REFLECTION ARTICLE

OBJN
Online Brazilian Journal of Nursing
ISSN: 1676 - 4285 | www.objnursing.uff.br

Submission: 25-Jul-2026
Approved: 19-Aug-2026

PERIOPERATIVE NURSE NAVIGATORS: A REFLEXIVE AND THEORETICAL STUDY

ENFERMEIRO NAVEGADOR PERIOPERATÓRIO: ESTUDO TEÓRICO REFLEXIVO

ENFERMEROS NAVEGADORES PERIOPERATORIOS: ESTUDIO TEÓRICO Y REFLEXIVO

Diana Lima Villela de Castro[1] ORCID: 0000-0002-5299-8840
Debora Cristina Popov[2] ORCID: 0000-0002-4343-4402
Tamara Otsuru Augustinho Teixeira[3] ORCID: 0000-0002-3588-653X
Edvane Birelo Lopes De Domenico[3] ORCID: 0000-0001-7455-1727

[1] Health Sciences School at the Oswaldo Cruz German Hospital. São Paulo, SP, Brazil.
[2] Brazilian Society of Surgical Center, Anesthetic Recovery and Central Sterile Supply Department Nurses. Paulista University. São Paulo, SP, Brazil.
[3] Federal University of São Paulo, Paulista Nursing School. São Paulo, SP, Brazil.

How to cite: Castro DLV, Popov DC, Teixeira TOA, De Domenico EBL. Perioperative nurse navigators: a reflexive and theoretical study. Online Braz J Nurs. 2026;25(1):e20267118. https://doi.org/10.17665/1676-4285.20267118

RESUMO

Objetivo: Discorrer sobre o Enfermeiro Navegador Perioperatório como coordenador do cuidado centrado no paciente cirúrgico, incluindo desde a indicação cirúrgica, preparo e agendamento de exames pré-operatórios, período perioperatório até a alta cirúrgica. **Método:** Estudo teórico reflexivo, com análise conceitual. **Resultados:** A análise reflexiva permitiu dividir os resultados em temas: a jornada de cuidados cirúrgicos e a importância da navegação dos pacientes; desfechos identificados como decorrentes da navegação cirúrgica; o enfermeiro navegador perioperatório. Os benefícios da navegação perioperatória sinalizados como possíveis foram amplos, como na subtração de tempos entre consultas, entre consultas e a realização do procedimento e deste até a recuperação pós-cirúrgica; na satisfação do paciente relacionada à assistência e à gestão; na coordenação de programas de gerenciamento de Protocolos de Recuperação Acelerada e de processos cirúrgicos interinstitucionais. **Conclusão:** A navegação em enfermagem cirúrgica, por meio do Enfermeiro Navegador Perioperatório, apresentou-se como uma oportunidade para o cuidado centrado no paciente, considerando as características técnica-assistencial-gerencial próprias do cuidado perioperatório e as barreiras que podem comprometer, negativamente, os desfechos.
Descritores: Enfermagem Perioperatória; Assistência Perioperatória; Navegação de Pacientes; Assistência Centrada no Paciente; Recuperação Pós-Cirúrgica Melhorada.

ABSTRACT

Objective: To discuss the role of Perioperative Nurse Navigators as coordinators of care centered on surgical patients, including surgical indication, preparation and scheduling for preoperative tests, the perioperative period and surgical discharge. **Method:** A reflexive and theoretical study with conceptual analysis. **Results:** The reflexive analysis allowed dividing the results into topics, namely: Surgical care journey and the importance of patient navigation: Outcomes identified as resulting from surgical navigation; and Perioperative Nurse Navigators (PNNs). Many of the benefits contributed by perioperative navigation were signaled as possible: saving time between appointments, from the transition to the procedures and until post-surgical recovery; patients' satisfaction related to assistance and management; and coordinating programs to manage Accelerated Recovery Protocols and interinstitutional surgical processes. **Conclusion:** Surgical Nursing Navigation in charge of Perioperative Nurse Navigators emerged as an opportunity for patient-centered care, considering the technical-assistance-managerial characteristics inherent to perioperative care and the barriers that can compromise the outcomes.
Descriptors: Perioperative Nursing; Perioperative Assistance; Patient Navigation; Patient-Centered Assistance; Enhanced Recovery After Surgery.

RESUMEN

Objetivo: Debatir el concepto de Enfermeros Navegadores Perioperatorios como coordinadores de la atención centrada en pacientes quirúrgicos: indicación quirúrgica, preparativos y programación de exámenes preoperatorios, período preoperatorio y alta quirúrgica. **Método:** Estudio teórico y reflexivo, con análisis conceptual. **Resultados:** El análisis reflexivo permitió dividir los resultados en temas: El mapa de la atención quirúrgica y la importancia de la navegación de pacientes; Desenlaces identificados como resultantes de la navegación quirúrgica; y Enfermeros Navegadores Perioperatorios (ENP). Los beneficios de la navegación perioperatoria señalados como posibles fueron amplios: menores tiempos entre consultas, de la transición al procedimiento y en el período hasta la recuperación posquirúrgica; satisfacción del paciente en relación con la asistencia y la gestión; y coordinación de programas de gestión de Protocolos de Recuperación Acelerada y de procesos quirúrgicos interinstitucionales. **Conclusión:** La navegación en Enfermería Quirúrgica a cargo de Enfermeros Navegadores Perioperatorios se presentó como una oportunidad para implementar atención centrada en el paciente, considerando las características técnicas-asistenciales-gerenciales propias de la atención perioperatoria y los obstáculos que pueden afectar negativamente a los desenlaces.
Descriptores: Enfermería Perioperatoria; Asistencia Perioperatoria; Navegación de Pacientes; Asistencia Centrada en el Paciente; Recuperación Posquirúrgica Mejorada.

Editors:
Rosimere Ferreira Santana (ORCID: 0000-0002-4593-3715)
Geilsa Soraia Cavalcanti Valente (ORCID: 0000-0003-4488-4912)

Publisher:
Escola de Enfermagem Aurora de Afonso Costa – UFF
Rua Dr. Celestino, 74 – Centro, CEP: 24020-091 – Niterói, RJ, Brazil
Journal email: objn.cme@id.uff.br

Corresponding author:
Diana Lima Villela de Castro
E-mail: didilimavc@gmail.com

What is already known:

- Even if originally devised for cancer patients' journeys, patient navigation has expanded to other diagnoses given its actual benefits.
- A number of studies on surgical patient navigation suggest the scope of nurses' actions and the possible metrics to assess results.
- Perioperative navigation activities can optimize care times, assess surgical outcomes, improve patients' satisfaction and qualify the way in which perioperative journeys are managed.

