EXPLORING THE SATISFACTION OF PATIENTS WITH BREAST CANCER REGARDING A NURSE-LED NAVIGATION PROGRAM

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DECLARATION

I, Zamokuhle Mguli, declare that this research report is my own work. It is being submitted for the degree of Master of Science (in Nursing) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

Signature …  ……

On this 18th day of June 2025

ABSTRACT

Navigation programs for breast cancer care have evolved to improve access to healthcare, particularly for underinsured or uninsured patients. Nurse navigators play a critical role in providing holistic care that spans from diagnosis to end-of-life, focusing on the physical, social, and emotional well-being of patients. Effective patient navigation requires identifying and addressing barriers that could hinder clinical outcomes. This study explores patient satisfaction with a nurse-led navigation program to evaluate the appropriateness of the service provided. The role of the Nurse navigator includes the clinical outcome, but failure by the navigator to identify these barriers during care will result in poor clinical outcomes.

An exploratory qualitative research design was used. It involved conducting interviews with 25 breast cancer patients who attended a private hospital's breast care centre in Gauteng. Participants were asked to comment on their satisfaction with the navigation services provided. Data from the interviews were analysed using conventional content analysis, and categories were identified to inform program improvements.

This study highlights the importance of addressing informational barriers in addition to clinical factors to improve patient satisfaction and outcomes in breast cancer care.

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I thank God and my ancestors for making this journey possible

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DEDICATION

Thank you to my supervisor, Ms Andrea Hayward, for your continuous support and patience in this journey. Without you, it would have never been possible.

This master's dissertation is dedicated to my children and husband, who were understanding and supportive during this journey.

Thank you to my family for all the support. Ngiyabonga!

A dedication to the family members I lost during my studies. May your souls rest in peace.

To all the working and studying wives and moms, this one is for us. Well done ladies!!!!

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LIST OF ACRONYMS

DSP	designated service provider
GBCI	Global Breast Cancer initiative
HER2	human epidermal growth factor receptor 2
MDT	multidisciplinary team
NAPBC	National Accreditation Program for Breast Centres
POPIA	Protection of Personal Information Act
SAOC	South African Oncology Consortium
SDG	Sustainable Development Goal
SEA	Support Education and Advocacy
USA	United States of America
WHO	World Health Organisation

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

This dissertation explored the satisfaction of patients using nurse-led navigation during their care for breast cancer. The outcomes were used to evaluate the care they receive and provide recommendations to the multidisciplinary team.

Oncology patient navigation is a nurse-led program that has been introduced with the aim of eliminating barriers to care in patients with cancer. This program is centred on interventions aimed at improving patient experiences in health care delivery. It is characterised by being an intervention aimed at eliminating barriers to care and promoting prompt access to diagnosis and treatment (Dixit, Rugo, Burke, 2021).

Historically and including the current system, access to breast cancer treatment in South Africa has been characterised by regional and socioeconomic disparities (Benn, 2019). The difference in low and middle-class income communities has influenced how they perceive breast cancer diagnosis and treatment. Low-income classes are also dominated by less literate people with less knowledge about cancer (Gotink, Rosskamp, Silversmit, 2024). Cultural aspects play a role in how breast cancer is perceived on presentation (Benn, Van Loggenberg, Bergstrom, et al., (2019); Özkan, Taylan (2021); Elewonibi and Belue, (2019)). The cultural perceptions of breast cancer differed in different cultures, whereas in some cultures, cancer diagnoses might be related to cultural beliefs like witchcraft and curses from the ancestors (Sarmah, Sibiya, and Khoza, 2023).

The difference in culture and religious beliefs is a significant barrier to breast cancer care, facilitating access to care and elimination of barriers related to culture and belief systems. The program is encouraged to adopt culturally appropriate navigation to improve patient health outcomes (Benn, Mbaje, Van Loggerenberg, et al., 2023).

Presently, the Oncology navigation industry in this country is privatised and offered to improve expected outcomes of oncology patient care (Robinson, 2019). The service is a complimentary service offered to patients attending the facilities during their oncology journey. Navigation serves as a source of clinical and complementary service throughout the patient oncology journey. The nurse navigator offers guidance to patients and families and assists them in understanding the different stages of treatment (Benn et al., 2019).

