Gaining a better understanding of the support function of oncology nurse navigators from their own perspective and that of people living with cancer: Part 2

by Johanne Hébert and Lise Fillion

Abstract

Individuals living with cancer have a wide range of needs throughout the disease trajectory. To better meet them, the PQLC [French acronym of the Quebec Cancer Control Program] implemented the oncology nurse navigator (ONN) role. A first article presented the nature of the needs of individuals living with cancer and of the support provided by ONNs. This second article aims at gaining a better understanding of the ONN support function from the ONNs' own perspective and to complete an exploratory description of their support interventions for individuals living with cancer and their loved ones throughout the care trajectory. The sample includes ten ONNs. They reported doing support interventions for all the various types of needs, especially in the informational (44%) and practical areas such as coordinating appointments for exams, practitioners and various services (35%). The results also suggest that a needs assessment is a prerequisite to intervention. Lastly, all participants underscored the importance of the helping relation and trusting relationship to clarify their support function. These results are consistent with the findings of several recent articles on the psychosocial role of oncology nurses.

In Quebec and elsewhere in Canada, the baccalaureate-prepared oncology nurse is the practitioner who is most commonly selected to assume the role of patient navigator or “cancer patient navigator” (Doll, Barroetavena, Ellwood, Fillion, Habra, Linden, & Stephen, 2007). This choice is in keeping with the preference expressed by individuals living with cancer who were consulted during two studies dealing with this issue (Fraser, 1995; Fillion, Morin & Saint-Laurent, 2000). This choice is also consistent with a professional reality. The CEPIO (Direction de la lutte contre le cancer, 2005) [French acronym of the Committee on the evolution of oncology nurses] stresses that the ability to assess the physical and psychosocial condition of the individual with cancer and clinically monitor their condition is an integral part of the nurse's professional scope of practice. Roles associated with that of the oncology nurse navigator (ONN) are described in the literature under the terms of “case manager, clinical coordinator, cancer support nurse, follow-up nurse, advanced nurse practice, breast nurse specialist, breast cancer coordinator, patient navigator”. Despite some differences in their descriptions, these roles are part of a global approach to care and services, which centre on the quality of life of individuals with cancer (Fillion, Morin & Saint-Laurent, 2000).

Initially, the functions associated with the patient navigator’s role (assessing, teaching and informing, supporting, and coordinating) were assigned a general description by the CQLC [French acronym of the Quebec Cancer Control Council] (CQLC, 2000). The role was gradually assigned to specialized oncology nurses and became known as oncology patient-navigator nurse (Fillion, de Serres, Lapointe-Goupil, Bairati, Gagnon, Deschamps et al., 2006). More recently, efforts were deployed in Quebec by the CCIO [French acronym of the oncology nurses’ advisory committee] (Direction de la lutte contre le cancer [DLCC], 2008) to further clarify the nature of these functions. In spite of these efforts, the definition of the support function remains general and does not clarify the nature of the interventions associated with this role. Moreover, this lack of clarity does not allow pinpointing expected skills nor the training needs required to achieving them.

By clarifying the nature of the support and interventions carried out by ONNs, this study can contribute to concretely defining the support function and to recognizing its significance. As mentioned in Part 1, this study was built upon Fitch’s (1994) Supportive Care Framework and on Lazarus and Folkman’s stress theory (1984).

The following literature review helps refine the formulation of the objective, which is to describe the ONN’s support function and related interventions in the light of scientific knowledge.

Literature review

Physical support

The support function often begins with recognizing unmet physical needs and is thus incorporated in the larger area of symptom management (Ahlberg, Ekman, & Gaston-Johansson, 2003). Support provided to satisfy physical needs or symptom management constitutes a major component of the oncology nursing role (Crooks, Whelan, Reyno, Willan, Tozer, Mings, et al., 2004; Page, Berger, & Johnson, 2006; Pigott, Pollard, Thomson, & Aranda, 2008).

According to the literature, symptom management represents a daily challenge for the oncology nurse. It starts with assessing physical symptoms so that a quick and effective intervention strategy can be implemented to satisfy the needs of individuals with cancer.