What this article adds:

- This study offers a conceptual basis for a new professional work perspective for nurses specialized in Surgical Centers (SCs) and grounds the Perioperative Nurse Navigator scope, expanding SC nurses' performance field.
- Perioperative Nurse Navigators emerge as coordinators of surgical patient-centered care and of Accelerated recovery Protocols, reinforcing nurses' leading role in ensuring care continuity, reducing fragmentation in surgical journeys and improving the patients' experience.

INTRODUCTION

Surgical Centers (SCs) are hospital units where anesthetic-surgical procedures of different complexities and specialties are performed. When considering SC organizational aspects, it is found that perioperative nurses are responsible for integrating patient care management, material resources, the work processes developed by multiprofessional teams, the professionals' permanent education and fostering the development of scientific research studies. In the Brazilian scenario, the predominant functions are managerial and assistance-related, as well as teaching, although in a lower proportion[1].

Currently, perioperative nurses manage surgical centers in their complexity and assist patients in the SC area, which does not confer them patient-centered care responsibilities during the entire perioperative period. This period encompasses the immediate postoperative, intraoperative and immediate/late postoperative stages (not only up to hospital discharge but until surgical discharge); in other words, a broad set of responsibilities on nurses' shoulders. It is known that any failure can compromise patient safety in the surgical journey *continuum*, from ineffective communication to omitting some safety measure, further intensifying perioperative nurses' cognitive, physical and emotional overload[2-3].

In this sense, the literature signals the importance of investing in Perioperative Nurse Navigators (PNNs) specialized and experienced in SCs, members of multiprofessional teams and surgical care coordinators in all perioperative period stages. The positive expectations regarding the role of Perioperative Nurse Navigators indicate significant gains in terms of safety, quality, fluidity and dynamics in the entire patient-centered surgical journey[4].

Navigation programs are one of the strongest allies for the transition from a fragmented model to person-centered care because they are integrative and longitudinal, in addition to articulating the different care levels, which enables achieving the navigation goals of eliminating barriers to optimize the care provided and improve the patients' experience and outcomes[5].

It is opportune to incorporate these benefits to the perioperative period through the performance of Perioperative Nurse Navigators duly specialized and experienced in SCs, as most surgical interventions are widely indicated as treatments for several diagnoses and because surgeries can invariably impose risks for people's functional integrity and life.

Thus, the objective of this article was to discuss a new work perspective: Perioperative Nurse Navigators as coordinators of care centered on surgical patients, including surgical indication, preparation and scheduling for preoperative tests, the perioperative period and surgical discharge.

METHOD

A reflexive and theoretical study with conceptual analysis, conducted between 2000 and March 2026 with the aid of a literature review on important and qualifying aspects of the activities developed in the surgical specialty and on nurses' patient navigation experiences reported in scientific articles published in the *United States National Library of Medicine* (PUBMED), *Cumulative Index to Nursing and Allied Health Literature* (CINAHL) and *Scientific Electronic Library Online* (SciELO) databases, with the following descriptors and keywords*: Nursing, Nursing Care, Patient Navigation, Navigator, Perioperative, Patient Journey, Continuity of Patient Care, Transitional Care*.

RESULTS AND DISCUSSION

The reflexive analysis regarding the contents allowed presenting the data in 3 subitems: (1) Surgical care journey and the importance of patient navigation; (2) Outcomes identified as resulting from surgical navigation; and (3) Perioperative Nurse Navigators (PNNs).

Surgical care journey and the importance of patient navigation

The concept of *journey* is understood as a set of successive and interdependent stages that require rigor to optimize times and maximize quality when implementing each of them. The barriers that can hinder the process or trigger complications should be intentionally and systematically identified and managed, using the patient navigation process to achieve good quality and effective results[6-7].

From health institutions' perspective, surgical journeys are based on guidelines called "Accelerated Recovery Protocols (ARPs)" such as Enhanced Recovery After Surgery (ERAS)[8-9], Accelerated 23-h Enhanced Recovery Protocol[10], Enhanced Recovery After Cesarean (ERAC)[11] and Postoperative Total Recovery Acceleration (*Aceleração da Recuperação Total Pós-Operatória*, ACERTO)[12], which are of an interprofessional nature and

require a coordinator for their planning and execution, as well as to serve as interface between these protocols and perioperative navigation in a broad and generic way.

In general, these protocols are divided into 3 main stages: Preoperative, Intraoperative and Postoperative; however, recovery starts by optimizing the patients' physical fitness before the surgery. It is also important to remember that a multifaceted approach should be used for all surgical patients: any and all individuals subjected to surgical interventions should have their recovery optimized.

The main Preoperative phase components are: patient evaluation and counseling before admission; preoperative and prehabilitation optimization; nutritional support and smoking cessation; preoperative fasting abbreviation; and individualized education on recovery protocols and expectations[13-14]. In turn, the fundamental pillars in the Intraoperative phase include hypothermia prevention, rational use of drains and catheters, multimodal analgesia, advanced hemodynamic monitoring and goal-directed fluid therapy[13-14].

The Postoperative phase is unique, with early mobilization, optimized nutrition and multimodal pain management standing out, aiming to accelerate recovery, reduce the risk of complications and shorten hospitalization times[13-14]. In this context, a study showed that hospitals with better Nursing resources present lower surgical mortality at 30 days, lesser failure to rescue and fewer readmissions, with low additional costs; in turn, the more severe the patients, the higher the value added by qualified Nursing[15].

Despite diverse evidence showing that ARPs lead to shorter hospitalization times and fewer complications[16-17] and of the existence a dose-response relationship between adhering to the protocols and outcomes such as complications[18], a systematic review of 53 studies identified that the main barriers that hinder implementing these protocols include resistance to change on the part of professionals and patients; turnover of professionals and residents, insufficient resources and external factors such as patient complexity[19], in addition to the need for multidisciplinary and multiprofessional collaboration[20], especially during the post-discharge period. Implementing ARPs is a challenging process, as it requires multidisciplinary and multiprofessional effort and adherence, in addition to commitment from managers of different administrative sectors.

From the patients' and families' perspective, surgical interventions are part of the therapeutic plan and are permeated by success expectations for many people, but also by fears (non-resoluteness, sequels, risk of death and pain, among others) that are not always duly addressed to be healed or empathetically welcomed, before and after the procedure day[21].