Navigation enhances patient satisfaction and offers support to the patient, family, and the healthcare team (Franklin, Dean, Johnston, et al., (2022); Rankin, Baumann, Downey, et al., (2021)). Nurse navigation services are offered in partnership with the treating doctor and multidisciplinary team. Oncology patient navigation is a product of Dr Freeman's pioneered program in Harlem in the United States of America (USA) in 1990. The main purpose of oncology patient navigation in that program was to eliminate 'barriers to care' and health disparities in the women of Harlem (Freeman and Rodriguez, 2011). The role of the nurse navigator is primarily patient education on diseases. The education includes information such as signs and symptoms, leading to early diagnosis and disease processes. The nurse navigator applies clinical knowledge in allocating and referring the patients to the appropriate specialists and resources for required clinical interventions. The nurse navigator ensures that the

patient understands what clinical investigations need to be done by encouraging timely access to the clinical investigations, including diagnostic mammograms and biopsies (Čačala, Farrow, Makhanya et al.,2021). Wang ,(2021) stated that a significant number of patients that had a nurse navigator for their first contact perceived themselves as informed about their appointments and felt that their care was well coordinated. Some patients without nurse navigators experienced system delays and were not sure about scheduling their appointments.

1.2 Background

Patient navigation is a mix of skill innovation in health care that was first introduced to eliminate barriers in cancer care for women in the USA. Patient navigation has been a strategy used in addition to clinical interventions, to manage breast cancer patients by eliminating barriers to care, promoting access to care, and timely coordination of care for cancer patients (Chan, Milch, Crawford-Williams, et al., 2023).

Generally, nurse-led patient navigation programs are linked to positive patient outcomes (Louart, Bonnet, Kadio, et al., 2021). Good patient outcomes in cancer care refer to decreased time to access treatment and diagnoses, strengthened coordination of care and appointments with other health care providers, patient education, improved compliance to treatment and follow-up care, and reduced admissions to the emergency unit (Bude et al., (2021); Berezowska, Passchier and Bleiker, (2019); Sharma, Baghirova-Busang, Abkenari, et al., (2023)). Satisfaction with treatment received from this type of clinic was hoped to enhance the chances of this clinic achieving the results described by Bude et al., (2021) and Loiselle, Attieh, Cook, et al., (2020).

Patient navigation was initiated as a result of an attempt at health equity in responding to health disparities in the USA (Dixit, Rugo, Burke, 2021). Positive patient outcomes have been reported with the rolling out of previous navigation programs (Conway, O'Donnell, and Yates, 2019). The navigator role is important in addressing inequalities with access to care, funding issues, transportation, and coordination of care within the health continuum (Rankin, Baumann, Downey, et al., 2022).

Patient navigation programs were used to overcome barriers and eliminate disparities in care to receive better patient care outcomes. Both Chan et al., (2023) and Conway et al., (2019) reported that patient navigation has displayed improvements in cancer screening, early diagnosis, and treatment.

There is currently no program where an entirely new job description has been developed for nurse navigators. It has become complementary care offered in conjunction with medical care to ensure continuity of care, assisting patients in navigating the health system (Budde, Williams, Winkelmann et al., (2021); Lopez, Pratt-Chapman, Rohan, et al., (2019)).

A private healthcare group in South Africa has adopted and implemented this oncology nurse-led program in their oncology departments. It has hired oncology nurses as clinical oncology patient navigators to assist and coordinate cancer care for their patients. This is a complimentary service offered by the hospital group to oncology patients using their facilities. At present, the purpose is to improve the access of patients to care options and treatment, including personalised help (Robinson, (2019); Benn et al., (2019)).

The centre and the multidisciplinary team (MDT) are headed by a breast surgeon and 27 other specialists, including medical and radiation oncologists, reconstruction

surgeons, pathologists, radiologists, and oncology nurses. The centre has employed two nurse navigators; one coordinates oncology care, and the other coordinates radiology investigations needed by patients. There are also administration staff.

"The most commonly diagnosed cancers worldwide were female breast cancer (2.26 million cases)" (Ferlay, Colombet, Sorjomataram, (2021)). Common signs and symptoms of breast cancer include breast thickening, lumps, changes in the size and shape of the breast, skin changes including breast dimpling, redness, pitting, change in nipple appearance, or alteration in the skin surrounding the areola, and/or abnormal nipple discharge.

Gbenonsi et al., (2021) reported that in Sub-Saharan African countries, the delays in breast cancer diagnoses and treatment were related to barriers to care that were encountered by patients. This shows a long time interval between symptom presentation and attending a first visit at a health facility and undergoing investigations to get to a clinical diagnosis of breast cancer. The study identified that the health system barriers included were related to human resources and service delivery. It also identified the difficulty patients experienced in accessing the health care facilities, errors in the diagnosis, poor management of health facilities, and the costs of treatment.

1.3 Problem Statement

The nurse-led patient navigation program at this hospital in Gauteng has been directed by a multidisciplinary team with minimal input from patients. While the program works well, the satisfaction of the users and the patients has not been tested. Satisfaction

and input from patients could produce valuable information for the future success of the program (Conway et al., (2019); Chen, Wu, Falk, et al., (2024)).