The study by Ahlberg and colleagues (2005) enables us to clarify the fundamental role played by nurses in screening for fatigue and physical distress symptoms. The study conducted with 60 women reveals that symptom management requires not only knowledge but also an understanding of the patient’s experience of the symp-
toms and the development of the strategies required for providing the necessary support. It appears that linking the screening for distress, assessing symptoms and selecting appropriate interventions or referrals is required.

**Informational support**

Many studies highlight the importance of assessing informational needs for individuals living with cancer. For example, the study by Kerr, Harrison, Medves, Tranmer and Fitch (2007) underscores the importance of providing information throughout the illness in a personalized, understandable and opportune manner. Informational support may bring about a certain peace of mind, optimism in the face of the illness and may promote the development of better coping strategies (Doll et al., 2007; Liu, Mok, & Wong, 2005). Meeting information needs or informational support implies providing useful information in order to guide or counsel individuals with cancer in their values and beliefs so that they can improve their perception of control over the illness, reduce their feeling of confusion, anxiety and fear, enlighten decision making and promote coping strategies to the illness (Doll et al., 2007; Fitch, 2008).

**Emotional support**

While sources of distress and emotional needs are well described in traditionally qualitative studies (see Part 1), support interventions that need to be implemented appear to create some confusion among nurses. Goodell and Nail (2005) conclude in their study that the definition for the “distress symptoms” concept lacks both clarity and specificity. Likewise, in a review on emotional care, Skilbeck and Payne (2003) lament the vagueness of the terms “emotional care and support.”

Luckily, recent Canadian recommendations based on integrating evidence (Howell, Currie, Mayo, Jones, Boyle, Hack et al., 2009) provided possible avenues for nursing interventions to meet emotional needs. It is specified that distress is very real and that it would be useful to detect and assess it in all areas of needs in order to provide adequate support or refer to other competent care providers if the support is no longer within their scope. As in the case of emotional needs, Fitch maintains that nurses must use an assessment tool or a model on which to base their assessment with the aim to meet psychosocial needs. Using measurement tools ensures consistency and allows the assessment process to be individually adapted to each individual with cancer. Therefore nurses have a unique opportunity to assess and address psychosocial needs, as they are usually the first line of contact with individuals with cancer and can go beyond physical symptoms to discuss concerns and needs.

Moreover, the suggestion to take part in psychosocial interventions could originate from the oncology nurse (NCCN, 2008). For example, participation in a peer support group can improve the well-being and quality of life of individuals with cancer. In addition, they could refer individuals to more specialized support services such as

### Table 1. Participants’ characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>ONNs (N=10)</th>
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<tbody>
<tr>
<td>Age (mean)</td>
<td>47.2 (32–53 years)</td>
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<tr>
<td>Education university</td>
<td>10</td>
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<tr>
<td>Years of nursing experience (mean)</td>
<td>22</td>
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<tr>
<td>≥ 9 and ≤ 25</td>
<td>6</td>
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<tr>
<td>&gt;25 and ≤32</td>
<td>4</td>
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<tr>
<td>Years of oncology experience (mean)</td>
<td>10.5</td>
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<tr>
<td>≥ 2 and ≤ 8</td>
<td>6</td>
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<tr>
<td>&gt;8 and ≤ 32</td>
<td>4</td>
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<tr>
<td>Months of experience as ONN</td>
<td>(7–66)</td>
</tr>
<tr>
<td>≥ 7 and ≤ 22</td>
<td>6</td>
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<tr>
<td>&gt;22 and ≤ 66</td>
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Figure 1. Support interventions reported by ONNs

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psychotherapy to which, regrettably, too few individuals have been referred (Steele & Fitch, 2008). Many authors suggest that screening, assessment and appropriate referral may constitute interventions that can prevent emotional difficulties and mental health problems among individuals living with cancer (Ahilberg, Ekman, & Gaston-Johansson, 2005; Fitch, 2003; Kerr, Harrison, & Medves, 2004, Kerr et al., 2007; Manning-Walsh, 2005b).

**Spiritual support**

Studies completed by Kerr (2004) and Richardson, Medina, Brown and Sitzia (2007a) suggest that front-line oncology practitioners are able to recognize and assess spiritual needs among individuals with cancer and their loved ones in order to intervene appropriately.