When surgical journeys are navigated, the patients (who have faced a path full of specificities and risks for their safety practically on their own up to that moment) start to enjoy extended follow-up, with Perioperative Nurse Navigators' performance included in the post-surgery late follow-up period to assess recovery of functionalities or development of adaptive processes[21]. Based on this scenario, considering the presence of a patient navigator that is incorporated to the multiprofessional team early in time can make a huge difference for these people to actually feel at the center of the care provided[22-23].

Patient Navigation Programs (PNPs) emerged in the 1990s in the United States and were acknowledged in Brazil in 2022[24], in both cases initially conceived for breast cancer patients and with "navigators" (health professionals or lay people) as a guide and providing support for the patients, walking by them during the entire journey[5,24]. The main objectives of navigation programs consist in eliminating barriers in the entire care *continuum* encompassing the prevention, screening, diagnosis, treatment, survival and end-of-life phases, leading to better patients' experiences and to enhanced care, but also to improved efficiency of the systems and to potential cost reductions[5].

PNPs are mostly managed by nurses and have already been recognized as strategies that help ensure care and treatment continuity for several diseases, chronic or not (cancer, diabetes, cardiovascular, infectious and contagious, among others), for showing significant results in improving clinical outcomes and in quality of life among navigated individuals[22]. The impacts exerted by nurse navigators' performance are evidenced in the effectiveness of the care activities, such as in the processes related to the patients' life before, during and after the treatments[5,25-26].

As perioperative journey navigators, nurses coordinate the therapeutic plan stages, identifying and mitigating barriers that hinder fluidity and access to care-related processes; they also educate patients, family members or caregivers and work with other professionals involved in the entire journey, providing diverse information related to the treatments and acting as interlocutors.

Outcomes identified as resulting from surgical navigation

Studies on surgical navigation in several specialties were found, evidencing that Perioperative Nurse Navigators require specific knowledge. Lack of coordinated care has highlighted, and when nurses take on that role as interlocutors in communication between the interdisciplinary and interprofessional teams, both results and surgical efficiency are improved[27]. Studies were detected in the following surgical specialties: cardiac[28-29], orthopedic[7,30-33], abdominal[34], neurological[35], thoracic[36] and oncologic[37-40].

Navigation programs for cardiac surgeries have been described as promising because they provide significant benefits in terms of reducing readmission rates at 30 days in people subjected to cardiac surgeries for any reason (from 10.53% to 5.85%; p=0.04), suggesting that Perioperative Nurse Navigators' performance coordinating such a program leads to patients' better adherence to postoperative care, preserving ideal health and functionality levels in their communities, in addition to providing financial efficiency to organizations[28].

A study on navigation for Oncology surgical procedures sought to determine if the role of Perioperative Nurse Navigators saved time between the diagnosis and effective treatment stages for cancer patients; to such end, it navigated 100 patients and compared their data to those from 100 non-navigated ones. It was evidenced that the

Perioperative Nurse Navigators' performance was fundamental to significantly improve waiting times between the necessary stages of cancer patients' journey, achieving reductions in several indicators: (1) waiting time for the first diagnostic test: 21 days (7 days in the PNN Group versus 28 days in the Control Group); (2) discussion time with the multidisciplinary team: 3 days (3 days in PNN versus 6 days in the CG); (3) time until the first Oncology appointment: 15 days (3 days in PNN versus 18 days in the CG): and (4) time until surgery: 25 days (20 days PNN versus 45 days in the CG)[37].

The Perioperative Nurse Navigators conducted postoperative follow-up by phone with the PNN group patients on days 7 and 30. At days 7 and 30 after discharge, it was identified that a mean of 20% and 8% of the patients presented problems in their activities of daily living, respectively, that 40% and 21% had nutritional problems, that 18% and 2% reported pain, that 45% and 1% stated complications in surgical wounds, and that 8% and 0% presented difficulties moving. This follow-up allowed Perioperative Nurse Navigators to coordinate the necessary care measures for early intervention and for preventing complications[37].

A case report reinforced the role of Perioperative Nurse Navigators in the colorectal cancer context, describing their functions in patient evaluation, education and guidance, as well as how these professionals can streamline care and be contacts for the patients, the families and the multidisciplinary and multiprofessional teams. The strategies that allowed and supported navigation included medical orders to coordinate staging, tools and instruments for patient screening and appointments with surgeons. When possible, Perioperative Nurse Navigators were able to request imaging and/or blood tests and refer patients to the different specialties within the patients' treatments, in order to save time and optimize processes[38].

A Brazilian study on nurse navigators' performance with head/neck cancer surgical patients included 40 subjects in the Navigation Group versus 120 in the Control Group, observing 28-, 26-, 31- and 10-day reductions until the Speech Therapy, Psychology, Social Service and Tomography appointments, respectively, as well as 53% and 20% reductions in terms of visits to emergency services and phone calls to "*Alô, Enfermeiro*" ("Hello, Nurse") in the Navigation Group. This study evidenced that nurse navigators' performance exerts a direct effect on perioperative care, contributing to saving time until surgery, staging tests, appointments with the multidisciplinary team and visits to emergency services, as well as better adherence to the treatments, confirming the relevance of nurse navigators in the surgical journey scope and in devising previously unknown indicators[40].

A study conducted to assess surgical navigation by means of Telehealth recruited 21 patients with indication for neurosurgeries who lived in rural areas far from the hospital, evidencing that perioperative navigation is also viable and contributes benefits via alternating online and in-person consultations. The patients mentioned the convenience of reduced commuting (saving a total of 10,785 km) and savings in terms of out-of-pocket costs (fuel, parking, hotels), with no negative effects on the quality of the appointments with the specialists. Entering into contact with the patients before, during and after the procedures contributed to high satisfaction levels and low absenteeism rates[35].

In digital projects, nurse navigators initially analyze the interinstitutinoal process, to subsequently design, adapt and test a customized digital platform. Finally, they implement the solution and assess the final users' experience. In this context, nurse navigators have also proved to be centralizing agents in new digital projects for designing care journey flows and planning in thoracic surgeries (oncologic and non-oncologic)[41].

A study conducted with patients that could have been served in different health units depending on the therapeutic plans resorted to a digital project undertaken with nurse navigators to ensure efficient coordination for thoracic surgery care and services between the institutions, given the importance of joint work in health units in a transparent and coordinated way, sharing information about the patients and ensuring care continuity for the patients to be provided due assistance at the right moment. Some of the initial challenges, such as sharing information across the centers (patients' data, administrative/monitoring data) and coordination itself, were overcome by resorting to digital technological solutions[41].

