



## Patient Navigation: Whose Job Is It?

by Joan Hermann, LSW

A major challenge providers in today's complex healthcare systems face is helping to guide our patients with cancer through the continuum of care. The emotional impact of cancer is well known to cancer care professionals. A cancer diagnosis propels patients into overwhelming new territory, where pervasive uncertainty about surviving the disease may overshadow all else.

Patients with cancer must balance anxieties about their disease with the challenge of relating to their professional caregivers. Determining if they can "trust" these caregivers can create additional anxiety for patients; however, being able to trust their treatment team is critical to helping patients mobilize for the rigors of cancer treatment. Understandably, to our patients cancer always feels "urgent." And how we organize our cancer treatment services will influence how efficiently patients absorb information and deal with the "urgency" of their situation.

Patients also need to learn how to "work" the system in which they are receiving care. This process includes understanding the roles of multiple caregivers. For example, our patients need to understand the role of the resident, the fellow, and the attending physician—and who can answer what questions with the most credibility. They also need to understand how oncology nurses, social workers, and other staff fit in with their course of treatment. And, in some settings, a new role is added into this mix—the patient navigator.

I would assert that in a well-designed cancer treatment center with a multidisciplinary staff, the oncology social worker or nurse is the best suited to perform the function of a "patient navigator." As my experience is in the field of oncology social work, this article will cover only that discipline.

If a layperson or cancer survivor

is designated as the patient navigator, they will most certainly be well-meaning, but may contribute to role blurring and additional confusion for the patient. Cancer survivors are experts on their own experience; however, they typically do not possess the oncology social worker's broad perspective on how patients experience the entire cancer continuum. Without professional training in cancer care, these laypersons also run the risk of "diluting" the roles of the oncology nurse and social worker.

The role of an oncology social worker is to help patients quickly learn the territory of the cancer treatment center, to understand their illness and its impact on themselves and their families, and most importantly, to manage their anxiety about the uncertainty of their very existence. Problem solving is a major part of what patients need to do to reduce and manage that anxiety.

Some patient navigators describe their role as that of a "non-clinical" listener. I suggest that another person "listening" has the potential of creating role confusion and dilution of the professionals' role. Certainly, it is the responsibility of any professional caregiver to know how to listen to a patient's concerns. However, patients *cannot* and *should not* be expected to share their feelings, in a meaningful and productive way, with everyone on the treatment team.

Providing psychosocial support is not as simple as allowing patients the opportunity to ventilate their feelings. In some cases—if the timing is inappropriate—too much "ventilation" can overwhelm patients. Expressing feelings is only the first step in helping patients cope—the next step is problem solving. Multiple barriers can stand in the way of effective problem solving, and oncology social workers have the knowledge base and skill set to facilitate

this complex process. We also work with a broad range of patients, and are familiar with the diverse ways in which people cope, individual personality styles and family dynamics, and social and cultural factors that influence behavior.

While patient navigators without training in psychosocial dynamics can refer a patient to an oncology social worker, this step adds another layer of support personnel with the potential of diluting the patient's energy for effective problem solving.

The goal of any good coping intervention—something that is often not understood—is to help patients identify and use their own strengths, minimizing their dependence on professional caregivers. Oncology social workers can educate patients about psychosocial issues, helping them to prioritize their problems and to decide how they will best cope and achieve a sense of "mastery" over their cancer treatment.

It is my belief that cancer programs get "more bang for their buck" by incorporating the patient navigation role within the role expectations of a master's prepared oncology social worker.

I believe that a "clinical" listener is indeed just what people with cancer and their families need. The oncology social worker is able to offer these individuals a complete package of professional services—listening, prioritizing needs, problem solving strategies, skilled interventions, problem resolution, and follow-up to ensure that patients not only "navigate" the system but, in fact, gain confidence, strength, and the ability to learn from the psychosocial challenges inherent in the entire cancer experience. ❏

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