Barriers result in dissatisfaction and have been identified by Chan et al., (2023) as contributing factors to poor treatment outcomes, particularly noncompliance, for patients with breast cancer. The satisfaction experience of the patients using this navigation program should be explored to ensure that their experience is what they expect. Chen et al., (2024) mention that patient navigation improves patient cancer programs, optimises treatment outcomes, and reduces disparities by improving the general quality of oncology care. It is thus important to establish whether the patients attending this nurse-led program are satisfied with the care they receive.

1.4 Research Question

Are patients satisfied with the oncology nurse-led navigation program offered in a private clinic in Gauteng?

1.5 Purpose of the Study

The purpose of this study is to explore the satisfaction experiences by patients with breast cancer who have access to the nurse-led navigation program and nurse navigators.

1.6 Objectives

This study has two objectives:

- The first objective of this study was to explore the satisfaction experiences of patients obtaining access to the navigation care program for the treatment of breast cancer.

- Secondly, to provide recommendations to the multidisciplinary team involved in the nurse-led navigation program based on the study findings.

1.7 Significance of the Study

The significance of this study is to explore patient satisfaction with the present navigation program experienced by patients with breast cancer who have access to a navigation program. The findings offer an understanding of the satisfaction in addressing the needs of the patient from the nurse navigators and the program across the different phases of the breast cancer journey. Dependent on the findings of the study related to satisfaction, it allows for changes and improvement in the program and maintaining compliance by patients. This study aligns with the World Health Organisation's (WHO) Sustainable Development Goal (SDG) 3, which states that countries should enable the training of healthcare professionals to develop extensive cancer programs to reduce deaths from cancer. In 2021, WHO established Global breast cancer initiatives focusing on reducing cancer deaths. In accordance with pillar four of this initiative, patient navigation is a strategy that can be used to overcome health system barriers and inequalities. Patient navigation programs assist with screening of possible cancer patients, leading to early diagnosis and treatment. It improves the quality of life, provides better health outcomes, and is cost-effective (Chan et al., (2023); Loiselle, Attieh, Cook et al., (2020)).

1.8 Paradigmatic Perspectives

A paradigm is a world sight, a general perspective on complexities globally (Polit and Beck, 2021). Inquiry into human paradigms is often characterised in terms of how they acknowledge the basic philosophical questions (Polit and Beck, 2021). Butts and Rich (2021), discussed that a paradigm in nursing is a paradigm greater than how the world views it. It is the standard that has been set to be beliefs and how we practise. The paradigmatic perspectives of this study include meta-theoretical, theoretical and methodological assumptions, which are discussed below.

This study focuses on patients with breast cancer and the navigation services they receive. This enables the researcher to gain insight into the satisfaction with the services provided by the program to the patients (McEwan and Wills, 2021).

1.8.1 Meta-theoretical Assumptions

Assumptions describe concepts and principles that are accepted as being true based on logic or custom without evidence (Polit and Beck, 2021). Methodological assumptions are statements taken to be true even without scientific verification. Assumptions are unrecognised in thinking and behaviour, and uncovering them requires introspection. Theories emerge from underpinning assumptions that the researcher views in understanding the problem (Stahlke, 2021). In this study, the metaparadigm of four key concepts that define nursing theories is put forward.

These concepts are:

Person – The patient is a person who is conceived to be a holistic being with spiritual and mental dimensions. A person defined by Burns and Grove (2020) is an individual

who may or may not have received access to care. In this study, the person is the patient with breast cancer who has used the nurse navigation services.

Environment – It is the fundamental determining factor of endangered health environments that affects all aspects of health. This refers to all external and internal factors around a person in the health care facility. It includes social, physical, biological, technological, and economic conditions that a patient will be exposed to (Deliktas, Korukcu, Aydin et al., 2019). The environment in this study refers to a nurse-led breast care clinic in a private hospital in Johannesburg, Gauteng, South Africa, where patients with breast cancer receive their treatment.

Health – Health is a state of good quality of life determined by physiological, environmental, social, biological, spiritual and mental well-being (Deliktas et al., 2019). Health is maintained by preserving individuals' quality of life. Health promotion occurs when individuals receive health education through a health education program (Fawcett, 2023).

Nursing – Nursing is viewed as an act where the nurse manipulates the environment to make it better for the patient during illness. It is a service that enables a patient to maintain a state of health and enable healing (AliSher, Atta, Yasin, et al., 2019).

Nurses' clinical decisions are based on their knowledge from different sources like their clinical and course work and textbooks (Polit and Beck, 2021). By Virtue of evidence that is constantly changing, nurses continue learning about best practices throughout their careers. In this instance, oncology nurse navigation has been referred to as a nursing discipline.

