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The impact of navigators on the satisfaction of patients with cancer: A Systematic Review

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Abstract

Background: Cancer is a disease or part of cells in the body that grows abnormally in parts of the human body and can spread to other parts of the body. Cancer can occur in children and adults. Patient navigators serve as intermediaries between individuals and the healthcare team, assisting patients in addressing and overcoming obstacles that may hinder access to medical services. They offer personalized support throughout the continuum of care, guiding patients through the various stages of their treatment journey.

Purpose: To determine the effect of navigators on cancer patient satisfaction.

Method: A systematic review approach in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The author used several research article databases, namely PubMed, ProQuest, Science Direct and Sage. 3 articles met the criteria and were analyzed and criticized using the JBI instrument.

Results: Patient navigator is an effective strategy to improve diagnosis time, reduce anxiety, and increase patient satisfaction.

Conclusion: The role of patient navigator in the context of cancer care can increase patient satisfaction and self-efficacy.

Keywords: Cancer; Navigator; Patients; Satisfaction.

INTRODUCTION

Cancer is a disease or part of cells in the body that grows abnormally in the human body and can spread to other parts of the body. Cancer can occur in children and adults (Wu, Wang, Zhang, Sun, Wang, & Zhang, 2023). Around 10 million people died in 2020, or almost one in six deaths worldwide, cancer is one of the leading causes of death worldwide. The most common cancers in men and women are breast cancer 16.2%, lung cancer 9.5%, cervical cancer 9.0%, colorectal cancer 8.7%, liver cancer 5.8% and other types of cancer 50.7% (Ferlay, Colombet, Soerjomataram, Parkin, Piñeros, Znaor, & Bray, 2021). Navigators act as a liaison between patients and the medical team, helping patients overcome barriers that may prevent access to care. Navigators can provide personal support to patients throughout

their treatment journey (Post, McAlearney, Young, Krok-Schoen, Plascak, & Paskett, 2015).

Navigators will also help patients with transportation and insurance issues that often hinder patients from receiving treatment (Cartmell, Bonilha, Simpson, Ford, Bryant, & Alberg, 2020). Navigators are people who will help patients with their ongoing treatment, especially for low-income patients. Patient navigation itself aims to help patients overcome barriers that occur related to accessing health services, increasing adherence to cancer screening, and ensuring more appropriate treatment follow-up (Burbage, 2024). Patient navigation was defined in 1989 as a community-based intervention aimed at promoting appropriate access to the diagnosis and treatment of cancer and other chronic diseases by

removing existing barriers (Pérez-Morales, Pathak, Reyes, Tolbert, Tirbene, Gray, & Quinn, 2023). The cancer patient navigation program was first designed by Dr. Harold Freeman in Harlem, New York, in 1990, with a focus on reducing the financial, access, and emotional barriers that patients face (Domenico & Kalinke, 2024).

Patient satisfaction is an important indicator in assessing the quality of health care, especially for cancer patients who often face significant physical and emotional challenges. Patients who feel heard and valued tend to experience higher levels of satisfaction. Therefore, understanding cancer patient satisfaction is key to improving the experience of care and overall health outcomes (Wells, Campbell, Kumar, Clark, & Jean-Pierre, 2018). Patient satisfaction is an important aspect in assessing quality in health care, especially in the context of patient navigation which aims to reduce inequities in cancer care (Yackzan, Stanifer, Barker, Blair, Glass, Weyl, & Wheeler, 2019). Patient navigation itself involves accompanying patients who need cancer-related care with the aim of facilitating appropriate access to screening, diagnosis and treatment. (Jean-Pierre, Shao, Cheng, Wells, Paskett, & Fiscella, 2020). Patient satisfaction is one of the important things in navigation programs, which is considered a significant and meaningful clinical measure. This satisfaction is influenced by direct interactions between patients and providers, so to understand the impact of contact with an oncology nurse navigator on patients' perceptions of the care they receive. Currently, the role of navigators including oncology nurses is recognized in cancer accreditation standards (Campbell, 2009).

RESEARCH METHOD

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The author utilized multiple scholarly databases, including PubMed, ProQuest,

ScienceDirect, and SAGE, to retrieve relevant research articles. Following a rigorous screening and selection process, three articles met the inclusion criteria and were critically appraised using the Joanna Briggs Institute (JBI) assessment tool. The findings highlight the significant role of patient navigators in enhancing cancer patient satisfaction. In Indonesia, the cancer patient navigator program (NAPAK) was initiated in 2022, with 21 healthcare professionals receiving training in India. Currently, there are seven certified nurses working as cancer patient navigator in various institutions, including Dharmais Cancer Hospital, Persahabatan Hospital, Mohammad Hoesin Central General Hospital, and Mitra Keluarga Hospital.