However, one literature review concluded that it is difficult for care providers to assess spiritual needs (Ahmed et al., 2004). More specifically, Strang, Strang and Ternestedt (2002) stated that nurses have a very wide perception of the term “spirituality”, which includes both existential and religious aspects. The authors concluded that training is required for the detection of this type of need and provision of the appropriate support. The same conclusion was reached in the study by Kuuppelomäki (2002) who reported that the majority of nurses believes in the importance of spiritual support but do not see themselves as properly prepared nor equipped to provide this support.

In fact, studies suggest that needs of a spiritual nature are often little assessed and therefore unmet. The studies presented in Part I also highlighted spiritual needs. In Part 2, the examined studies highlighted the lack of knowledge about nursing interventions connected to these needs.

**Practical support**

Many studies underscore the importance of assessing all types of needs, including practical needs (for a literature review, see Kerr et al., 2004). These authors stress that health professionals, especially nurses, could assess the way families manage their daily living activities and estimate the practical aid needs such as help in the kitchen, with the children, grocery shopping, transportation or respite for family caregivers. Nevertheless, few studies describe nursing interventions related to practical needs.

The reviewed studies do not describe much support interventions provided by nurses to meet the numerous needs of individuals living with cancer and their loved ones. The lack of initial assessment and understanding of the needs is a course of action that deserves further exploring.

**Objective**

The objective for Part 2 of this study is to explore and describe from the perspective of ONNs, the support interventions provided to individuals living with cancer and their families throughout the care trajectory.

**Methodology**

The complete methodology for this study was described in the Part 1 article.

As mentioned, the selection of participants was voluntarily restricted to two groups of stakeholders: individuals living with cancer that have an ONN (Part 1) and ONNs belonging to local teams and supraregional oncology care teams in the Greater Quebec City area who are the participants referred to in this article.

<table>
<thead>
<tr>
<th>Needs Categories</th>
<th>Support interventions provided by the ONN</th>
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</table>
| **Practical**    | Coordinate care, appointments, exams, practitioners  
|                  | “If you notice that someone must start their chemo at the same time as their radiation therapy and that dates do not mesh, you do intervene” (28). “You are going to organize services at the HSSC for them” (24).  
|                  | Do information follow-up with the various practitioners, teams and services and collaborate in order to ensure care continuity  
|                  | “I regularly collect consultation outcomes and I fax them to the physician or to home care nurses so that they are aware of the situation” (27); “when the patient moves from curative to palliative, a link is made by the ONN (...) or when there is a transfer to the family physician, you must pass on the information” (24).  
|                  | Approach various services and organizations  
|                  | “I communicated with housekeeping assistance and co-ops... a home economics co-op ... for transportation assistance (...) we communicate for them when they’re not able” (79).  
|                  | Find a family physician  
|                  | “If they don’t have a family physician, we try to find them one from the beginning, ideally” (28).  
|                  | Organize services for the individual  
|                  | “we’re going to organize services at the HSSC for him” (24). |
| **Informational**| Provide information and do patient and family education on a variety of topics: disease, treatments, side effects, surgery, medication, care trajectory, available resources and services, practitioners’ roles, etc.  
|                  | Suggest resources  
|                  | “If there’s no special help at home, I am going to suggest several things: dietary help, help with transportation or hygiene (...) housekeeping help to meet the needs” (1); “we present them with lots of resources on cancer; The Quebec Cancer Foundation for texts to read (...) the Foundation also loans tomes for free on the Internet (...) and there is also the whole range of Internet sites” (26).  
|                  | Explain, explain again and validate their understanding  
|                  | “I check on the fundamental details (...) I make sure the main things have been understood, otherwise I can cover it again later...” (28); “I make sure he understands his disease well, that he’s well informed of the stage it’s at, that he understands his treatments and treatment plan” (1).  
|                  | Guiding and counselling the individuals in their choices  
|                  | “so that they are aware, at each of the steps, of the decisions they need to make, but armed with information” (27).  

Table 2 continued on page 117...
Table 1 illustrates the study participants' characteristics. This group consists of 10 ONNs, five of which come from local oncology teams (joint hospital centre (HC)–health and social services centre (HSSC)) and five from supraregional teams. This sample was chosen to promote diversity in both experience in oncology as ONNs, and in practice. The ONNs from local joint HC-HSSC teams had little experience as ONNs at the time of data collection, which took place as the role was being implemented, and their client populations were varied (breast, lung, prostate and colorectal). On the other hand, ONNs working in supraregional teams have been in place three years on average and serve only one population (a particular tumour site).

