

Does Everyone With Cancer Need an Oncology Nurse?

You do the math. There are almost 11 million cancer survivors in the United States, 1.5 million people will be diagnosed with cancer in 2008, and the Oncology Nursing Society (ONS) has approximately 36,400 members (National Cancer Institute [NCI], 2007). Granted, not all oncology nurses are ONS members nor are all nurses who care for people with cancer oncology nurses. But no matter how you count us, there aren't enough of us to go around. So who gets to have an oncology nurse? And, more importantly, who really needs one?

I have been hearing a lot about patient navigators recently. I wonder if they are seen as a way to meet a growing unmet need in the healthcare system or as a way to bring together often-fragmented cancer care. No one would argue that the U.S. healthcare system is not easy to access and use and all those facing a cancer diagnosis need help. Yet some patients and families are in greater need when negotiating inherent barriers for clinical and nonclinical reasons. Cancer programs are recognizing the benefits of patient navigators.

Patient navigators can be nurses, social workers, survivors, or other lay workers. Although there is no universal definition, a patient navigator "helps assist patients overcome barriers to care" (Dohan & Schrag, 2005, p. 848). Surgeon Harold Freeman, MD, first developed and implemented the role when he became dismayed at the number of medically underserved African American women presenting with late-stage breast cancer (Freeman, Muth, & Kerner, 1995). Since then, patient navigators have been hired to address health disparities in the underserved.

The Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005 authorized \$25 million to the Health Resources and Services Administration, and NCI awarded an additional \$25 million for pilot programs. NCI also developed the Patient Navigator Academy; the first three-day program was offered in 2005 (Fowler, Steakley, Garcia, Kwok, & Ben-

nett, 2006). According to Fowler et al., "The program describes patient navigation as supporting and guiding the patient with cancer and/or the patient's family from the time of abnormal finding to the completion of cancer treatment. The roles and responsibilities of patient navigators extend beyond scheduling appointments and coordinating insurance to include community education and outreach, forming partnerships, and encouraging clinical trials participation" (p. e193).

Do you have navigators in your practice? If so, what interactions occur between them and oncology nurses? It would appear to be a natural partnership—a way to extend and enhance the impact of cancer nurses on a larger group of patients across healthcare settings or to ensure that patients and families with more needs don't fall through the cracks. This might be one way to address the nursing shortage—and it should be explored. We should encourage navigators to become ONS members so that they can benefit from the Society's resources.

For the record, I do believe that every patient with cancer and his or her family deserve a cancer nurse. When good nursing care is delivered, the impact can be profound. But in the face of these realities, that may not happen for all patients. We may need to evolve levels of care where patients at high risk for complications will receive the direct care of an oncology nurse. Perhaps patients who are at lower risk should receive care directed by an oncology nurse but delivered by patient navigators or innovative eHealth interventions. We also need to study different models of care delivery to evaluate the most efficient and effective ways to support patients with cancer and their families across the continuum of care. Although some of this is already occurring, much more research is needed.

The ONS (2007) Board of Directors approved a position statement on the impact

of the nursing shortage on cancer care. The statement described factors influencing the dynamics of the shortage (e.g., aging population, greater need, limited faculty) and outlined workplace, education, and public policy actions that may help to address the issue. These all are important. We also need to think about the clinical and research



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implications to address the growing gap between supply and demand. If the trends continue, we will be faced with rationing cancer nursing care. How will we do that? We need to figure that out now.

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