Nursing has evolved with incoming nursing research. It has led to the development of new nursing disciplines, e.g. nurse navigation. Florence Nightingale developed nursing research more than 160 years ago, and nursing research did not receive any recognition till the mid-1900s (Burns and Grove, 2020). Nursing Act 2005 (Act 33 of 2005) describes the goals of nursing and defines nursing as "a caring profession practised by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death." In this discipline, the goal of nursing care was directed to ensuring patients have personalised care and that barriers to care are eliminated by the nurse navigator.

1.8.2 Theoretical Assumptions

Assumptions narrate ideas and principles that are accepted as true based on logic or custom without proof (Polit and Beck, 2021). Methodological assumptions are communications taken to be true even without scientific verification (Burns and Grove, 2020). They are influential in research methods, techniques, data collection, and analysis processes. These assumptions include the plan of action in conducting research as well as ways of data analysis (Husam and Abraham, 2020).

The researcher's beliefs in this study imply that nursing is a caring profession. Nurses are clinical decision-makers as they have a strong body of knowledge gained during clinical training and experience gained during nursing practice (Loiselle et al., 2020).

Another assumption is that good nursing support can improve the patient's journey. Evidence-based practice has shown that patient navigation has been effective in

assisting patients in receiving early cancer screening and initiation of cancer treatment earlier. This has resulted in patients' quality of life being increased after a cancer diagnosis. Research opportunities need to include the testing of patient navigation interventions and partnership efforts with other disciplines. Patient navigation programs continue to develop as a standard of care (Knudsen, Wiatrek, Greenwald, et al., 2020).

1.8.3 Terms of Reference

Active treatment: Oncology treatment with a curative intent.

Care programme: A standardised multidisciplinary program that provides care where service is pertinent to the user and is involved in the evolution of appropriate care packages. This is facilitated by a care coordinator who is responsible for the patient care under the care program.

Coordination: The ability of the nurse to make the health care system teams and facilities work together effectively and smoothly.

Navigation care: A process used in the health care system which attempts to overcome barriers to care experienced by patients during their cancer treatment. It creates the best possible experience for patients during treatment, from screening to palliative care, with the aim of improving compliance with treatment and offering the best patient experience.

Nurse navigator: A registered nurse who has extensive knowledge and experience in the field in which they work, and they coordinate patient care, treatment, and the functioning of the multidisciplinary team.

Nurse-led: A patient program that is managed and led by nurses.

Palliative care: Coordinated care from diagnosis to end of life with the intent of alleviating distressing symptoms and promoting quality of life.

Satisfaction: In this study, satisfaction was intended to be the accomplishment of an individual's wishes or expectations for a service provided.

Survivorship: A term used in oncology that deals with the health and well-being of a person that has cancer, from the day they were diagnosed till their end of life. This term focuses on follow-up care, late effects of cancer treatment, recurrences of primary cancers, and quality of life of cancer patients.

TNM staging: This is a cancer staging system used in most medical settings. It describes cancer by tumour size (T), regional lymph node involvement (N), and distant metastasis (M).

1.9 Research Methods

The research method identifies the type of research design selected and introduces the methods used. In this research, a qualitative design was considered the most appropriate, and qualitative phenomenology was used in an attempt to gather details of the experiences of the participants. This was set out in detail in chapter three.

1.9.1 Research Design

A qualitative design was considered appropriate to explore the satisfaction experiences of the participants. Qualitative research design embraces research methodology that focuses on exploring and understanding complex and varied phenomena and the meanings attributed to them by individuals or groups. This study made use of qualitative, exploratory, descriptive, and contextual research. This is particularly useful where subjective experiences and interpretations are of interest in the study.

Qualitative research attempts to explore the experiences of participants by allowing the researcher to develop meanings experienced by individual participants, which may be unique to each individual participant. The meanings are grouped or categorised to understand the perception of each participant.

1.9.2 Research Methods

Context: The study took place in a naturalistic setting at a private hospital in Gauteng. Participants were interviewed when they came in for their doctor's appointments and treatment. The study site was selected by the researcher as it specialises in breast health.

Population: All male and female patients who have been diagnosed with breast cancer and have been referred to the Centre of Excellence in Gauteng constitute the target population. The centre sees about 450 to 500 newly diagnosed patients with breast cancer per year. This includes both women and men.

Sample: Purposive or selective sampling was used in this study. The researcher used participants who were receiving treatment for breast cancer in the centre. The sample included patients who were seen at the centre with a diagnosis of primary breast cancer. This included patients from nearby countries and cities.

Inclusion criteria:

i. All patients with access to the breast centre who have a history of primary breast cancer.

ii. Patients over 18 years old can consent to participate in the study.

iii. Patients are in the system for at least two months and use nurse-led navigation services.

iv. Must have had three encounters with the Nurse Navigator.

