the navigators, and the assigned category for each function is provided in Appendix A. The current job descriptions did not reflect outreach or supportive care/role activities, even though the navigators reported a lot of time performing these tasks.

Based on the literature review, classification, navigator interviews, and navigator input changes to the job descriptions were made. Items that were eliminated from the role included financial assistance, coordination and assistance with CT Colonography procedures, discharging patients from Same Day Surgery and the surgical unit, and serving as team captain for Relay for Life.

Assistance with financial barriers was delegated to the social worker. Computed Tomography Colonography duties were reassigned to the radiology department. Calling and faxing results to the Primary Care Physicians was delegated to the support staff unless physician orders were anticipated.

Duties in Same Day Surgery and on the surgical unit were limited to providing education and care coordination actions. This was an area where the job description had expanded from the original design. The navigator had assumed many duties of the direct care registered nurse and included: removing intravenous catheters, assisting with toileting and dressing needs, providing all discharge education, completing core measure documentation, documenting all discharge requirements in the chart, providing

appointments and prescriptions, and escorting patients to the car. These duties were reassigned to the direct care nurse.

Some items remained in the job descriptions even though they were not supported in the literature. These functions were considered as high importance to the navigators. Examples of this included assisting with biopsy procedures, applying pressure after biopsy, cleaning and dressing the biopsy site prior to discharge, and assistance with stereotactic and ultrasound procedures. The navigator was concerned about discontinuation of these tasks. She considered this to be a time of increased patient anxiety and felt that supportive care was needed. If a cancer diagnosis was confirmed, a relationship with the navigator had been initiated, and would provide a familiar face for support. These duties were also developed with physician feedback.

At the beginning of the interview, a primary concern for the navigators was physician collaboration in care delivery. The Oncology Nurse Navigators worked closely with the physician team and did not want to jeopardize their relationships. Physician preferences had helped to shape their roles and they were concerned about the impact of changes.

Some duties were added to the navigators. Survivorship and follow up surveillance were items that needed to be defined and standardized. The American College of Surgeons Commission on Cancer standards required a patient summary plan at discharge with follow up and surveillance. The navigators developed a timeline and process to address surveillance. The plan included patient contacts for the navigated cancer patients 24 hours after discharge to home, at three months, six months, nine months, and one year or as needed. This timeline provided an opportunity to connect

with the patients at pivotal times. Although this created more work for the navigators, these intervals were believed to coincide with completion of treatment and the beginning of survivorship.

Current job descriptions listed performance improvement as a primary function but this task was not clearly defined. A completion timeline was identified and a process for reporting and documentation of quality indicators was developed. Preparation of quarterly reports for cancer committee and breast conference was added.

During this phase, national guidelines on navigation were reviewed. Since the facility was accredited by the American College of Surgeons Commission on Cancer and the National Accreditation Program for Breast Centers, compliance with the navigation standards was critical. The standards were shared with the navigators prior to the interviews. The requirements were believed to be met with the exceptions of increased surveillance and performance improvement. The changes were made to the job descriptions and the trial period was started.

After obtaining informed consent and answering questions, the SINS survey was administered. The project manager provided the informed consent and answered questions. Since the navigators were supervised by the project manager, the research coordinator was asked to administer the SINS survey. All materials were given to the research coordinator, and he met with the ONNs and remained with them during the survey completion. The project manager was not present during this part of the process. The navigators completed the SINS survey in this phase prior to the interview.

Phase two occurred over a five week period. Implementation of the new job descriptions was trialed for five weeks. During this period, team members had an

opportunity to voice issues or concerns; none were identified. The original design included four weeks of implementation, but due to navigator availability an additional week passed before the SINS survey could be repeated.

Setting

The setting was a community cancer center in a rural area of Western North Carolina that had an existing navigator program. Both inpatient and outpatient navigation services were provided. The facility was a nonacademic, institution and diagnosed about 500 new cancer cases annually. Two Oncology Nurse Navigators were employed by the facility.

Sample

The sample consisted of two navigators. One navigator worked primarily with breast cancer patients and had the title of Breast Health Navigator. As a certified Breast Health Nurse, she worked with women in the outpatient diagnostic center and in the inpatient facility. The diagnostic center provided about 12,000 mammograms per year. The patient navigator assisted with diagnostic mammograms, ultrasound guided biopsies, stereotactic biopsies, and lymphoscintigraphy. An average of 72 patient contacts per week was made by the navigator. When a positive cancer diagnosis was made, navigation duties of assessment, education, support, care coordination, and communication were provided. The facility had experienced a 13% increase in breast cancer patients over the last four years. An average of eight women per week was provided discharge support and services. Collaboration with the breast surgeons and radiologists was important in this role. Care coordination and collaboration with the family practice and gynecology physicians was also required.

The second navigator assisted all other cancer patients and averaged about 46 patient contacts per week. The Oncology Nurse Navigator was chemotherapy/biotherapy certified and pursuing her Oncology Certified Nurse credential. This role varied greatly depending on the stage and type of disease. The navigator worked with a larger group of specialty physicians and included pulmonologists, gastroenterologists, medical oncologists, radiation oncologists, surgeons, family practice, and gynecology. Patients in the infusion setting, radiation oncology department, and inpatient areas received assistance from the ONN. End of life care and in-depth education required a great amount of time. Education needs included nutrition, chemotherapy/biotherapy, symptom management, coping, post-operative, death and dying, disease, IV access, diagnostic testing, procedure, pain management, and caregiver information. Most patients in this group required coordination of two to four services for five to six months.