This effective care coordination ensured safe and efficient transitional care instances, promoting patient safety and care quality, in addition to defining where the centers might collaborate in a series of clinical and administrative activities. After the initial analyses regarding clinical and administrative flows, the need to optimize care journeys became clear, with a focus on enhancing safety and on easing care coordination by implementing an integrated digital health solution[41].

Navigation in orthopedic surgeries (knee and hip arthroplasties) also proved to optimize time during the perioperative period. A study developed with 226 patients assisted by Perioperative Nurse Navigators aimed at examining hospitalization times and patients' satisfaction after implementing Surgical Nursing navigation for patients undergoing orthopedic treatments. The surgical preparation and intervention times were shortened when compared to the institutional pre-navigation ones; in addition, the navigated patients presented shorter hospitalizations (median of 3 days versus 4.5 before the navigation). A total of 57 (25.2%) participants were contacted and answered the patient satisfaction questions on the phone; all of them were very satisfied with the service provided by the navigators[31].

Positive experiences among the patients and satisfactory health-related quality of life were also reported. The main reasons for the patients to contact the navigators before the surgery included the following ones: having doubts about which medications to discontinue before the surgery: needing help to organize commuting to multiprofessional postoperative appointments; needing help to organize Physical Therapy equipment; and seeking advice on how to prepare their house to remain independent after the surgery (going to the supermarket, pre-cooking meals, putting frequently used items in easy-to-access places)[31].

The reasons for the patients to contact the navigators after the surgery were as follows: discussing concerns such as hematomas or edemas on the surgery site; solving doubts

about surgical wound infections (and whether the incisions should be re-evaluated); amount of physical activity to be performed at home; and when to start Physical Therapy sessions and seek advice on how to handle edemas, pain, anticoagulant medications and insomnia[31].

The participants also contacted the navigators as gateways to communicate with other members of the health team, especially surgeons[31]. These contacts with the patients allow Perioperative Nurse Navigators to provide clinical, emotional, educational and logistic support, favoring care continuity with enhanced patient adherence and experiences, in addition to preventing complications.

A Brazilian study on navigation in complex spine surgeries (24 patients) described a report on the Navigation Program implementation and presented results such as better postoperative patients' rehabilitation, fewer complications and improved pain control, enabling early risk detection. Consequently, nurses can assist patients in decision-making, reducing the number of visits to emergency services and enhancing the sensations of safety and self-confidence[33].

In a study on general surgeries that implemented a perioperative navigation program, it was evidenced that the surgery cancellation and postponement rate was reduced from 46% to 3%; better standardization of the preoperative process for hospitalization areas was also detected. The authors correlated the results with Perioperative Nurse Navigators' assertiveness in their communication with the interdisciplinary and interprofessional teams as the key factor for this outcome[27].

It is perceived that, by coordinating care, Perioperative Nurse Navigators allow patients and family members to feel in a safe environment to offer feedback on their experiences, also collaborating to better results in the patients' satisfaction level question. Satisfaction is a constant that has been reported in the process followed to implement these programs, translated by the navigated patients into positive assessments regarding efficiency of the assistance provided and the compassionate treatment they were offered, recommending the hospital to other people[41].

A study conducted with 253 patients subjected to outpatient surgeries evidenced improved patient satisfaction, with "Information received on postponements", "Updating frequency throughout the surgical process" and "Team availability to answer questions and address concerns" standing out. In turn, the question with the lowest satisfaction level in this study was "Overall assessment regarding the treatment offered by the team", a finding the authors deemed as expected, as Perioperative Nurse navigators are just part of the multiprofessional team during the entire surgical journey aimed at generating a significant enhancement in the overall quality of the service provided, evidencing that there are still improvements to be implemented[42].

Perioperative Nurse Navigators (PNNs)

Implementing a Surgical Nursing navigation program allows educating all people involved, promoting the changes required and proposing improvements in the process, identifying and overcoming barriers and obstacles inherent to institutions and patients alike, in order to ensure that the surgical procedures take place as planned in the time window proposed and, thus, assess compliance and performance of the care plan, as well as the patients' outcomes and experiences.

SC professional nurses' competencies are necessary for them to achieve their goals of providing treatment, care, information, support, coordination and positive clinical outcomes with longer survival and better quality of life[43], in addition to foreseeing problems and removing specific obstacles inherent to each surgical journey, ensuring efficacy and safety of the surgical procedures[37-39].

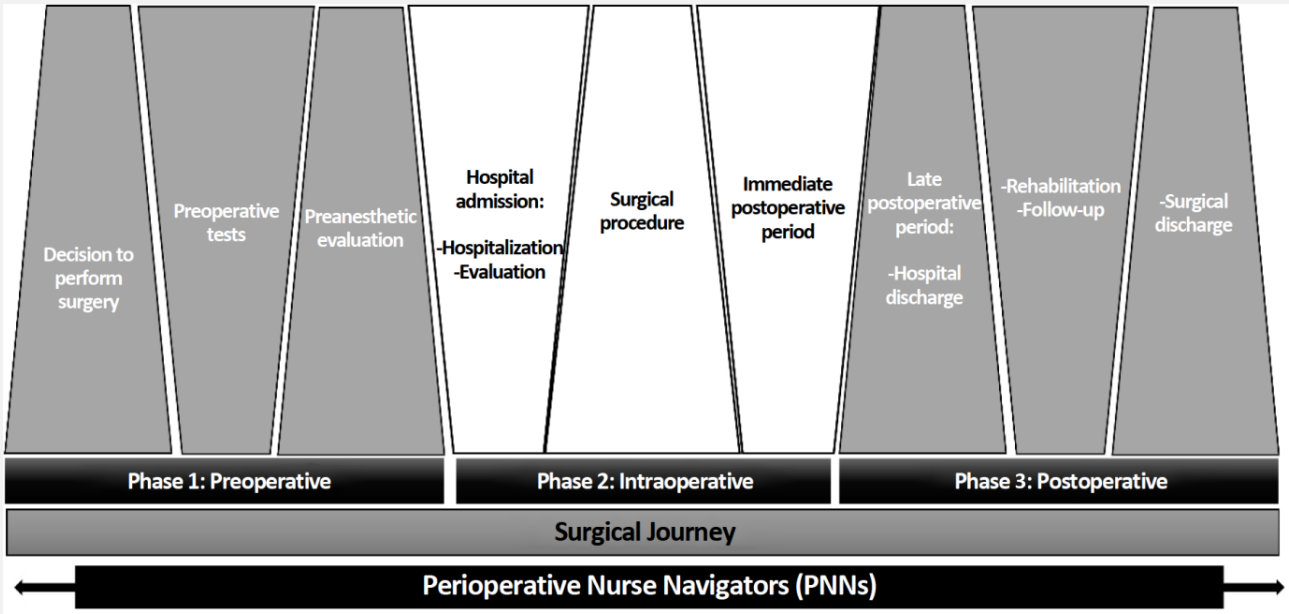
Perioperative Nurse Navigators need to possess theoretical-practice command of ARPs. A review of the ERAS protocol acknowledges nurses as team managers, frequently in the role of coordinators responsible for managing practical issues, providing instructions, managing reports, offering feedback to the units and organizing continuous training for new professionals[16,44]. In addition, adhering to ARPs directly depends on nurses' performance, as they implement most of the daily tasks required to achieve high compliance with these protocols[44]. In this context and combined with the coordination, education and advocacy competencies inherent to patient navigation[45-46], nurses' centrality in operationalizing ARPs positions Perioperative Nurse Navigators as a strategic figure in the interface between coordinating protocols and patient navigation throughout the entire surgical journey.

