

An Exploration of the Patient Navigator Role: Perspectives of Younger Women With Breast Cancer

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An estimated 23,800 Canadian and 296,980 American women were diagnosed with breast cancer in 2013 (American Cancer Society [ACS], 2013; Canadian Cancer Society [CCS], 2013). Of those, 4,284 Canadian and 64,560 American women were younger than 50 years (ACS, 2013; CCS, 2013). A diagnosis of breast cancer is imbued with a constellation of challenges as patients and their families face this life-altering event. Some patients experience psychological morbidities (Kissane et al., 2004; Strong et al., 2007; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001), cancer-related pain and fatigue (Fiorentino, Rissling, Lie, & Ancoli-Israel, 2011; Matthews, Schmiede, Cook, & Sousa, 2012), or practical problems such as navigating the cancer system (Carroll et al., 2010; Schwaderer & Itano, 2007). Cancer-related treatment complexities have initiated the development of organizational approaches toward streamlined systems of care. Despite efforts toward “re-engineering” healthcare systems, patients and their families continue to experience obstacles as they navigate the labyrinth of oncology care.

Person-centered care is an approach aimed at ameliorating the care experience for patients with cancer. The approach considers patient desires and goals, which then are woven into overall care plans that emphasize the importance of a partnership between care providers and patients (Fitch, Porter, & Page, 2008; Thomsen, Pedersen, Johansen, Jensen, & Zachariae, 2007). Hack et al. (2005) reported a significant increase in women’s desires to participate in their treatment plans, emphasizing the importance of education and partnership between healthcare professionals and patients.

A lack of coordination of oncology care often results in unnecessary delays of treatment (Dohan & Schrag, 2005), and exists for patients in rural and urban areas. In the rural domain, patients with breast cancer may experience additional challenges because of the increased travel costs, time, and limited access to supportive care services. Rural women with breast cancer also may undergo

Purpose/Objectives: To delineate the role of the oncology patient navigator, drawing from the experiences and descriptions of younger women with breast cancer.

Research Approach: Interpretive, descriptive, qualitative research design.

Setting: Participants’ homes, researcher’s home, and via telephone, all in Winnipeg, Manitoba, Canada.

Participants: 12 women aged 50 years or younger who were diagnosed with breast cancer within the last three years.

Methodologic Approach: Face-to-face semistructured interviews explored patient experiences with the cancer care system, including problems encountered, unmet needs, and opinions about the functions of the patient navigator role. The audio-recorded interviews were transcribed and data were broken down and inductively coded into four categories. Constant comparative techniques also were used during analysis.

Findings: The role of the oncology patient navigator included two facets: “Processual facets,” with the subthemes assigned to me at diagnosis, managing the connection, mapping the process, practical support, and quarterbacking my entire journey; and “Personal qualities: The essentials,” with the subthemes empathetic care tenor, knowing the cancer system, and understanding the medical side of breast cancer.

Conclusions: Despite the tremendous effort directed toward enhancing care for younger women undergoing treatment for breast cancer, gaps continue to exist. Younger women with breast cancer require a care approach providing ongoing dialogue, teaching, and emotional support from the point of diagnosis through treatment, including transitions of care within the oncology setting and back to their primary care practitioner.

Interpretation: Oncology nurse navigators are well positioned to provide patients with anticipatory guidance from diagnosis to the end of treatment.

Key Words: breast cancer, patient navigation, patient navigator, nurse navigator, supportive care

more invasive surgical approaches because of the lack of treatment resources available (Beaulieu, Massey, Tucker, Schoenberg, & Ross, 2003; Canadian Breast Cancer Network [CBCN], 2001). For example, women living in