Project Design

After a thorough review of the literature, job descriptions were obtained from external facilities. The primary job functions were identified and recorded on a spreadsheet. These items were placed in one of eight categories. The duties were also assigned to either a task or network domain. Time allocation was calculated for each category by determining means. All categories together totaled 100%. This process was repeated for the facility group. A comparison between the two groups was completed. Categories and time allocation were contrasted.

After informed consent was obtained, the navigators were asked to complete the SINS evaluation. The project manager completed informed consent and answered questions. Since the navigators are supervised by the project manager, the research

coordinator was asked to administer the SINS survey and to remain with the navigators during the completion. Steps were taken to protect anonymity.

The navigators were given two copies of the SINS tool, pens, and two envelopes. On the initial SINS form the navigators chose either the number one or two, and then wrote it on the SINS survey. They placed the letter a after their chosen number. Only the navigators knew which one chose the number one and number two. This SINS survey was sealed in an envelope by the navigator.

On the second SINS form, the ONNs placed their coinciding number either one or two, and then placed the letter b. This copy was sealed in an envelope and the navigator wrote her name on it. After the trial period was completed, the research coordinator met with the navigators again, and gave them the envelope with their name on it. The envelope was discarded. The navigators completed the SINS survey and placed them together in one large envelope. The envelope was delivered by the research coordinator to the project manager. This process ensured that only the navigators had access to their numbers. The letters and numbers allowed pre and post measurement without identification.

Next, an interview with the navigators was conducted and time allocation data and standards were reviewed. Based on job description reviews, literature review, and interviews with the navigators, the current job descriptions were evaluated and revised. The new job descriptions were implemented for one month. At the end of the one month period, the SINS tool was repeated. The pre and post SINS scores were used to determine the change in navigator job satisfaction.

Protection of Human Subjects

Informed consent was obtained prior to any volunteer participation. Components of informed consent included the right to withdraw from the project at any time by notifying the project manager. Information on when the data was collected, how it was stored, who had access to it, and how it was reported were included in the informed consent. The navigators were supervised by the project manager; therefore, steps were taken to protect anonymity and included to assistance of the research coordinator to administer the satisfaction survey. Facility and client needs continued to be met during this trial period by continuation of all essential duties. The trial would have been re-evaluated or stopped if it was determined that patient needs were not being met.

Instruments

The goal of the project was to measure the change in navigation satisfaction after redefining the nurse navigator role. Oncology Nurse Navigator tools to monitor job satisfaction were not available. The project manager then looked for a tool that measured nurse satisfaction. Satisfaction in Nursing Survey (SINS) was the most recent tool developed and was believed to be the most appropriate measurement tool for this project. A sample of the SINS instrument is attached in Appendix B.

The SINS tool was developed using interviews from 20 nurses and a qualitative analysis. The themes were determined and the 20 nurses interviewed served as experts to determine content validity of the items (Lynn et al., 2009). Each item was rated using a four-point scale and then reviewed again to assure no content was left out. The final version of the tool was developed and sent to randomly selected staff nurses to assist with

construct validity. Exploratory factor analysis was used to determine the dimensions of the SINS. The Cronbach's Alpha was 0.805 and supported reliability of the tool.

Content validity and reliability were confirmed. Lynn et al. (2009) completed development and testing of the SINS. The SINS tool gave a more accurate representation of satisfaction in today's nursing work environment. Reliability estimates for the SINS factors range from 0.81 to 0.94 (Lynn et al., 2009). It is important to note that some questions in the SINS survey did not apply to the navigator role. Permission was received to alter the tool and 21 questions were removed from the final analysis. The impact that this had on the reliability and validity of the tool is unknown.

The SINS tool has 55 questions that were designed to provide satisfaction information. There was no right or wrong answers. Questions were answered using strongly disagree, disagree, agree, or strongly agree. The questions evaluated intrinsic rewards, workload barriers, administrative support, and collegiality in the workplace. Each of these four domains was scored pre and post intervention.

Intrinsic rewards represented the feedback patients give nurses and the feelings nurses have about their work and being a nurse. Workload barriers described the volume and intensity of the nurse's daily work. Administrative support represented nurse's pay, and administrative responses to the nurse and his or her unit's issues. Collegiality measured how the nurses on the unit worked as a team (Lynn et al., 2009).

Intrinsic rewards included professional pride, making a difference, caring, and advocacy. Workload barriers can create an environment of increased stress. Together, these two areas have been identified as factors related to nurse dissatisfaction. Administrative support represents pay but, more importantly, the concept of being heard.

As driving forces pushed the job description change, restraining factors could impede or block the transition. Intrinsic rewards, workload barriers, collegiality and administrative support could all be restraining factors and threaten the status quo. The navigators were a part of the process and identified tasks that were important to them such as assistance with breast procedures. The interview provided vital information about the ONN roles and the meaning attributed to certain tasks. Education on the standards and the need for change was provided during the interview. Navigator input into the process was critical in promoting change and helped to minimize resistance and to promote change.