The interviews were conducted with an interview guide developed for the wider research program of which this study is a part and based on the framework by Patton (1990, 1997), as adapted by Fillon and colleagues (2006) to gain a better understanding of both the ONNs implementation process and conceptualization of their role.

In the interview guide, the use of open-ended questions such as “According to you, what are the ONN’s main functions?” do not demand predetermined answers and promote the free expression of their thoughts by the participants.

Table 2 continued from page 116...

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Provide one’s contact information and make oneself available</th>
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<tr>
<td></td>
<td>“I give them my card, I tell them how they can reach me” (30).</td>
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<td><strong>Go meet the individuals at their treatments, at the emergency ward, at the care unit, at home</strong></td>
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<td></td>
<td>“when they come to the tumour clinic… oh, I know her… it’s sort of reassuring”; “just to go say ‘hello’ when they’re doing their chemo, it creates contact” (27).</td>
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<tr>
<td><strong>Encourage the individuals to verbalize their emotions</strong></td>
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<td></td>
<td>“If they have grief, it’s going to come out on its own (…) then there are those who cry, often on the phone (…) you know, people are going to cry with me” (24); “because I always ask ‘and you, how are you? How are you finding that? Do you have any concerns?’” (26); “I am there to address concerns” (1).</td>
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<tr>
<td><strong>Take the time to talk and address concerns</strong></td>
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<td></td>
<td>“I always ask ‘and you, how are you? How are you finding that? Do you have any concerns?’” (26); “I am there to address concerns” (1).</td>
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<tr>
<th>Physical</th>
<th>Give information/advice regarding symptom management</th>
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<td></td>
<td>“somebody will call to say, ‘well, I’m having these problems… I would need…’” (30); “the patients call you and say I’ve been constipated for three days” (24); “improve their health condition if we can properly manage the discomfort (…) we can improve it by the advice we can give them” (79).</td>
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<tr>
<td><strong>Follow up on symptoms/discomforts</strong></td>
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<td>“we need to follow up on their general condition” (28); “did your various pains decrease?” (2).</td>
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<tr>
<td><strong>Refer quickly when their general condition deteriorates</strong></td>
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<td>“If I have a patient who has problems with significant side effects, before I will tell them to go to the emergency (…) we can see how we can manage the symptoms with a referral to the physician or the oncology pharmacy then via telephone calls (…) when they show up at the emergency department, it’s because they have a need, really have a problem” (1).</td>
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<th>Psychosocial</th>
<th>Encourage them to go to available resources</th>
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<td></td>
<td>“I tell them, call, make contact then you are going to see whether it suits you or not” (25); “we strongly encourage them to go to resources that they possibly did not know anything about” (28).</td>
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<tr>
<td><strong>Encourage them to take personal steps and to ask questions to the different practitioners</strong></td>
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<td>“I find it important that they are the ones taking the steps (…) so that they are in contact with the care providers, do they like it or not, I’m not in their shoes, so I can’t know that” (25); “Sometimes we help them prepare for their appointments and we encourage them to ask questions of the physician, to inform themselves” (26).</td>
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<tr>
<td><strong>Promote the involvement of their loved ones</strong></td>
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<td>“to be open to the family too (…) tried to get some interactions going with the spouse or a family member too” (28).</td>
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<tr>
<th>Spiritual</th>
<th>Actively accompany the individual in their soul searching</th>
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<td></td>
<td>“there are even some who will approach me about death and I am not afraid to talk about that with them (…) with me, they talk about experiences (…) when they are no longer being treated and quite close to death, they wonder how it happens” (24).</td>
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<tr>
<td><strong>Encourage individuals to verbalize their personal beliefs</strong></td>
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<td></td>
<td>“at times, there are those who tell us (…) I am a believer and that helps me a lot… I pray, it’s a way of getting through difficult things, but… basically, I help them verbalize further on their beliefs” (26).</td>
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<td><strong>Refer them to a spiritual guide or priest</strong></td>
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<td></td>
<td>“I refer them to a spiritual guide (…) even if the patient does not believe in God nor is a Catholic, he gets to go all the same” (25).</td>
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**Results**

This section starts with an introduction of the participants. Their characteristics are presented in Table 1. It illustrates the diversity of their experiences in oncology, as ONNs and in nursing practice. Support interventions reported by ONNs are detailed in Tables 2 and 3.

