

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

Building on the work of C-Change (2009), patient navigation in the cancer care setting is defined by the Oncology Nursing Society (ONS), the Association of Oncology Social Work (AOSW), and the National Association of Social Workers (NASW) 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 prediagnosis through all phases of the cancer experience. This definition is modified from the original C-Change definition by using the term “quality health” instead of “quality medical.” Patient navigation services provided by trained lay navigators were introduced in the early 1990s to ensure access to cancer screening, increase efficacy, and reduce delays of cancer diagnoses that particularly affect poor and underserved populations (C-Change, 2009; Newman-Horm, 2005).

More than 200 patient navigation programs exist in the United States (Institute for Alternative Futures, 2007). Patient navigation programs are created to address cancer health disparities identified in the communities where patients with cancer live and where health care is being provided (Hede, 2006). Navigation programs incorporate processes that involve collaboration with community-based resources. Models encompassing navigation processes and services should reflect the strengths and desired results, as well as address the challenges of the community, system, and facility in which navigation programs reside.

In practice, barrier-focused patient navigation addresses specific challenges of access to care. The services provided by navigators depend on the barriers identified and the strategies adopted to eliminate or reduce those barriers. Service-focused patient navigation addresses the provision of services to patients and families, such as coordinating patient care and education (Dohan & Schrag, 2005).

Navigation processes are fundamental in nursing and social work. Nurses and social workers enhance their professional knowledge and competencies with preparation in patient navigation processes (AOSW, 2001; NASW, 2005; ONS, 2004). Based on existing and emerging research findings and experiential reports, optimal outcomes of navigation services are most likely to occur when navigators’ knowledge base and skill sets extend beyond basic professional education and oncology experience to include the ability to conduct community assessments and the identification and crafting of interventions to resolve system barriers that interfere with timely access to needed care and services.

As patient navigation services evolve and expand, nurses and social workers in oncology have roles in educating patients, survivors, families, healthcare teams and systems, and the public about patient navigation. Challenges revolve around measuring and ensuring desired and optimal outcomes for patients, families, survivors, and individuals in patient navigator roles and processes to address sustainability of navigation programs and services (Wells et al., 2008).

It Is the Position of ONS, AOSW, and NASW That

- Patient navigation processes, whether provided on-site or in coordination with local agencies or facilities, are essential components of cancer care services.
- Patient outcomes are optimal when a social worker, nurse, and lay navigator (defined as a trained nonprofessional or volunteer) function as a multidisciplinary team.
- Patient navigation programs in cancer care must address underserved populations in the community.
- Patient navigation programs must lay the groundwork for their sustainability.
- Nurses and social workers in oncology who function in patient navigator roles do so based on the scope of practice for each discipline. Educational preparation and professional certification play roles in regulating the practice of both disciplines. Nationally recognized standards of practice specific to the discipline and specialty also define safe and effective practice.
- Nurses and social workers in oncology who perform navigator services should have 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.
- Additional research to explore, confirm, and advance patient navigation processes, roles, and identification of appropriate evidence-based outcome measures must be supported.
- Ongoing collaboration to identify and/or derive metrics that can be used to clarify the role, function, and desired

outcomes of navigators must be supported and promoted.

- Navigation services can be delegated to trained nonprofessionals and/or volunteers and should be supervised by nurses or social workers.

Approved by the ONS Board of Directors, 3/2010.

Approved by the AOSW Board of Directors, 3/2010.

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References

Association of Oncology Social Work. (2001). AOSW oncology social work scope of practice. Oncology social work toolbox: Scope of practice in oncology social work. Retrieved from <http://www.aosw.org/html/prof-scope.php>

C-Change. (2009). What is cancer patient navigation? Retrieved from <http://www.cancerpatientnavigation.org>

Dohan, D., & Schrag, D. (2005). Using navigators to improve care of underserved patients: Current practices and approaches. *Cancer*, 104, 848–855. doi: 10.1002/cncr.21214

Hede, K. (2006). Agencies look to patient navigators to reduce cancer care disparities. *Journal of the National Cancer Institute*, 98, 157–159. Retrieved from <http://jnci.oxfordjournals.org/cgi/content/full/98/3/157>

Institute for Alternative Futures. (2007). *DRA project: Accelerating disparity reducing advances: Patient navigator program overview*. Alexandria, VA: Author.

National Association of Social Workers. (2005). *NASW standards for social work practice in health care settings*. Washington, DC: Author.

Newman-Horm, P.A. (2005). *C-Change. Cancer patient navigation*. Washington, DC: C-Change.

Oncology Nursing Society. (2004). *Statement on the scope and standards of oncology nursing practice*. Pittsburgh, PA: Author.

Wells, K.J., Battaglia, T.A., Dudley, D.J., Garcia, R., Greene, A., Calhoun, E., . . . Raich, P.C. (2008). Patient navigation: State of the art or is it science? *Cancer*, 113, 1999–2010. doi: 10.1002/cncr.23815

The position statement, "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," is the direct result of work conducted during a joint Oncology Nursing Society (ONS) and Association of Oncology Social Work think-tank meeting on patient navigation held June 26–27, 2009, in Pittsburgh, PA. Co-chaired by Pamela "PJ." Haylock, PhD, RN, and Pam Murph, LSCW, the meeting served as an opportunity for both organizations to identify the unique role the Society should play, not only for ONS members, but for the broader oncology community with regard to the concept of patient navigation. Working collaboratively, the professions of oncology nursing and social work, including representation from the National Association of Social Workers, articulated gaps and laid the framework for joint efforts that demonstrate one cohesive voice related to healthcare professionals, specifically nurses and social workers, serving in the role of patient navigator. The position statement is just one of many efforts that are a result of the think-tank meeting.