Data Collection

The SINS questionnaire was given to the two nurse navigators, and all 55 questions were answered before and after implementation of the new job description. This provided a total of 110 responses. Twenty-one questions or 42 responses were removed as they did not apply to the navigator role. After removal of these questions, 34 remained. The responses were placed in the appropriate subcategories as defined by the SINS tool instructions. One question that addressed intrinsic rewards was eliminated. Thirteen related to workplace barriers, two from administrative support, and five from collegiality were deleted from the sample. Staffing concerns and behaviors of coworkers in the unit accounted for the majority of the questions removed.

The SINS tool was completed pre and post job description changes. The data was coded and entered into Statistical Package for the Social Sciences (SPSS) version 21. Most questions were stated in the affirmative; but, some questions were stated in the negative. These scores were reflected. Mean scores were calculated.

Data Analysis

The SINS categories intrinsic rewards, workplace barriers, collegiality, and administrative support were labeled in SPSS. Pre and post designations for each category were listed. SPSS was set up for nominal measure and value labels were assigned to reflect the scale on the SINS tool. The navigators scored each question using scale strongly disagree, disagree, agree and strongly agree. Value labels were assigned as strongly agree= 4, agree= 3, disagree= 2 and strongly disagree= 1. Each question addressed one of the domains. The project manager entered data from each survey by placing the appropriate score (1-4) into the appropriate column (ie.IR-pre, IR post). After this was completed, mean scores were calculated for overall satisfaction and for each domain.

Timeline

The project was designed for two phases. The first phase included the literature review, navigation job description comparison, navigator interviews, and development of the revised job description. The second phase included implementation of the newly created job description, and collection and analysis of nurse satisfaction data pre and post changes. The project design provided for a one month period of implementation prior to the analysis.

Budget

Little expense was incurred during the project. Participation was voluntary. Office supplies contributed to most of the cost, and included the purchase of SPSS 21 software, copy paper, printing, envelopes, and pens. The total cost of the project was estimated to be around $100.00 to $300.00. Actual expenses fell within this range.

Limitations

The project was designed for implementation in two phases. The first phase was not completed as planned. The navigators received education, provided consent, and the job descriptions were revised. Full implementation of the revised role was delayed for one week, and was unexpected. Some of the tasks were reassigned. Communication with the appropriate managers was required to ensure the tasks were continued. This coordination and communication was a design limitation to the project implementation.

One of the duties performed by the ONN was assistance with Computed Tomography (CT) Colonography at an offsite location. The navigator served as a coordinator for this test, and provided education regarding prep, the procedure, and any special instructions. She also assisted with the procedure, and provided follow-up calls post discharge. This task was reassigned to the radiology department.

Discharge duties performed in the outpatient Same Day Surgery and surgical floor were revised, and required collaboration with the unit manager prior to project initiation. Lastly, patients were screened for financial barriers, and then referred to the social worker. This was a new process. The social worker was the newest team member and the navigators had historically provided this assistance. After these items were completed, phase one continued as scheduled.

The second phase consisted of working with the revised job descriptions, and then evaluation of satisfaction. The trial period was one week longer than designed due to navigator availability. One of the navigators was away during the week of planned post testing.

Summary

In summary, the project design was appropriate for the objective. The plan was to measure job satisfaction after redefining the navigator job descriptions based on evidence from the literature, by comparing job descriptions across settings, and by completing nurse navigator interviews. Navigator job satisfaction was measured pre and post implementation.

CHAPTER IV

Results

This capstone project titled "Patient Navigation Role Definition" measured navigator job satisfaction after changes were made to the job descriptions. Secondary objectives were to compare the facility job descriptions to external navigator job descriptions to determine commonalities and differences, and to better communicate the role to the cancer team and facility leadership. Navigator interviews were conducted to clarify duties not written in the job descriptions. This project worked to redefine the current job descriptions using available evidence.

Sample Characteristics

No withdrawals occurred during the capstone implementation and the sample size remained unchanged. The two navigators worked with the new job description. The average number of contacts per week remained the same during this period. The acuity of the patient population remained similar. Most patients required the coordination of two to four services and in-depth education and support.

Major Findings

Two Patient Navigators completed the SINS tool pre and post project implementation. A total of 55 questions were scored by each navigator. After completion of the survey, 21 questions were removed as they did not apply to the navigator role. The questions that were removed addressed staffing, patient acuity, ability to complete nursing tasks such as medication administration, and teamwork between the nurses on the unit. After removal of these questions, 34 remained. The responses for each navigator were entered into the database. These 68 responses were placed in subcategories

according to the theme they addressed. Seventeen questions remained that reflected Intrinsic Rewards. Meaning, value advocacy, respect, and caring were all themes addressed in these questions. Workplace barriers had a total of nine questions which addressed workload, acuity and time to complete tasks. Administrative support was evaluated in seven questions. Pay, respect, and being heard by administration were themes in these questions asked. Collegiality questions focused on teamwork and working relationships with co-workers. One question remained that applied to the navigator role.

Mean scores were calculated for the responses overall and for the subcategories pre and post changes. Figure 4 shows that the overall mean for navigator satisfaction improved. Intrinsic rewards workplace and administrative support all showed an increase in mean score as well. Collegiality remained unchanged.