**Description of interventions**

Support interventions reported by ONNs are illustrated in Figure 1 and summed up in Tables 2 and 3.

Figure 1 presents in ascending order the comments made by ONNs regarding their interventions to satisfy practical, informational, emotional, physical, psychosocial and spiritual needs. All ONNs in the study indicated they do support interventions to meet physical needs (symptom management), informational needs and practical needs (coordination of appointments, exams, practitioners, services).

Table 3 presents the interventions mentioned by a majority of ONNs and relate to interventions that can satisfy more than one need at a time. For example, being present and being available can meet an information need as well as an emotional and a practical need.
Meet with individuals rapidly, present by the family’s side, that’s our job” (1). For the latter have their own concerns too…” (26); “you must be present by the family’s side, that’s our job” (1). Then we are also there for their loved ones, as a matter of fact… we’re always there (25) somewhere, either in the frontlines or in the background, but we’re always there” (25). “Then we are also there for their loved ones, as a matter of fact… for the latter have their own concerns too…” (26); “you must be present by the family’s side, that’s our job” (1).

Meet with individuals rapidly, as close as possible to diagnosis “the experiences I had when I met the patients right away at diagnosis have been the best relationships I’ve had with patients because a trusting relation is established right away” (24). Actively listen to individuals with cancer and their family and accompany them along the care trajectory “I see the ONN’s support role, it means a lot of listening. It’s a huge part of it, then if it gets to the point where the patient needs more than that, we refer them” (25).

Refer the individuals and/or family members to various practitioners and resources adapted to their needs and requirements “when I notice that a person is distressed or seems to have a greater need of support, I am going to give a referral (...) I do lots of referrals” (30) “the support can be internal (...), as we have teams of social workers and psycho-oncologists (...) or external, resources we have to offer to people” (1).

Support interventions provided by the ONN

Support interventions to meet practical needs. Interventions related to meeting practical needs often correspond to coordination activities for appointments, exams or services and aim at reducing pressures or demands associated with certain concrete problems such as the inability to make appointments in the chronological order required by the treatment or a poor knowledge of services available in the community. All ONNs in the study reported many support interventions in this area (see Table 3). They coordinate care with various practitioners, organize appointments, organize resources and services such as services offered by the local community service centre, transportation assistance, day centre, Meals on Wheels, housecleaning assistance, home economics co-op. They communicate information (e.g., progression notes, file summary) to different practitioners (e.g. family physician, HSSC nurse) or to other teams and services (e.g., palliative care, liaison nurse, HSSC). Furthermore, they make sure that the individuals are maintaining contact with their family physicians or take the necessary steps to find them one.

Support interventions to meet informational needs. Interventions aimed at meeting informational needs represent information or education that are provided to individuals living with cancer and their loved ones so as to reduce confusion, threat perception (anxiety, fears), to facilitate decision making and promote the development of skills such as developing coping strategies for the illness and a sense of control over the situation. All ONNs declared providing information related to different needs and answering the questions posed by individuals with cancer and their family members.

Support interventions to meet emotional needs. Interventions to meet emotional needs refer to activities enabling individuals to feel emotionally sound, to experience a sense of belonging and understanding, and feel reassurance during difficult periods such as the beginning of treatments or the occurrence of significant side effects. Regarding this area, ONNs mentioned giving their contact information and making themselves accessible throughout the care trajectory. They highlighted the importance of establishing direct contacts with individuals by going to meet them when they come to the hospital. They take the time to talk with individuals, to actively listen to them in order to help them express their needs.
emotions. Moreover, ONNs reported assessing emotional needs by questioning the individual on their emotional state and the perception they have of their situation, as well as exploring the perception they have of their ability to cope with their situation throughout the disease trajectory.

Support interventions to meet physical needs. Interventions to meet physical needs correspond to symptom management exclusively. In this area, ONNs provide information and advice adapted to each individual according to their illness and associated treatments to foster skill acquisition and facilitate coping with the illness. Management of physical symptoms and discomforts was reported by all ONNs. They give information and advice, follow up on symptoms and refer individuals quickly before their general health deteriorates. One ONN summed up well the support interventions related to symptom management “symptom management, it happens all the time (...) we do it each time we see our clients.” (30)

Support interventions for psychosocial needs. Interventions to meet psychosocial needs aim to consolidate coping strategies concerning the illness and its aftermath, to foster the individual’s autonomy and the engagement of significant others. Interventions reported by ONNs were encouraging individuals to use resources, fostering personal approaches and involving family members in the care and daily activities.