For the purpose of this review, eligible articles were defined as those published between 2010 and 2024. The review includes a thorough examination of all qualifying literature on this subject, employing quantitative methods to analyze the relevant variables comprehensively.

The literature search was conducted online across the aforementioned databases using keywords such as "Patient Cancer," "Navigator," and "Satisfaction." Search filters were applied to include only free full-text articles in English. An initial total of 20,178 records were retrieved. After removing duplicates and applying exclusion criteria—including non-interventional studies, articles not in English, cohort and cross-sectional studies, and studies not involving cancer patients—15,052 records were excluded. A total of ten full-text articles were further assessed for eligibility, resulting in three studies being included in the final analysis.

The article selection process is depicted using the PRISMA flow diagram, and the characteristics of the included studies are summarized in a tabular format. Data analysis involved synthesizing the findings to identify and articulate key thematic elements related to the research topic.

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RESEARCH RESULTS

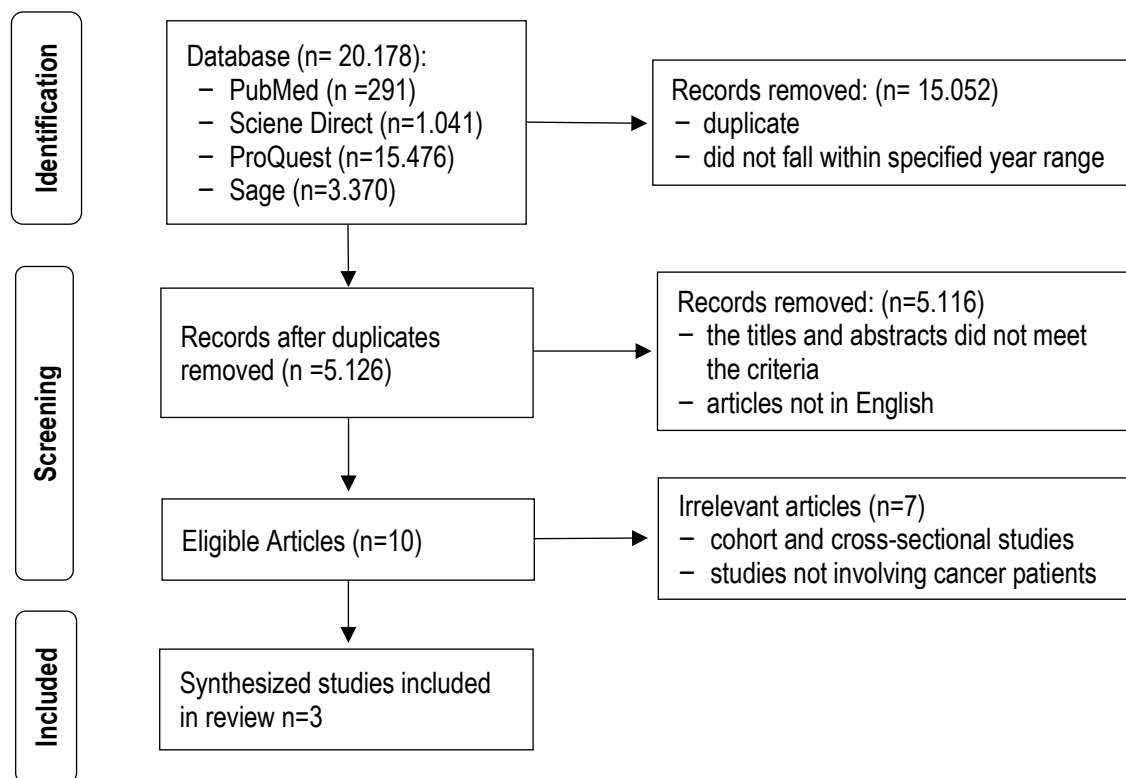


Figure. Prisma Diagram Flow

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Table. Summary of The Articles Review