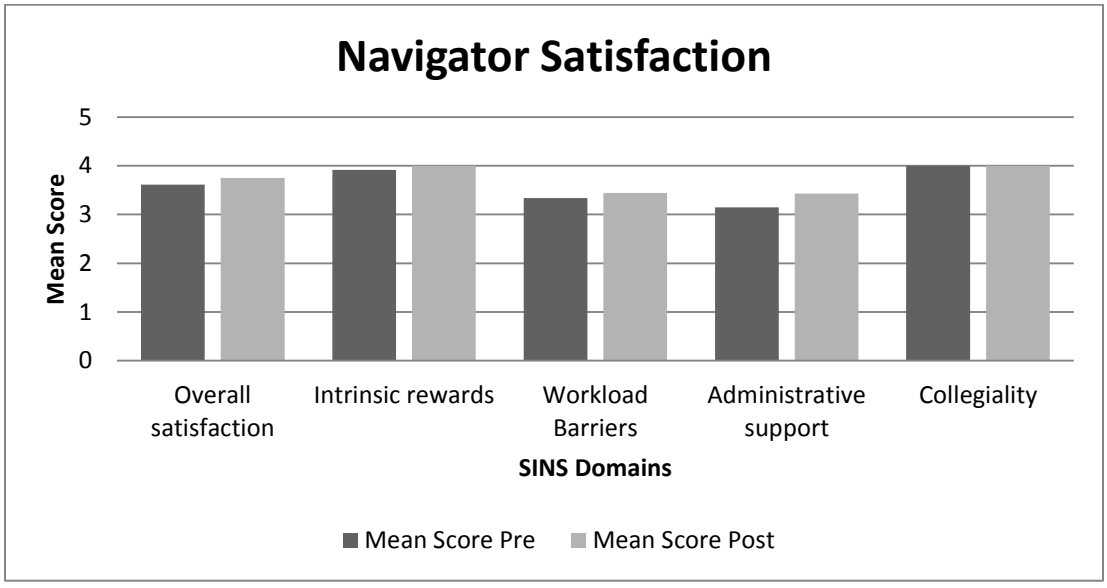

Figure 4. Navigator Satisfaction

The impact on navigator satisfaction after redefining the job description was measured. Navigator satisfaction showed improvement overall. Intrinsic rewards which measured internal satisfaction or professional pride of being a nurse increased. Workplace barriers which reflected obstacles encountered while performing the job increased. Administrative support showed the most improvement. Collegiality remained unchanged.

Job description comparison showed the facility group completed more outreach activities, and less performance improvement than the comparison group. Most of the tasks identified were within a 5-7% range of comparison. The facility group provided more duties in the network domain.

Summary

The SINS survey was completed by two Oncology Nurse Navigators. After removal of 21 questions that did not apply to the navigator role, 34 remained. These 34 responses were scored pre and post job description changes to the job description. The results showed that navigator satisfaction increased overall. Intrinsic rewards, workplace barriers, and administrative support all increased. Collegiality remained unchanged. The facility job description was comparable to the comparison group in most areas. Performance improvement was lower and community outreach was higher for the facility group.

CHAPTER V

Discussion

The Patient Navigator role has been identified as a vital component of cancer care. As part of the health care team, the navigator performed a variety of job functions. Research supported 12 key themes which were later condensed to eight after obtaining navigator input. These categories included assessment, care coordination, education, communication, outreach, performance improvement, supportive role, and "other." The demand for navigation services continued to increase. National guidelines developed by accrediting agencies required navigators to assist patients across the continuum of care. Facility and departmental demands for the navigators were rising. These expectations included an increase in community outreach, performance improvement, and new program coordination. The navigators could not meet workload expectations effectively without an evaluation and revision of the current job.

Oncology Nurse Navigators use a specialized skill set, knowledge base, and competencies. The ability to function autonomously, use good critical thinking skills, and collaborate with the physicians is elevated in the navigator role. Pavlish and Hunt (2012) suggested that nurses need to find meaning in their work, and that environmental factors that prohibit the nurse's ability to connect with others may impact teamwork and patient care. For this reason, measurement of job satisfaction was important.

Implications of Findings

Information on Oncology Nurse Navigator job descriptions was limited. No standardization of duties, training, credentials, or navigator satisfaction data could be found. Since wide variations existed, it was important to develop a program that met the

needs of the community and cancer program. Past studies documented the negative influence that increased stress can have on job satisfaction, retention, and group cohesion (Zangaro & Soeken, 2007). This project was important because the demands on navigators continued to grow, and it was important to meet these expectations without sacrificing navigator satisfaction or teamwork.

Interviews with the navigators showed that they found meaning in some duties that were not evidence based. Literature suggested that by supporting activities that promote meaning, nurses may work harder and longer; however, job satisfaction may be impacted positively (Pavlish & Hunt, 2012). By including the navigators in the revision process, it was hoped that job satisfaction would remain unchanged or improve.

Workload barriers increased with the job revision. It is unclear if a raised awareness of the tasks routinely performed contributed to the results. Another explanation could be that more work was added than eliminated; either the perception or reality.