Moreover, as in the case of emotional needs, ONNs described how they assess the individuals’ perceptions and adaptation potential, possible coping strategies and the helping resources they have: children, family, spouse.

Support interventions to meet spiritual needs. Interventions to meet spiritual needs are aimed at needs relating to the search for meaning, personal values and priorities, and hope. Following the example of individuals living with cancer, ONNs talked very little about spiritual needs. Interventions mentioned by the ONNs correspond to listening and accompanying individuals in their soul searching concerning death.

Furthermore, support interventions that can meet several types of needs were mentioned by the ONNs and these are summed up in Table 4. Many were reported by all ONNs included in the study, especially offering one’s presence and availability, listening actively, referring to appropriate resources, providing information on various topics and constantly assessing needs throughout the care trajectory.

In summary, ONNs indicated they accomplish support interventions in all areas of needs during the care trajectory. Many interventions gravitate around practical needs (coordination) and informational needs (information and symptom management). These are followed by the emotional, psychosocial and spiritual areas.

Necessary attitudes for support
A new category emerged during data analysis. All participants underscored the significance of the helping relation and trusting relationship to clarify their support function. The rich content of the interviews helped draw attention to the quality of the helping relation, as a significant dimension of the support provided by ONNs. The helping relation is not the product of a specific intervention, but rather of a helping attitude, of people-oriented skills. In order to recognize the support needs of individuals with cancer and adjust the appropriate intervention to their needs, establishing a trusting relation is described as an essential element of support. Figure 2 illustrates how ONNs situate the helping relation as a linking component between the individuals’ needs on the one hand and support interventions on the other.

Discussion
This study had two objectives. The first was to explore the nature of needs for support during the disease trajectory from the perspective of individuals living with cancer and these results were discussed in the Part 1 article.

The second objective was to describe concretely interventions done by ONNs to meet the needs of individuals living with cancer and their families. Interventions linked to coordination and information of all sorts, including symptom management, is reported by all study participants. As stipulated by the CEPIO (Direction de la lutte contre le cancer, 2005), support interventions for practical needs, especially care coordination, services organization and care continuity, help decrease the demands placed on individuals living with cancer along the care trajectory. These coordination interventions were the most often reported by ONNs and described in terms of frequency. However, few studies describe these needs, which are often associated with the direct assistance the individual requires to cope with daily living activities disrupted by their illness (Kerr et al., 2004).

In the same vein of results, giving information related to various areas of needs and answering different questions are daily support interventions for ONNs. All participants talked prolifically of the information they give out at each meeting, especially to facilitate symptom management in relation to treatments and disease. Symptom management is a major component of the ONNs’ support interventions, a finding that is consistent with the literature (Ahlberg et al., 2005; Crooks et al., 2004; Page et al., 2006; Pigott et al., 2008).

Moreover, among the interventions reported by the ONNs to satisfy emotional needs are mostly associated with their presence, their availability and the therapeutic relationship. It is surprising to note that interventions aimed at meeting emotional needs come after coordination and information interventions. This may be due to the difficulty in detecting distress. Indeed, ONNs talked very little about screening. Some individuals may not spontaneously express their distress without encouragement or a questionnaire to that effect. This explanation is consistent with the notion that nurses should have the ability to recognize the signs and symptoms that may reveal distress (Tiffen et al., 2005). Another explanation is consistent with the fact that distress is often linked to needs in different areas and that it varies over the care trajectory. Interventions should be adjusted to the various disease and treatment stages so as to provide optimal support (Cruickshank, Kennedy, Lockhart, Dossor, & Dallas, 2008).

Various interventions to manage distress suggested by the NCCN (2008) such as providing information and ensuring it is understood, managing symptoms, establishing a trusting relation, ensuring continuity, and referring the patient or family members to appropriate practitioners have been reported by the ONNs participating in this study.