Exclusion criteria:

i. Patients with more than one primary cancer

ii. Patients with metastatic disease

In-depth interviews: The study made use of in-depth interviews with open-ended questions. The aim was to understand the satisfaction of the patients and develop new ways of service delivery to facilitate the development of a quality improvement program when it comes to their navigation program interactions. The researcher conducted in-depth interviews with the participants using open-ended questions

followed by targeted questions to obtain depth and clarification about previous interactions with the nurse-led navigation program that led to solutions for quality improvement.

The questions asked assessed the participants' navigation satisfaction experience during their oncology treatment and after their treatment. Conventional content analysis was employed to obtain information on the participants' satisfaction before setting up an improvement program (Hsieh and Shannon, 2022).

Once the in-depth interviews were concluded, the researcher studied the outcomes and made recommendations. The researcher designed an information brochure based on the problems identified in the oncology program to enhance the experience of the patients. The participants were asked to review the brochure to assess their satisfaction with the proposed changes to the program and experience. Only 18 of 25 participants were able to comment on the brochure due to reasons of ill health and death.

1.10 Research Rigour

Research rigour is the details of the research and how robust the research is. It gives details with accuracy and maintains the consistency and trustworthiness of the research. This ensures that there is compatibility between the philosophical foundations and the reliable findings. Rigour is appreciated as it is the worth of the research findings (Burns and Grove, 2020).

In this study, the researcher's flexibility and awareness of the subject being studied shape the value of the findings. This process is vital to the researcher as knowledge

about the subject is important. The researcher has acquired experience through her clinical practice. The data collection process is going to be interactive, as the researcher needs to understand the characteristics related to the research participants. It has been of great importance that the researcher is self-aware, which prevents biases in data interpretation and analyses, hence adding value to the research findings.

1.11 Ethical Considerations

Prior to commencing this study, approval to conduct the study was sought and obtained from the following committees and organisations.

- Ethical approval was obtained **(M220352)** from the Human Research Ethics Committee of the University of Witwatersrand. (Appendix 1)
- The research proposal was submitted to the University of the Witwatersrand Faculty of Health Sciences Post Graduate Committee.
- Permission to include and use the data was obtained in writing from the participants (Appendix 2).
- Written consent was obtained from the hospital management concerned about the use of the data. (Appendix 6)
- Participation in the study was voluntary. Participants could withdraw from the study at any point without fear of any impact on their care.
- The interviews were conducted in a private room to maintain privacy. Although anonymity could not be obtained since this was an interview, the confidentiality

of participants was maintained. They were each assigned a reference for data analysis. There was no information that could identify the participant.

- Data was only available to the researcher and the supervisor. Data was stored in accordance with the Protection of Personal Information Act (POPIA), and there will not be unauthorised sharing of study participant's information.

1.12 Outline of the Dissertation

The study was presented as follows:

Chapter One: Overview of the study

Chapter Two: Literature Review

Chapter Three: Research design and research methods

Chapter Four: Findings and Discussions

Chapter Five: Recommendations, limitations and conclusions

1.13 Chapter Summary

In chapter one of this study, the background is described, followed by the problem statement, the research question**,** the purpose of the study, and the objectives. The operational terms in the study were defined. Furthermore, assumptions and an overview of the methodology, validity, and reliability of the study were discussed.

The chapters to follow include an in-depth description of the literature review in relation to the study title, the study method, and data analysis. Study findings, conclusions, and recommendations were outlined.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter is an overview of research knowledge from previous studies. This provides a comprehensive outline of prior studies to strengthen the underpinning knowledge related to the study (Paul and Criado, 2020). Literature review is building and relating to existing knowledge to build on current research (Snyder, 2019). The chapter provides the literature review and theoretical framework as regards the study. This chapter provides a detailed description of the nurse navigation program.

2.2 History of Navigation Program

Navigation care for patients with breast cancer has become a required standard offering globally, and it is a growing industry in countries like the United States of America. This has led to an unusual barrier to the development of this industry as, by definition, it is a complimentary service offered in conjunction with traditional medicine. Patient navigation was introduced as an intervention to eliminate barriers to care for cancer patients (Bernardo, Zhang, Beverly Hery, et al., (2019); Dalton, Holzman, Erwin, et al., (2019).

The concept of patient navigation has been developed as a community-based intervention that facilitates timely access to care for patients diagnosed with chronic diseases. This comes as a health intervention that is aimed at addressing resource limitations in marginalised communities (Collier, Semeere, Byakwaga, et al., 2022). Treatment limitations in most resource-poor environments revolve mainly around

oncological services. This is also influenced by patients' prevailing facts like cultural beliefs, such as patients believing cancer is a diagnosis related to an ancestral calling. This will lead to delayed access to health care (Dalton, Holzman, Erwin, et al., 2019).