(Author, Year) (Country)	Purpose	Method	Results
(Ferrante et al., 2007) (Germany)	To evaluate the effectiveness of a patient navigator in improving the quality of care for urban minority women with abnormal mammograms, increasing the timeliness of diagnostic resolution, reducing anxiety levels and increasing patient satisfaction.	RCT	The average time to reach diagnostic resolution from the date of mammogram to final diagnosis was 42 days for the control group, compared to only 25 days for the intervention group, a significant difference. At 60 days after mammogram, 22% of women in the control group had not received a final diagnosis, compared to only 6% of the intervention group. The average anxiety index was 36.6 for the control group and 38.7 for the intervention control group. Patient satisfaction for the intervention group averaged 4.3 compared to 2.9 for the control group. Anxiety for the intervention group decreased by 8.0 while the control group increased by 5.8.
(Fiscella et al., 2012) (USA)	To evaluate the effectiveness of patient navigation in reducing barriers to access to cancer care, and to measure its impact on treatment completion time, patient satisfaction levels, and psychological stress levels in newly diagnosed breast and colorectal cancer patients.	RCT	There was no significant difference in time to completion of primary treatment between the intervention (navigation) and control groups. The mean completion for the intervention (navigation) group was 57 days and the control group 63 days. There was no significant difference in levels of psychological distress between the two groups. There was no significant difference in satisfaction with cancer care between the intervention and control groups. Patients who were uninsured or had low education had higher levels of satisfaction when receiving patient navigation.
(Berezowska et al., 2021) (Netherlands)	To determine the effects of patient navigation on health-related quality of life including stress levels, self-care knowledge, self-efficacy, satisfaction and use of health services in patients newly diagnosed with various types of cancer.	RCT	For quality of life there was no significant difference between the intervention group (patient navigation) and the overall quality of life of the control group. Stress levels, although not significant, tended to show that patients who received patient navigation services experienced a greater reduction in stress levels compared to the control group. Self-efficacy and satisfaction in the control group showed higher levels of self-efficacy and satisfaction compared to the control group. Knowledge of care there was no significant increase in knowledge of care in the intervention group and the control group.

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DISCUSSION

This study was conducted in a public hospital serving a low-income minority population where more than 50% of patients were black women and 30% were Hispanic women. This population often faces multiple barriers, such as lack of social support, communication problems, and distrust of the health care system (Loiselle, Attieh, Cook, Tardif, Allard, Rousseau, & Talbot, 2020). Thus, the role of cancer patient navigators is critical in helping them navigate the health care system and obtain the care they need, with patients assisted by navigators reporting higher levels of satisfaction, reduced anxiety, and assistance during diagnosis (Ferrante, Chen, & Kim, 2008).

There were no significant differences in time to completion of care, satisfaction levels, or distress levels between the patient navigation and control groups in colorectal and breast cancer patients (Hermann, Ashburner, Atlas, Chang, & Percac-Lima, 2018). However, subgroup analyses revealed that socially marginalized patients (such as those who were uninsured, had low English proficiency, or lived alone) reported higher satisfaction when receiving assistance from a navigator (Ranaghan, Boyle, Meehan, Moustapha, Fraser, & Concert, 2016). This suggests that patient navigation may be beneficial for patients with specific needs, although it does not significantly affect overall outcomes (Fiscella, Whitley, Hendren, Raich, Humiston, Winters, & Epstein, 2012).

In this study, patients in the intervention group reported higher levels of satisfaction with the care provided (Lee, Ko, Lee, Kim, Shin, Roh, & Chang, 2011). This could be because patient navigation helped them feel more heard and better supported in dealing with their care. The group receiving navigation tended to use fewer support services compared to the control group (Harding, 2015). This may indicate that with the help of the navigator, patients became more able to cope with their own needs without having to rely on additional services (Schutt, & Woodford, 2020). The increase in satisfaction and self-efficacy suggests that even though quality of life did not change significantly, patients' experiences of receiving care can be improved through appropriate support (Berezowska, Passchier, & Bleiker, 2021).

CONCLUSION

The role of patient navigators in the context of cancer care may improve patient satisfaction and self-efficacy, although it does not have a significant effect on overall quality of life. This suggests that appropriate support may help patients feel more engaged and able to manage their treatment journey. Although patient navigation did not show an overall benefit in time to completion of care or levels of distress, there is some evidence that patient navigation may improve patient satisfaction in certain subgroups. This study suggests that patient navigation is an effective strategy for improving time to diagnosis, reducing anxiety, and increasing patient satisfaction among minority women with abnormal mammograms.

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