Administrative support increased. The Patient Navigators participation in the development of the new role promoted the feeling of being heard. The ability to retain some duties of high importance that were not evidence based, demonstrated that not only were they heard, but their input was supported. French, Lenton, Walters, and Eyles (2000) stated "as organizations experience more fluctuations and change, they must identify creative ways to ensure job stress is reduced in the workplace" (French et al., 2000, p. 162). The involvement of the PNs in the revision was a planned strategy to help decrease stress and to promote support.

Intrinsic rewards measured the value that the navigators placed on their role as a nurse. During this process, intrinsic rewards improved. It is suggested that the navigators were able to fulfill three roles that impact meaning or value of their role. These included being an advocate, serving as a catalyst and guide, and having a caring presence in patients' lives (Pavlish & Hunt, 2012). These same roles that support meaning and ultimately intrinsic rewards are recognized by the ONN study. Providing education, advocating on behalf of the patient, assisting patients to make informed decisions, and collaborating with other healthcare providers were tasks that the ONNs identified as key components to their role (Brown et al., 2012). This suggests that ONNs find meaning in the same roles that Pavlish identified for the acute care nurse (2012).

Collegiality remained unchanged during the process. This result suggests that teamwork was not impacted. However, after removal of the questions that did not apply, only four responses remained that related to collegiality. Although steps were taken to promote teamwork and collegiality in the planning stage, the sample size was too small to determine real effect.

Overall satisfaction improved even though workload barriers increased. Pavlish and Hunt (2012) stated "Supportive work environments result from a combination of diverse factors including nurses' own perception of their work and the level of fulfillment they experience as a result" (Pavlish & Hunt, 2012, p.114). The improvement in overall satisfaction (even with an increase in workload barriers and addition of duties) suggested that intrinsic factors and meaning were more important to the ONNs than the amount of work. "Work tasks and relationships intersect to create an overall sense of meaning,

significance, and purpose" (Pavlish & Hunt, 2012, p.114). The navigators felt supported during this change and had input into their role.

This project used existing evidence to define the navigator job descriptions. The navigator's job functions were compared to external roles and to available studies. It was determined that most of the duties performed by the navigators were consistent with the evidence. Time allocation was evaluated in eight categories of work. Navigator's time allocation was between 1-5% for six of the categories when contrasted with the comparison group. Outreach activities and performance improvement tasks were identified as outliers. Facility job descriptions had more actions under the outreach category and were 16% higher. Performance Improvement duties were 11% lower for the facility group.

The task and network domains were evaluated. The facility group duties were 20% higher for the network domain and 20% lower for the task domain. This suggested that the navigators worked more with community agencies to coordinate care. Considering the community setting for the capstone, it can be assumed that the availability of internal services and resources is more limited when compared to other programs and geographic areas.

The resulting job descriptions were based on evidence and more clearly defined the role; however, greater internal differences between the two navigators functions were realized. This variation prompted an additional step to meet facility needs. After completion of the project, a discussion with administration prompted two levels of navigator roles. Performance evaluations were based on the job descriptions so a consistent way to evaluate performance, yet allow for variations was needed. It was

decided that the job descriptions would again be redefined. Patient Navigator I and Navigator II job descriptions were completed. The previous BHN and ONN descriptions were redone. The Patient Navigator I was drafted to represent the daily functions and tasks performed including assistance with procedures and participation in Community Outreach. The Oncology Navigator II job description reflected the level one duties but included a broader range of duties such as facilitating community events and projects. This expanded definition would allow comparison between the two roles and offer a plan for the navigators to grow professionally.

Application to Theoretical/Conceptual Framework

Lewin's Theory of Planned Change provided the theoretical framework for this project. Based on this theory, change is effective when it is purposeful and planned. Restraining factors need to be identified and steps taken to alleviate them. Driving forces will help push the change forward. Movement occurs and is effective when those impacted have input.

The navigators were key to the process. During the unfreezing stage, the ONNs helped to review the standards and job description data, and completed interviews and the SINS survey. They offered depth to the role that was not reflected in the written descriptions. Seeing the need for change and assisting with the plan helped to promote satisfaction. Zangaro and Soeken (2007) reported that job stress, autonomy, and physician collaboration have the biggest impact on nurse satisfaction. These factors were important to the navigators as well and were a part of the design.

Physician collaboration was reported by Brown et al. (2012) as an important component to ONN satisfaction. This was reinforced by the navigators in their interview.

The navigators were given the opportunity to share concerns regarding tasks they identified as important to their physician relationship.

Autonomy was identified by the ONNs as another vital component per Brown et al. (2012). This project had the potential to remove some of their autonomy by creating a more task focused environment. Inclusion of the navigators in planning and implementing the project helped to promote autonomy.

Workload impacts job stress, and job stress impacts nurse satisfaction. SINS survey helped to evaluate the impact the changes had on ONN satisfaction. Restrictive forces and driving forces were planned for and the changes occurred with improvement in overall satisfaction even though workload barriers increased. This measurement represented the refreezing stage of the theory. The newly written job descriptions were finalized for communication to others.

Limitations

Several limitations of this capstone project exist. The first is sample size. Since there are only two navigators completing the SINS, power analysis was not possible and statistical tests were limited. Means were reported and were found to be helpful in comparing satisfaction before and after but significance was not tested.

The facility and population demographics vary from other geographic areas and is a limitation. As the literature supported, communities and programs develop navigation roles to fit their needs. Until standardization is developed across disciplines, it is difficult to generalize navigator definitions.