Oncology patient navigation was pioneered by Dr Herold Freeman in 1990 in Harlem (Freeman, 2011), New York City. The initial navigation program focused on the critical window of saving patients' lives from cancer by eliminating barriers to care between the times of suspicious findings and the time when a diagnosis is finally made. In the original oncology patient navigation program, the barriers to care were identified as the following:

- Monetary barriers such as lack of medical funding or no medical insurance
- Communication, including language barriers and lack of patient understanding of the medical terminology.
- Health system barriers like if you are not a citizen, you will not have access to free healthcare
- Psychosocial barriers like fear, emotions, and distrust of the system

The pioneered navigation program in Harlem led to the development of a patient navigation model that is followed in the healthcare continuum. The health continuum includes the following stages: prevention, detection, diagnosis, treatment, survivorship, and end of life.

Dalton et al. (2019) discussed that core competencies of patient navigation include a community-centred approach that penetrates communities by educating the

community about health issues and also constant contact about their treatment journey and compliance.

The African continent had to adapt to patient navigation in its fights against HIV and AIDS; this allowed them to penetrate communities through traditional leaders and healers. This was a strategy used to assist with managing HIV care amongst the community in resource-limited arrears (Collier et al.,(2020); Devi, Kanitkar, Narendhar, et al., (2020).

Based on the Harlem patient navigation program, President Bush 2005 passed the Patient Navigator and Chronic Disease Prevention Act (HR 1812). This has led to the American College of Surgeons' determination that patient navigation will be a required standard of cancer care.

Furthermore, to the Harlem breast cancer experience, there were principles of patient navigation that were discussed according to Freeman's experience, and they include the following:

1. Patient navigation is a patient-centred healthcare delivery method
2. Patient navigations serve to integrate the fragmented health system
3. The main function of patient navigation is to eliminate barriers to timely care across the health system
4. Patient navigation should have a clear scope of practice that distinguishes the functions of the navigator from those of all other members of the multidisciplinary team.
5. The delivery of patient navigation should be cost-effective.

6. The level of navigation required should determine who should navigate the patent according to the required skills. This could be either a skilled professional or a lay navigator.

7. Should define where patient navigation begins and where it ends

8. Patient navigation can serve as the point that connects the disconnected health system

9. Patient navigation needs the coordination of the system, especially in larger healthcare settings

Since the pioneering of oncology patient navigation in Harlem, this concept has been adopted in the health system. Patient navigation is a healthcare delivery support system with a focus on eliminating barriers to care for patients across the healthcare system.

The patient navigation program created by Freeman in 1990 assisted low-income women in breast cancer screening and directed them to proper follow-up care. His program was a success in improving the screening rate and diagnoses of early breast cancer. Patient navigation is absolute for breast cancer care due to the known survival assistance of early detection.

2.3 Nurse-Led Patient Navigation

The function of a nurse is to provide holistic care to a patient (Loiselle et al., 2020). The nurse providing navigation care will coordinate care and make sure all patient health needs are met Li, Liu, Xue, et al., (2020). The nurse assesses the individual as

a person and will draw up a nursing care plan that supports the patient during their care. Nurse-led navigation care provides support to the patient from diagnoses, survivorship, and palliative care to end of life. Nurse-led navigation improves the holistic care provided to patients and can also support the healthcare system in providing comprehensive healthcare for cancer patients (Li, et al., (2020); Young, Charalambous, Owen, et al., ((2020)).

Patient navigation in oncology care has shown patient-centred benefits for patients at risk of being diagnosed with cancer, like providing shorter time to diagnosis and easy access to treatment. This has been proven to increase patient and caregiver knowledge and provide better insight into patients with good adherence to care. This, in addition, has benefits for the health care system, such as cost reduction through decreased visits to the emergency room and decreased readmissions (Lai, Ching, Wong, et al., (2019), Oncology Nursing Society, (2017)).

Patient navigation has been described as a personalised assistance offered to patients and their families to overcome barriers in the health care system. This is achieved by facilitating timely access to diagnostic studies offering quality care. This is achieved and maintained by reducing the costs of treatment, effective symptom management, and improved screening programs for patients with suspicious findings (Kokorelias, Shiers-Hanley, Rios, et al., 2021).

The oncology nurse navigator is defined as a professional nurse with oncology-specific clinical knowledge who provides patients with personalised assistance support to families and caregivers to overcome the healthcare system barriers using the nursing process (Phillips, Villalobos, Crawbuck et al., 2019). The nurse navigator practices her role by providing health education and resources that will facilitate timely access to

health care and eliminate system barriers (Dalton et al., 2019). The oncology nurse advocates for adherence to evidence-based patient care and optimises patient care (Lacorossi, Gambalunga, Di Muzio, et al., 2020).