Corroborating the need for navigation to be in charge of duly experienced and specialized nurses, a study has shown that nurse navigators' performance within a "Fast-track" program was an independent predictor of shorter hospitalizations (with a particularly pronounced benefit in complex patients), in addition to reducing discrepancy between functional recovery and hospital discharge[45].

However, what could Perioperative Nurse Navigators do in relation to surgical safety? SC nurses play a prominent role regarding specific activities in the Perioperative Nursing Process; working in synergy with SC nurses, Perioperative Nurse Navigators serve as guardians of the Perioperative Nursing Process, advocating for the due implementation and maintenance of ARPs. This partnership for the sake of the patients in their preoperative preparation (health education for fasting restrictions, physical activity and possible additional procedures), during the intraoperative period (advocacy for minimally invasive approaches with multimodal analgesia and individualized hemodynamic monitoring according to specific clinical needs), and in the postoperative period (coordinating an advanced recovery model and multidimensional care) would potentiate the benefits derived from ARPs.

With a systematic proposal for navigating journeys in patients undergoing surgical treatments, Perioperative Nurse Navigators have the fundamental responsibilities of developing and coordinating a surgical patient navigation program according the specialty or procedure of choice (in case it is not possible to navigate all patients, considering the most critical or complex journeys) and of being facilitators and mediators in identifying and mitigating barriers (both previously identified and those detected throughout the journey) that each patient needs to overcome for their treatment to develop as planned, in the shortest time possible, in a safe way and with good quality. Therefore, 3 different phases for PNNs' performance might be considered, as shown in the scheme presented in Figure 1.

Figure 1 – Propositional model for a navigation program to be implemented by nurses in the patients' journeys during the perioperative period. São Paulo, SP, Brazil, 2026



Source: The authors, 2026.

Table 1 synthesizes the main activities developed by Perioperative Nurse Navigators corresponding to the Surgical Journey phases and their respective goals, based on the diverse evidence available in the literature.

Table 1 – Proposal for Perioperative Nurse Navigators' performance according to their goals and main activities during Surgical Journeys. São Paulo, SP, Brazil, 2026

Surgery Day	Goals	Main PNN activities
Before the surgery[47-50]	• Optimize the patients' functional, nutritional and psychological status • Ensure timely access to the surgical treatment	• Coordinate discharge planning since admission • Baseline evaluation of unmet needs and barriers hindering care • Health education about diagnoses, procedures and expected recovery • Coordinate the multimodal prehabilitation program (physical exercise, nutrition, psychological support) • Screening and handling anxiety and distress • Guidance on smoking/alcohol cessation • Schedule preoperative tests and appointments • Guidance on fasting and preparation according to Accelerated Recovery Protocols (PRAs) • Clarify patients' and family members' doubts
During the surgery[47,51-55]	• Ensure proper and safe preparation for the procedure • Reduce cancellations and postponements • Patient advocacy • Ensure information continuity across phases • Support adherence to ARPs	• Welcome patients and family members • Structured dialog to reduce anxiety levels • Check preparation completeness (fasting, medications, tests, consent) • Medication reconciliation • Communicate with the surgical and anesthetic teams regarding each patient's singularities • Educational reinforcement with the Teach-back technique • Patient advocacy during the unconscious period (protection, value preservation, support) • Interface with the Surgical Center team to ensure adherence to ARPs (normothermia, fluid therapy, proper hemodynamic monitoring, multimodal analgesia • Take part in team briefings and debriefings • Monitor compliance with the surgical safety checklist • Structured communication at transitional care instances

Surgery Day	Goals	Main PNN activities
After the surgery[45,54-60]	• Accelerate functional recovery; • Prevent and identify complications; • Minimize discrepancy between functional recovery and discharge • Ensure safe hospital-home transitions • Prevent readmissions and visits to emergency services	• Daily monitoring of functional recovery criteria (mobilization, nutrition, pain, bowel function) • Coordinate early mobilization and feeding • Multimodal pain management while reducing opioids • Ongoing education on self-care for patients and family members • Communication with multidisciplinary and multiprofessional teams (Physical Therapy, Nutrition, Pharmacy, Social Service) • Post-discharge follow-up and monitoring until surgical discharge (up to 12 months) • Medication reconciliation at discharge • Screen warning signs (infection, uncontrolled pain, complications) • Reinforce discharge guidelines (medications, wound care, physical activity, diet) • Schedule follow-up appointments • Referrals to community-based resources as necessary • Assess psychosocial and emotional support needs

Source: The authors, 2026.

As in the entire innovation perspective, it is necessary to develop discussions that culminate in well-designed implementation plans for Surgical Nursing Navigation and Perioperative Nurse Navigators. This article intended to contribute to this discussion despite all its limitations, such as not including a systematized literature review on these implementation plans, or incorporating propositional contents not yet empirically tested and the professional analyses by the responsible authors.

CONCLUSION

There are several experiences in terms of navigation programs implemented in different surgical specialty areas, showing the advantages and opportunities that Perioperative Nurse Navigators can generate in patient-centered care cases that include a surgical stage in their therapeutic plans.