The working relationship between the navigators and the project manager is also a limitation. Although steps were taken to provide an environment of anonymity, this

could have impacted the results. Navigators may have felt pressure to answer the survey or interview questions in a certain way.

A lack of navigation satisfaction data and a measurement tool were limitations. Assumptions were made based on nurse satisfaction data. The measurement tool was developed using a nursing foundation versus a psychological foundation and was believed to be better for the navigator work environment. However, the tool did have questions that were not appropriate to the navigator role which were removed. Reliability of the tool was determined using all 55 questions. The impact of accuracy with removal of these questions cannot be determined.

The implementation period may have not been long enough. The design made it difficult to assess how network and task domain duties affected the daily role of the navigators. Not all patients required this level of support, and a longer evaluation period may have provided additional information. Also, cancer committee and breast committee did not meet during this timeframe, so the impact on preparing and reporting performance improvement data was not included.

Classification of the duties in the external and internal job descriptions was a limitation. Overlap was seen in many areas, the duty was assigned to the category that most represented the action. The external tasks were classified based on written content. Interviews with navigators at the external facilities would have provided a better understanding of the role.

A final limitation to the design included the lack of navigator interviews at the end of the project. These did not occur due to time constraints. Information about their roles, difficulties, likes, or further recommendations would have been valuable.

Implications for Nursing

Patient navigation is becoming a best practice in healthcare settings. Although attempts are underway, standardization of duties, training, and credentials do not exist. This capstone was important as it attempted to redefine the role with navigator input, to meet increasing workload demands. By partnering with the navigators to redefine the role, the navigators were able to understand the variations in practice, and to help identify areas of improvement. Their perception and knowledge of processes was crucial, especially when determining which tasks were appropriate to delete or delegate.

Oncology Nurse Navigator engagement was evidenced and supported during this process. The navigators discussed other ways to improve the program. The navigators refined the process for social work referrals, edited their navigation intake assessment, and identified quality indicators for the cancer program. All of these additional actions were driven by the navigators and were based on evidence and an increased awareness of the role. Their initiative demonstrated the value they placed on their roles and on autonomy.

Navigation models include social workers, nurses, and lay people. This capstone project helped to define the Oncology Nurse Navigator role. By involving the ONNs in the process, change was effective. After completion of the capstone, both the navigators, and the project manager had a deeper understanding of the role, and the value it offers.

Recommendations

Navigation is an important model of care delivery that evolved from care coordination for the underserved and uninsured using lay navigators. Current programs

vary greatly from the original design and frequently use nurses to provide patient education and to coordinate care in healthcare systems.

One lesson learned was definition of the terms. For example, what does "follow up" mean? Does it mean sending out a letter, making a phone call, or both? Although definitions were provided based on the evidence, experiences promoted different understandings of the terms. As a new evolving program, these definitions are also changing. Overlap of duties occurred and was especially seen in the broader statements. These defining discussions early on would improve communication and promote clarity.

Clearly defining network and task domains is important. Next steps in defining this role could include a task analysis with critical evaluation of the time spent doing each task. Some studies have addressed this aspect, but due to geographic location and demographics they may not be generalizable. A review of the most frequently used community services or services outside of the community may provide information on community responses needed to help support the cancer patients.

The patient perspective is another missing piece that is of great importance. The goal of navigation is to help clients to access and move through the health care system while coordinating care, providing education, and promoting informed decisions. Patients using navigation programs can provide valuable information on the effectiveness of services and on what services are most important to them.

Physician/team evaluation is important as some duties assigned to the navigator resulted from the request of a physician or another team member. Multidisciplinary care requires coordination of care and common goals. The nurse navigator is frequently

central in this model. By having team members to take on a bigger role in defining the job, the NN job can be enhanced.

Conclusion

In response to the increasing demands placed on the patient navigators working at a community cancer center, the results of this capstone project suggested that by including navigators in redefining their roles, overall job satisfaction can be achieved even if workload increases. Wide variations in nursing roles exist, but this capstone suggested that factors that impact nurse satisfaction may also impact nurse navigator satisfaction. Support and a sense of being heard were important factors in satisfaction. Meaning was also important as reported in intrinsic rewards.

Patient Navigation Role Definition used Lewin's Theory of Planned Change, as the framework. By including the ONN's, buy in was achieved and all three stages occurred smoothly. For administrators who are implementing changes to navigator job descriptions, this capstone project suggested that inclusion of the nurse navigators can provide in-depth insight into the role that is unwritten. Their knowledge and skills can affect other changes to improve the role that may have been unseen by others. A thorough review of the evidence and current practice can help the navigators and managers to gain awareness and understanding that is shared. The capstone also suggested that regardless of great variations in populations and tasks, a standardized process for evaluation can be developed.

References

American Cancer Society. (2014). *Cancer Facts and Figures 2014*. Atlanta: American Cancer Society; 2014. Retrieved from http:www.cancer.org/acs/groups/content/@research/documents/webconent/acspc-042151.pdf

American College of Surgeons Commission on Cancer. (2012). *Cancer program standards 2012: Ensuring patient-centered care* [v.1.2]. Retrieved from httpp://www.facs.org/cancer/coc/rogramstandards2012.pdf.