Interventions to meet psychosocial needs indicated by ONNs are especially related to assessing the individual’s resources and referral to appropriate assistance. Furthermore, ONNs said they promote personal steps first before doing the legwork for individuals. The importance of involving loved ones in the journey of the individual with cancer is highlighted by ONNs. Fillion, de Serres, Cook, Goupil, Bairati and Doll (2009) describe empowerment as a central dimension in the ONN’s role. Stephens, Osoowski, Fidale and Spagnoli (2008) underscored the importance of social support (family, friends, colleagues) in the coping with illness for individuals living with cancer.

Regarding spiritual needs, which are described as being of an intimate and personal nature by individuals living with cancer, it is not surprising to observe that few ONNs addressed those needs.

Support interventions reported for this area had to do with listening and referral. Moreover, Kerr and colleagues (2004) indicated spiritual needs are described in less detail than the other needs.
Results also suggest a significant dimension that is not tied to any particular intervention, but comes from a way of being where one earns the trust of individuals with cancer and pays attention to all aspects of their quality of life (Kruijver, Kerkstra, Bensing, & van de Wiel, 2000), i.e., a supporting attitude. All of the ONNs reported this dimension in one way or another. A permanent feature was noted among their comments: the importance of communicating with individuals. These results are consistent with the literature. Communication is an essential aspect of nursing and it can improve care outcomes in individuals living with cancer (Skilbeck & Payne, 2003).

The study by Thorne, Hislop, Armstrong and Oglov (2008) clarified the positive influence effective communication with health professionals has and, conversely, poor communication increases emotional distress and the sense of hopelessness. The therapeutic relationship is described as a humanistic relation between the nurse and the individual with cancer, which is evidenced by the nurse’s presence, the time or availability offered, the amount of active listening provided, demonstrated interest and provided help (Richardson, Plant, Moore, Medina, Cornwall, & Recam, 2007b).

Implications for practice and research

In this light, clarifying the support function of ONNs, as enabled by the use of Fitch’s framework (1994), revealed a fit with the functions described by the CQLC (2000) and the CEPIO (Direction de la lutte contre le cancer, 2005). As the results show, the support function implies many interventions and is complex. Concretely clarifying the related interventions may promote the selection of the skills required to complete the tasks associated with this role. Moreover, defining the support function may lead to a better management of the initial training and promote the implementation of the necessary evaluation, screening and referral tools.

The interpretation of results suggests that it would be beneficial for ONNs to detect distress early with the help of valid instruments and to resort to referrals when distress becomes too high (Bauwens, Baillon, Distelmans, & Theuns, 2009; NCCN, 2008). It would be useful to document the connection between tooling up ONNs to improve screening and assessing the needs along the care trajectory and their ability to intervene quickly and suitably in order to decrease unmet needs among individuals with cancer and their families.

Limitations and strengths

Despite the efforts deployed in this study to concretely define the nature of support interventions provided by ONNs, it is necessary to consider certain limitations when interpreting the results. Firstly, mention should be made of the inherent limitation associated with the use of a conceptual framework for data analysis. Furthermore, although some questions were directly linked to support, the great majority of them were not specifically addressing support, which means certain dimensions may not have been covered, especially exploring unmet needs at a greater depth. In spite of this limitation, using such a framework has some benefits as it helps with clarifying the nature of support and of the associated professional activities and its importance as a major component in the ONN’s role.

Finally, the limitation related to the qualitative approach and purposive sample does not permit a generalization of the results. On the other hand the in-depth description and diversity of participants led to a better understanding of the complex support function associated with the ONN’s role. Inclusion of both local and supraregional ONNs helped paint an initial portrait of the possible extent of their interventions.

Conclusion

Individuals living with cancer express several types of needs along the disease trajectory. The ONN plays a key role in assessing these and in providing support through targeted interventions. Although the majority of expressed needs are found in the emotional and informational areas, this study demonstrated that all needs must be assessed by ONNs so that they can implement a quick and effective intervention strategy centring on the needs of the individuals affected by cancer. Although many of the support interventions listed by ONNs belong to the informational and practical areas, the interventions they reported help meet all the needs of individuals living with cancer. However, the study highlights possible gaps, as well as suggested improvements to satisfy emotional and spiritual needs, particularly by making sure these areas are addressed during the initial assessment. Finally, the study emphasizes that a significant dimension of the ONNs’ support is derived from their helping attitude, their people skills that promote the trusting relation they establish with patients and their families.

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