The reflections provided in this study evidenced that the Surgical Nursing navigation practice and duly specialized and experienced Perioperative Nurse Navigators' performance not only emerge as new work activities fully centered on perioperative patients but also as new care perspectives for Surgical Center Specialized Nursing, which coordinates the patients' entire perioperative journey and enables management via outcome, cost-benefit and patients'/families' satisfaction indicators.

CONFLICT OF INTERESTS

The authors state having no conflicts of interests.

FUNDING

This study was supported by the National Council for Scientific and Technological Development (CNPq), grant no. 307163/2026-1.

REFERENCES

1. Trevilato DD, Martins FZ, Schneider DSS, Sakamoto VTM, Oliveira JLC, Dal Pai D, et al. Perioperative nurses' activities in the Brazilian scenario: a scoping review. Acta Paul Enferm. 2023;36:eAPE01434. https://doi.org/10.37689/acta-ape/2023AR0014344
2. Martins KN, Bueno AA, Mazoni SR, Machado VB, Evangelista RA, Bolina AF. Management process in surgicenters from the perspective of nurses. Acta Paul Enferm. 2021;34:eAPE00753. https://doi.org/10.37689/acta-ape/2021AO00753
3. Magalhães EV, Paiva FO, Alves MES, Almeida MC. Cultura de segurança do paciente entre profissionais de Enfermagem em um hospital filantrópico de Minas Gerais. Rev Cuid. 2021;12(3):e1990. https://doi.org/10.15649/cuidarte.1990. PMID: 40115237.
4. Siqueira SWA, Fialho IR, Jaime M, Pautasso FF, Caregnato RCA. Atuação do enfermeiro navegador em diferentes áreas da saúde: revisão integrativa. Braz J Health Rev. 2022;5(5):20755-20770. https://doi.org/10.34119/bjhrv5n5-237
5. Freeman HP, Rodriguez RL. History and Principles of Patient Navigation. Cancer. 2011;117(S15):3539-3542. https://doi.org/10.1002/cncr.26262. PMID: 21780088.
6. Pratt-Chapman ML, Silber R, Tang J, Le PTD. Implementation factors for patient navigation program success: a qualitative study. Implem Sci Commun. 2021;2(1):141. https://doi.org/10.1186/s43058-021-00248-0. PMID: 34930503.
7. Kebeh M, Dlott CC, Tung WS, Kurek D, Johnson CB, Wiznia DH. Orthopaedic Nurse Navigators and Total Joint Arthroplasty Preoperative Optimization: Improving Patient Access to Musculoskeletal Care. Orthop Nurs. 2023;42(5):279–288. https://doi.org/10.1097/NOR.0000000000000968. PMID: 37708523.
8. Gillis C, Ljungqvist O, Carli F. Prehabilitation, enhanced recovery after surgery, or both? A narrative review. Br J Anaesth. 2022;128(3):434-448. https://doi.org/10.1016/j.bja.2021.12.007. PMID: 35012741.
9. Altman AD, Helpman L, McGee J, Samouëlian V,

Auclair MH, Brar H, et al. Enhanced recovery after surgery: implementing a new standard of surgical care. CMAJ. 2019;191(17):E469-75. https://doi.org/10.1503/cmaj.180635. PMID: 31036609.