American Nurses Association. (2014). *The Nursing Process*. Retrieved from http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/Thenursingprocess.html

Brown, C., Cantril, C., McMullen, L., Barkley, D., Dietz, M., Miller, C., & Fabrey, L. (2012). Oncology nurse navigator role delineation study: an oncology nursing society report. *Clinical Journal of Oncology Nursing*, 16(6), 581-585.

Carroll, J., Humiston, S., Meldrum, S., Salamone, C., Jean-Pierre, P., Epstein, R., & Fiscella, K. (2010). Patient's experiences with navigation for cancer care. *Patient Education and Counseling, 80,* 241-247.

Chen, F., Mercade, C., Yermilov, I., Puig, M., Ko, C., Kahn, K., …Gibbons, M. (2010). Improving breast cancer quality of care with the use of patient navigators. *The American Surgeon, 76,* 1043-1046.

Chen, L., Santos, S., Jandorf, L., Christie, J., Castillo, A., Winkel, G., & Itzkowitz, S. (2008). A program to enhance completion of screening colonoscopy among urban minorities. *Clinical Gastroenterology and Hepatology, 6(4),* 443-450.

Christie, J., Itzkowitz, S., Lihau-Nkanza, I., Castillo, A., Redd, W., & Jandorf, L. (2008). A randomized controlled trial using patient navigation to increase colonoscopy screening among low income minorities. *Journal of the National Medical Association, 100(2),* 278-284.

Chyongchiou, J., Schwaderer, K., Margenlander, K., Ricci, E., Hoffman, L,, Martz, E.,… Heron, D. (2008). Factors associated with patient navigators time spent on reducing barriers to cancer treatment. *Journal of the National Medical Association, 100(11*), 1290-1297.

Clark, C., Baril, N., Kunicki, M., Johnson, N., Soukup, J., Ferguson, K., … Bigby, J. (2009). Addressing social determinants of health to improve access to early breast cancer detection: results of the Boston REACH 2010 Breast and Cervical Cancer Coalition Women's Health Demonstration Project. *Journal Of Women's Health, 18(5),* 677-690.

Decker, F.H. (1997). Occupational and nonoccupational factors in job satisfaction and psychological distress among nurses. *Research in Nursing & Health*, 20, 453-464.

Ell, K., Vourlekis, B., Lee, P., & Xie, B. (2007). Patient navigation and case management following an abnormal mammogram: a randomized clinical trial. *Preventive Medicine, 44 (1),* 26-33.

Fillion, L., Serres, M., Cook, S., Goupil, R., Bairati, I., & Doll, R. (2009). Professional patient navigation in head and neck cancer. *Seminars in Oncology Nursing, 25(3),* 212-221.

Fouad, M., Wynn, T., Martin, M., & Partridge, E. (2010). Patient navigation pilot project: results from the community health advisors in action program (CHAAP). *Ethnicity & Disease,* 20, 155-161.

Freeman, H., (2013). What is the role of the patient navigator? Retrieved from http://www.hpfreemanpni.org/the-program.

Freeman, H., Muth, B., & Kerner, J. (1995). Expanding access to cancer screening and clinical follow-up among the medically underserved. *Cancer Practice, 3(1),* 19-30.

Freeman, H. (2004, Sept/Oct). A model patient navigation program. *Oncology Issues*, 44-46.

French, S.E., Lenton, R., Walters, V., & Eyles, J. (2000). An empirical evaluation of an expanded nursing stress scale. *Journal of Nursing Measurement*, 8, 161-178.

Han, H., Lee, H., Kim, M., & Kim, K. (2009). Tailored lay health worker intervention improves breast cancer screening outcomes in non-adherent Korean-American women. *Health Education Research, 24(2*), 318-329.

Horner, K., Ludman, E.J., McCorkel, 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, 43-48. Doi:10.1188.13/CJON. 43-48.

Koh, C., Nelson, J., & Cook, P. (2011). Evaluation of a patient navigation program. *Clinical Journal of Oncology Nursing, 15(1),* 41-48.

Kring, D., (2010). Excursion to research and evidence –based practice. Winston Salem. NC.

Lasser, K., Murillo, J., Medlin, E., Lisboa, S., Valley-Shah, L., Fletcher, R…. Ayanian, J. (2009). A multilevel intervention to promote colorectal cancer screening among community health center patients: results of a pilot study. *BMC Family Practice, 10(37),* 2296-3010.

Lynn, M., Morgan, J., & Moore, K. (2009). Development and testing of the Satisfaction in Nursing Scale. *Nursing Research, 58(3*), 166-174.

McEwen, M., & Wills, E. (2002). Theoretical Basis for Nursing, Lippincott Williams & Wilkins, Philadelphia, PA.

National Accreditation Program Breast Centers. (2013). *2013 Breast Center Standards Manual.* Retrieved from http://www.napbcbreast.org/standards/2013standardsmanual.pdf

Oncology Nursing Forum, (2013). *Oncology Nursing Society, the Association of Oncology Social Work, and the National Association of Social Workers Joint Position on the Role of Oncology Nursing and Oncology Social Work in Patient Navigation*, 37(3), 251-252.

Palmieri, F., DePeri, E., Mincey, B., Smith, J., Wen, L., Chewar, D., & Perez, E. (2009). Comprehensive diagnostic program for medically underserved women with abnormal breast screening evaluations in an urban population. *Mayo Clinic Proceedings, 84(4),* 317-322.