Patient navigation is outcome-oriented care. The outcome is to achieve certain cancer care outcomes such as improved cancer screenings, patient satisfaction, and treatment adherence (Rohsig, 2019). The nurse navigator's role begins when the patient is diagnosed and ends when the patient is handed over to the survivorship team (Cantril, Christensen, and Moore, 2019). The nurse's specific roles include coordinating care with the physicians and multidisciplinary team, patient education, and provision of resources to patients and their families. The nurse navigator will track patients during their treatment to ensure compliance and adherence and to eliminate barriers to care as they arise. The nurse navigator serves as support services as needed by the patient (Rowett, 2020).

A study by Temucin and Nahcivan (2020) confirmed that nurse navigation programs are effective in improving prompt follow-up by addressing barriers. The study limitations showed that the effect of nurse navigation on patient clinical outcomes can be different, as it has many variants. In addition to this, Sharma, Baghirova-Busang, Abkenari, et al. (2023) suggest that patient navigation programs can overcome the barriers in the health system by accommodating communication, practical support and cancer diagnosis.

Reiser, Rosenzweig, Welsh, et al. (2019) concluded that purposeful nurse-led assessment and navigation care resulted in an improvement in patient-reported outcomes. This was evidenced in the development of the Support Education and Advocacy Program (SEA) in the palliative care setting using a nurse-led program that

permitted the personal needs of patients to be satisfied. This program was successful. It was able to identify patients who had a strong probability of benefitting from the palliative care referrals, and in addition, the oncologist and nurse navigators collaborated regarding treatment, resulting in a reduction of patient discomfort.

In the SEA program, the oncology nurse navigator delivers clinic-based palliative care using nurse-led interventions. This method of care delivery was successful in lessening the overall patient symptom distress and expanded overall patient well-being, lessening anxiety and the use of primary acute services. The achievement of the patient-nurse navigator program for patients with metastatic breast cancer is an example of successful primary nurse-led oncology planning (Reiser et al.,2019).

Patients and their families are faced with challenging times as they try to manoeuvre their path through the diagnosis and treatment. Most oncology treatment is delivered on an outpatient basis, and patients and their families are required to adjust to their conditions. Failure to satisfy the psychosocial needs of a patient may result in high levels of distress and poor communication with the health team. As a result, access to coordinated supportive care has become a focus in the cancer system. This led to the conclusion by Kerr, Donovan, and McSorley, (2021) that Nurse-led models of supportive care are more likely to reduce dissatisfaction with care needs and thus would improve continuity of care in the health system and quality of life in cancer patients.

The nurse-led clinical case manager and patient navigator roles to coordinate the care of patients are securing an expanded appreciation as a critical standard of care for cancer disease management (O'Donnell and Yates, (2019); Joo and Liu, (2019)).

2.4 Purpose of Patient Navigation

Patient navigation programs have the potential to improve patient treatment outcomes and change the differences experienced by cancer patients. A study conducted in 2022 by Knudsen, Wiatrek, Greenwald, McComb et al. concluded that patients with breast cancer who had an encounter with a breast cancer navigator had better treatment compliance and acceptance of any surgical intervention needed, thus better patient clinical outcome.

Fenton, Downes, Mendiola, et al. (2022) conducted a study where the role of the nurse navigator was reviewed by the patients who were satisfied with the navigation experience received from the nurse navigator in the multidisciplinary team. Nurse navigators play a significant role in patient decision-making. This is enabled by the autonomy of patients' practice through the nurse navigator. The awareness that is provided by health education is done by the nurse navigator. The service provided by the nurse navigator addressed patient-influenced barriers to care. Monitoring this program, the quality indicators showed that oncology nurses need to be encouraged to participate in patient navigation to evaluate the significance of developing a navigation program (Li, et al., 2020).

The availability of a patient navigator in the health care setup provides significant patient support during cancer treatment and added support during the cancer journey. Patients are assisted during the disruptions caused by the diagnoses. They have emotional support and constant contact with the health system, which is available through a patient navigator who provides them with assurance. Patients are provided with assistance that allows them to be able to have a practical sense of what they are

going through (Lopez, Pratt-Chapman, Rohan, et al., (2019); Wells, Valverde, Ustjanauskas, Calhoun et al., (2018); Franklin, House, and Glidden, (2018)).

Nurse-led navigation programs have been found to be effective in improving the quality of care received by cancer patients, and their care coordination model is becoming a growing one in the oncology setting. Nurses are deemed good providers for patient advocacy through the nurse navigation program (Li, et al., 2020). The aim of this program is to eliminate barriers to care, and nurse navigation displayed an overall good effect on oncology patients.