10. Tweed TTT, Sier MAT, Daher I, Bakens MJAM, Nel J, Bouvy ND, et al. Accelerated 23-h enhanced recovery protocol for colon surgery: the CHASE-study. Sci Rep. 2022;12(1):20707. https://doi.org/10.1038/s41598-022-25022-7. PMID: 36456869.
11. Patel K, Zakowski M. Enhanced Recovery After Cesarean: Current and Emerging Trends. Curr Anesthesiol Rep. 2021;11(2):136–144. https://doi.org/10.1007/s40140-021-00442-9. PMID: 33679253.
12. Aguilar-Nascimento JE. Acerto - Acelerando a Recuperação Total Pós-Operatória. 4th ed. Rio de Janeiro: Editora Rubio; 2020.
13. Chau JPC, Liu X, Lo SHS, Chien WT, Hui SK, Choi KC, et al. Perioperative enhanced recovery programmes for women with gynaecological cancers. Cochrane Database Syst Rev. 2022;3(3):CD008239. https://doi.org/10.1002/14651858.CD008239.pub5. PMID: 35289396.
14. Han Y, Yin K. Evidence-based practice of enhanced recovery after surgery in spinal surgery: Comprehensive insights into perioperative care and outcome improvement. J Int Med Res. 2026;54(3):3000605261436583. https://doi.org/10.1177/03000605261436583. PMID: 41915811.
15. Lasater KB, McHugh M, Rosenbaum PR, Aiken LH, Smith H, Reiter JG, et al. Valuing hospital investments in nursing: multistate matched-cohort study of surgical patients. BMJ Qual Saf. 2021;30(1):46-55. https://doi.org/10.1136/bmjqs-2019-010534. PMID: 32220938.
16. Ljungqvist O, Scott M, Fearon KC. Enhanced recovery after surgery: a review. JAMA Surg. 2017;152(3):292-298. https://doi.org/10.1001/jamasurg.2016.4952. PMID: 28097305.
17. Aguilar-Nascimento JE, Bicudo-Salomão A, Ribeiro MRR, Dock-Nascimento DB, Caporossi C. Cost-effectiveness of the use of ACERTO protocol in major digestive surgery. Arq Bras Cir Dig. 2022;35:e1660. https://doi.org/10.1590/0102-672020210002e1660. PMID: 35766605.
18. Ripollés-Melchor J, Ramírez-Rodríguez JM, Casans-Francés R, Aldecoa C, Abad-Motos A, Logroño-Egea M, et al. Association between use of enhanced recovery after surgery protocol and postoperative complications in colorectal surgery: the postoperative outcomes within enhanced recovery after surgery protocol (POWER) study. JAMA Surg. 2019;154(8):725-736. https://doi.org/10.1001/jamasurg.2019.0995. PMID: 31066889. Erratum in: JAMA Surg. 2022;157(5):460. https://doi.org/10.1001/jamasurg.2022.0376
19. Stone AB, Yuan CT, Rosen MA, Grant MC, Benishek LE, Hanahan E, et al. Barriers to and facilitators of implementing enhanced recovery pathways using an implementation framework: a systematic review. JAMA Surg. 2018;153(3):270-279. https://doi.org/10.1001/jamasurg.2017.5565. PMID: 29344622.
20. Hekal M, Eskandar K. Revolutionizing Surgical Care: Exploring the Key Components of ERAS for Enhanced Recovery. Rev Salud Bosque. 2023;13(1):1-17. https://doi.org/10.18270/rsb.v13i1.4441
21. Carrilho MPG, Pontífice-Sousa P, Marques RMD. ERAS® Program - Nursing care for patients undergoing colorectal surgery. Acta Paul Enferm. 2021;34:eAPE002105. https://doi.org/10.37689/acta-ape/2021AR02105
22. Budde H, Williams GA, Scarpetti G, Kroezen M, Maier CB. What are patient navigators and how can they improve integration of care? World Health Organization [Internet]. 2022 [cited 2026 May 05]. Available from: https://iris.who.int/bitstream/handle/10665/350972/Policy-brief-44-1997-8073-eng.pdf?sequence=1
23. Fontes BV, Oliveira AM, Moraes EB, Antunes JM, Salvetti MG, Carmo TGD. Quality of nursing care in pain management in orthopedic surgical patients: a scoping review. Rev Esc Enferm USP. 2024;58:e20240110. https://doi.org/10.1590/1980-220X-REEUSP-2024-0110en. PMID: 39652719.
24. Maia GKC, Ramos RS, Pautasso FF, Santos CMC. Cancer Patient Navigation by Nurses in Brazil: History, Concepts, and Models. Rev. Bras. Cancerol. 2025;71(4):e-195255. https://doi.org/10.32635/2176-9745.RBC.2025v71n4.5255
25. Pautasso FF, Zelmanowicz AM, Flores CD, Caregnato RCA. Role of the Nurse Navigator: integrative review. Rev Gaúcha Enferm. 2018;39:e2017-0102. https://doi.org/10.1590/1983-1447.2018.2017-0102. PMID: 30043944.
26. Baileys KA, McMullen L, Lubejko B, Christensen D, Haylock PJ, Rose T, et al. Nurse navigator core competencies: an update to reflect the evolution of the role. Clin J Oncol Nurs. 2018;22(3):272-281. https://doi.org/10.1188/18.CJON.272-281. PMID: 29781454.
27. Irby S, Ports K, Estigoy M. Effectiveness of perioperative nurse navigators on the incidence of inpatient preoperative readiness. J Perianesth Nurs. 2024;39(4):e41. https://doi.org/10.1016/j.jopan.2024.06.104
28. Watkins EJ. Evaluation of a Cardiac Surgery Nurse Navigator Quality Improvement Program. Walden Dissertations and Doctoral Studies [Internet]. 2021 [cited 2026 May 06];10012. Available from: https://scholarworks.waldenu.edu/dissertations/10012
29. Lobdell KW, Crotwell S, Watts LT, LeNoir B, Frederick J, Skipper ER, et al. Remote monitoring following adult cardiac surgery: A paradigm shift? JTCVS Open. 2023;15:300-10. https://doi.org/10.1016/j.xjon.2023.07.003. PMID: 37808027.
30. Banik S, Madavi S. Navigating perioperative challenges in Pott's Spine: a comprehensive review. Cureus. 2024;16(5):e59871. https://doi.org/10.7759/cureus.59871. PMID: 38854265.
31. Sawhney M, Teng L, Jussaume L, Costa S, Thompson V. The impact of patient navigation on length of hospital stay and satisfaction in patients undergoing primary hip or knee arthroplasty. Int J Orthop Trauma Nurs. 2021;41:100799. https://doi.org/10.1016/j.ijotn.2020.100799. PMID: 32873507.
32. Turcotte J, Menon N, Andersen K, Stone D, Patton C. The impact of nurse navigator-led preoperative educa-

tion on hospital outcomes following posterolateral lumbar fusion surgery. Orthop Nurs. 2021;40(5):281-289. https://doi.org/10.1097/NOR.0000000000000787. PMID: 34583373.