Parker, V., Clark, J., Leyson, J., Calhoun, E., Carroll, J., Freund, K., & Battaglia, T. (2009). Patient navigation: development of a protocol for describing what navigators do. *Health Services Research,* 1475-6776.

Pavlish, C., & Hunt, R. (2012). An exploratory study about meaningful work in acute care nursing. Nursing Forum, 40(2), April-June, 113-121.

US Census Bureau: State and County Quick Facts. (2014). Retrieved from http://quickfacts.census.gov/qfd/states/37/37035.html.

Walsh, J., Young, J., Harrison, J., Butow, P., Solomon, M., Masya, L., & White, K. (2011). What is important in cancer care coordination? A qualitative investigation. *European Journal of Cancer Care, 20,* 220-227.

Wells, K., Dudley, D., Garcia, R., Greene, A., Calhoun, E., Mandelblatt, J…. Raich, P. (2008). Patient navigation state of the art, or is it science? *Cancer, 113(8*), 1999-2010.

Zangaro, G., & Soeken, K. (2007). A meta-analysis of studies of nurses' job satisfaction. Research in Nursing and Health. 30, 445-458.

Appendix A

Facility Job Duties

Primary Duty Listed on Facility Job Descriptions	**Category Assigned**	**Additional Tasks Identified By The Navigators**
Participates in assessing, planning, implementing and evaluating breast health services Assesses and identifies high risk patients As the Oncology Nurse Navigator, participates in assessing, planning, implementing and evaluating oncology health services	Assessment	Identify and assist with financial barriers Provide consultations for problems
Responsible for developing and overseeing care coordination provided to the client and is a liaison between the MD, professional health care staff and other involved parties Manages services throughout continuum of care by decreasing fragmentation of care.	Care Coordination	Assist with psychosocial and spiritual concerns Serve as point of entry for patients, families, caregivers and healthcare providers Attend and participate in tumor board and breast conference Work with ACS on patient assistance programs Call PCP with results and recommendations of radiologist Coordinate the CT Lung Screening Program Round on newly diagnosed or readmitted patients including those in infusion and radiation Coordinate/ Assist with CT Colonography Follow-up calls for diagnostic work up, education or support as needed Schedule surgical appointment for biopsy or consults Make 24 hour discharge phone calls and document
Reports outcomes and	Performance	Serves on breast cancer committee

participates in quality improvement initiatives	Improvement	Complete and monitor PI
Identifies medical staff and community needs for education and services Assesses, implements and evaluates patient education Collaborates with other educators to provide educational offerings Identifies/implements and evaluates the education plan based on patients assessed need	Education	Provide information on community resources Develop patient education materials Provide education for pre-op, chemo/biotherapy, disease Provide pre/post biopsy education
Ensures patient's rights to choice	Other	Provide EMLA cream pre-op to breast patients and educate Apply pressure, clean and dress biopsy site before discharge Assist with stereotactic and ultrasound guided biopsies Discharge patients from same day surgery Complete grant applications Function as a mentor/resource for staff and nursing students Write policy and procedures as needed.
Promotes an interactive relationship that helps communicate among patient, family and nurse Communicates/collaborates with AD's, Medical Director and members of the healthcare team Demonstrates appropriate and assertive methods of communication	Communication	Call/fax test results to PCP and request instructions Give biopsy results to patient with MD for positive ones and call patient for negative results Answer and log phone calls from any breast patient and follow-up
	Outreach	Co-coordinator of cancer awareness event Community involvement including health fairs, fundraisers, wig bank, ACS, Komen etc.

		Public Speaking events Serve on community boards Serve as team captain for Relay for Life and Get your rear in gear walks Attend Marketing meetings with liaisons/physicians Attend physician visits with patients on request
	Supportive Role	Facilitate support groups Participate in support groups Support patient decision making including coordination of end of life care.

Appendix B

SINS Sample

This survey is composed of statements that might or might not be descriptive of your current work and work situation. Please indicate the extent to which these items are descriptive of you in your current work as a nurse.

Use the following scale when responding to the items:

If you	***strongly disagree***	the item is descriptive of your work or work situation, circle ***SD***.
If you	***disagree***	the item is descriptive of your work or work situation, circle ***D***.
If you	***agree***	the item is descriptive of your work or work situation, circle ***A***
If you	***Strongly agree***	the item is descriptive of your work or work situation, circle ***SA***.

There are no right or wrong answers to these questions.

I am able to "connect" with my patients.	SD D A SA
I act as a patient advocate.	SD D A SA
I'm constantly trying to keep up with innovations in care and knowledge.	SD D A SA
The physical and emotional fatigue of caring for patients with less than adequate staffing is too great	SD D A SA
I am often too tired from working too many consecutive shifts or hours to be safe.	SD D A SA
Administrators respect the job that I do as a nurse.	SD D A SA
My assignments do not allow me to do my very best when caring for patients.	SD D A SA
My schedule is arranged to insure that I have enough rest.	SD D A SA
Lack of communication from physicians about patients interferes with my ability to give good nursing care.	SD D A SA
My workload does not allow me the time to involve the patient's family in her/his care.	SD D A SA