33. Nunes GL, Farias DCS, Pautasso FF, Kohn A, Waengertner BR, Caregnato RCA. Implementação de programa de navegação para pacientes de cirurgia complexa de coluna: relato de experiência. Online Braz J Nurs. 2026;25(1):e20266863. https://doi.org/10.17665/1676-4285.20266863
34. Geevarghese F, Chhugani M, Joseph S. A study to assess the effectiveness of nurse navigation programme for patients undergoing open abdominal surgery in tertiary care hospitals of Delhi - pilot. JETIR [Internet]. 2020 [cited 2026 May 05];7(4):782-786. Available from: http://www.jetir.org/papers/JETIR2004102.pdf
35. Critchley G, Harvey P, Saunders R, John S, Todd K. Evaluation of nurses navigator support for patients during telehealth neurosurgery clinics. J Patient Exp. 2024;11:23743735241257385. https://doi.org/10.1177/23743735241257385. PMID: 38827224.
36. Nabelsi V, Plouffe V. Enhancing care coordination in oncology and nonconcology thoracic surgery care pathways through a digital health solution: mixed methods study. JMIR Form Res. 2024;8:e60222. https://doi.org/10.2196/60222. PMID: 39591606.
37. Merlini I, Antonini F, Di Saverio S. The role of a dedicated Oncology Nurse Navigator in the surgical oncology pathways: 1 year experience from a General Surgery Unit in central Italy with follow up. Updates Surg. 2024;76:2011–2018. https://doi.org/10.1007/s13304-024-01916-1. PMID: 38955954.
38. DeGrace L. The role of the surgical nurse navigator: A case scenario. Can Oncol Nurs J [Internet]. 2018 [cited 2026 May 06];28(4):322–323. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6516937/pdf/conj-28-4-322.pdf
39. De Roo AC, Ivatury SJ. Navigating the surgical pathway for frail, older adults undergoing colorectal surgery. Clin Colon Rectal Surg. 2025;38(1):64-73. https://doi.org/10.1055/s-0044-1786392. PMID: 39734716.
40. Gobo DCM, Lopez RVM, Silva AM, Kulcsar MV. The role of oncology nurse navigators in the outcomes of surgical patients with head and neck cancer. Rev Bras Enferm. 2025;78(Suppl 3):e20240165. https://doi.org/10.1590/0034-7167-2024-0165
41. Owczarzack J, Broskowski E, Stumpf M. Bridging the gap: the role of the nurse navigator in the perioperative setting. J Perianesth Nurs. 2016;31(4):e30. https://doi.org/10.1016/j.jopan.2016.04.069
42. Marshall BG, Assef MS, Pitney RB, Macco MCJ, Tschoeke BM, Oksa MA, et al. Introduction of a Surgical Navigator in the Perioperative Process Improves Patient Satisfaction. J Patient Exp. 2017;4(1):10-16. https://doi.org/10.1177/2374373517692916. PMID: 28725855.
43. Agência Nacional de Saúde Suplementar. Projeto OncoRede: a (re)organização da rede de atenção oncológica na saúde suplementar. Rio de Janeiro: ANS [Internet]. 2016 [cited 2026 May 06]. Available from: http://www.ans.gov.br/images/stories/Materiais_para_pesquisa/Materiais_por_assunto/relatorio_conclusivo_oncorede.pdf
44. Ljungqvist O, De Boer HD, Balfour A, Fawcett WJ, Lobo DN, Nelson G, et al. Opportunities and challenges for the next phase of enhanced recovery after surgery: a review. JAMA Surg. 2021;156(8):775-784. https://doi.org/10.1001/jamasurg.2021.0586. PMID: 33881466. Erratum in: JAMA Surg. 2021;156(8):800. https://doi.org/10.1001/jamasurg.2021.2579
45. Fermi F, Ratti F, Stepanyan P, Corallino D, Ingallinella S, Reineke R, et al. Navigator nurse implementation within a fast track program of liver resections: how to improve the healthcare service and perioperative results. World J Surg. 2024;48(1):193-202. https://doi.org/10.1002/wjs.12026. PMID: 38526497.
46. Kelly KJ, Doucet S, Luke A. Exploring the roles, functions, and background of patient navigators and case managers: a scoping review. Int J Nurs Stud. 2019;98:27-47. https://doi.org/10.1016/j.ijnurstu.2019.05.016. PMID: 31271977.
47. Turunen E, Miettinen M, Setälä L, Vehviläinen-Julkunen K. An integrative review of a preoperative nursing care structure. J Clin Nurs. 2017;26(7-8):915-930. https://doi.org/10.1111/jocn.13448. PMID: 27325370.
48. Fernández Fernández E, Fernández-Ordoñez E, García-Gamez M, Guerra-Marmolejo C, Iglesias-Parra R, García-Agua Soler N, et al. Indicators and predictors modifiable by the nursing department during the preoperative period: a scoping review. J Clin Nurs. 2023;32(11-12):2339-2360. https://doi.org/10.1111/jocn.16287. PMID: 35293058.
49. Dana F, Sebio-García R, Tena B, Sisó M, Vega F, Peláez A, et al. Perioperative nursing as the guiding thread of a prehabilitation program. Cancers (Basel). 2022;14(21):5376. https://doi.org/10.3390/cancers14215376. PMID: 36358794.
50. Bidstrup PE, Johansen C, Kroman N, Belmonte F, Duriaud H, Dalton SO, et al. Effect of a nurse navigation intervention on mental symptoms in patients with psychological vulnerability and breast cancer: the REBECCA randomized clinical trial. JAMA Netw Open. 2023;6(6):e2319591. https://doi.org/10.1001/jamanetworkopen.2023.19591. PMID: 37351885.
51. Nicholson A, Coldwell CH, Lewis SR, Smith AF. Nurse-led versus doctor-led preoperative assessment for elective surgical patients requiring regional or general anaesthesia. Cochrane Database Syst Rev. 2013;(11):CD010160. https://doi.org/10.1002/14651858.CD010160.pub2. PMID: 24218062.
52. Rauta S, Salanterä S, Nivalainen J, Junttila K. Validation of the core elements of perioperative nursing. J Clin Nurs. 2013;22(9-10):1391-1399. https://doi.org/10.1111/j.1365-2702.2012.04220.x. PMID: 23186365.
53. American College of Surgeons. ACS quality verification program standards manual [Internet]. Chicago: American College of Surgeons; 2021 [cited 2026 May 06]. Available from: https://accreditation.facs.org/accreditationdocuments/acsqvp/StandardsManual/2021_acs_qvp_standards.pdf

54. Guo L, Zuo H, Sun Y, Qian C. Elevating surgical outcomes: a comprehensive analysis of innovative nursing practices in intraoperative care across diverse specialties. Front Med. 2025;12:1665160. https://doi.org/10.3389/fmed.2025.1665160. PMID: 41114010.
55. Li Y, Tao J, Wang C, Su D. Perioperative nursing care strategies in esophageal cancer surgery: a mini-review. Front Oncol. 2025;15:1633887. https://doi.org/10.3389/fonc.2025.1633887. PMID: 41064091.
56. Park KA, Oh YJ, Kim KM, Eum SY, Cho MPH, Son YH, et al. Navigation programs, are they helpful for perioperative care with thyroid cancer patients? Eur J Cancer Care. 2017;26(4):e12592. https://doi.org/10.1111/ecc.12592. PMID: 27726224.
57. Graham LA, Illarmo S, Gray CP, Harris AHS, Wagner TH, Hawn MT, et al. Mapping the discharge process after surgery. JAMA Surg. 2024;159(4):438-444. https://doi.org/10.1001/jamasurg.2023.7539. PMID: 38381415.
58. Watters DA, Scott DA, Sammour T, Harris B, Ludbrook GL. If the peri-operative patient pathway was right, what would it look like? ANZ J Surg. 2024;94(9):1462-1470. https://doi.org/10.1111/ans.19179. PMID: 39104302.
59. Chen L, Gil Z, Idilbi N, Zontag D, Shadmi E. Evaluating nurse practitioners' peri-operative roles and their outcomes: a prospective observational study in surgical care. J Adv Nurs. 2026;82(6):6072-6081. https://doi.org/10.1111/jan.70253. PMID: 41013705.
60. Cihan E, Vural F. Effect of a telephone-based perioperative nurse-led counselling programme on unmet needs, quality of life and sexual function in colorectal cancer patients: a non-randomised quasi-experimental study. Eur J Oncol Nurs. 2024;68:102504. https://doi.org/10.1016/j.ejon.2024.102504. PMID: 38310665.

AUTHORSHIP CONTRIBUTIONS

Study design: Castro DLV, De Domenico EBL.
Data collection: Castro DLV, Popov DC, Teixeira TOA, De Domenico EBL.
Data analysis: Castro DLV, Popov DC, Teixeira TOA, De Domenico EBL.
Data interpretation: Castro DLV, De Domenico EBL.
All authors are responsible for the textual writing and critical review of the intellectual content, the final version published, and all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.

© 2026 Authors. The authors retain copyright and grant the Online Brazilian Journal of Nursing the right of first publication. This article is licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0).