Common findings from previous studies such as Fenton et al., (2022) and Li, et al.,(2020) show that patient navigation is of assistance in improving screening rates and prompt follow-up care among women who face multiple barriers to care. More studies have found that navigation cars improve the number of women who receive screening, reduce both times and follow-up care, and lessen the number of patients who are lost in the system after abnormal findings. The studies performed also show that patient navigation in breast cancer is essential when targeting women who have already experienced a lapse in the system. Navigators assisted patients in reviewing their screening status and helped them identify possible barriers to care. Increased screening rates were achieved in the patient population by giving patients access to a navigator. Navigation became more practical for patients who were not up to date with their baseline screen.

According to the WHO (2024), three pillars were formed as an initiative to deal with breast cancer deaths. The three pillars were used to display the purpose of patent navigation in the different phases of the health continuum.

Pillar 1: Early detection; in this phase, the nurse navigator is involved in the pre-diagnosis, where the nurse navigator educates patients about early signs and symptoms of breast cancer and promotes breast cancer screening, linking patients to screening. The patient navigator is actively involved in eliminating barriers to screening and delays in health system access

Pillar 2: Timely breast cancer diagnosis, the nurse navigator acts as a link in addressing the fragmented healthcare system by coordinating services and escalating administrative tasks like oncology program registration. Nurse navigators can assist in making the fragmented health system communicate by decreasing the time from presentation to diagnosis

Pillar 3: Comprehensive breast cancer management is achieved by the Nurse navigator coordinating multidisciplinary team communication and management of breast cancer. The Nurse navigator also plays a vital role in patient care, for example, with side effect management of cancer medication, addressing social barriers, and providing supportive care measures or facilitating referrals to such facilities.

2.5 Patient Satisfaction with Nurse-Led Navigation

Patient navigation is a nursing approach designed to eliminate barriers to care through care coordination. Patient navigation programs are widely used in the oncology setting and are becoming the predominant care model (Rohsig, 2019). Patient navigation programs are implemented in cancer settings to improve patient satisfaction. Patients with access to a nurse navigator have displayed satisfaction with their care (Rohsig, (2019); Kline, Rocque, Rohan, et al., (2019)).

Patient navigation programs can improve relationships between the patient and the multidisciplinary team treating them through effective communication. Effective communication with the healthcare provider may improve patient satisfaction by directing on the aim to reducing barriers to healthcare and focusing on patient concentred care (Ver Hoeve, Simon, Danner, et al., (2022); Sena and De Luca, (2021)). The nurse-led navigation approach assists clinics in providing comprehensive care in the health quantum and strengthens the patient experience in the health care system (Joo and Liu, 2019). Furthermore, it was established that there is a need for the patient navigation program as it increases attendance to patient's needs in a timely manner (Miller, Urquhart, Kephart, et al., 2021).

This discovery demonstrated that the pivot on interpersonal skills and the employment of nurse navigators may contribute to patient navigation.

Patient satisfaction over a period directs attempts by the health care system to improve the importance of eliminating barriers to care by a nurse navigator. Patient navigation can be fully amalgamated into the health system as a model of delivery of care in the health system. In this manner, navigators can play a role in coordinating and addressing access to care for patients and improving the patient's experience with the healthcare system (Yan , Jin , Yu ,et al.,2023).

Patient satisfaction with the care received during oncology treatment is a significant outcome for the patient. Satisfaction experiences speculate the perception of quality of care received in relation to their assumed care. Patients use the perception of care received as a measure to decide whether to continue or change the health care provider based on the level of satisfaction. General satisfaction with nurse navigators

is the main measure for testing if the navigator has addressed the needs of patients from the patient's expectations (Kim, Polite, Hedeker, et al., 2020).

A study by Lai et al., (2019) confirmed that patient satisfaction was reported with the nurse-led care program. Patients who came in as day cases at the day chemotherapy infusion centre reported less distress and high satisfaction due to no hospital admissions. The treatment of patients as day case patients led care and reported the program offered an opportunity for effective communication and psychosocial support that alleviates discomfort. The data collected concluded that Nurse-led care programs significantly increased patient satisfaction. However, there was no evidence that nurse-led navigation improves the distress levels of patients undergoing cancer treatment.

2.6 Patient Outcomes of the Navigation Program

Patient navigation assists in improving the relationship between the patient and the health system; this includes the health team and various facilities and resources used during treatment. This program may help with patient satisfaction with their care, promote patients' focus on the centeredness of the diagnosis, and eliminate barriers to care. Navigation care may also assist health facilities in providing comprehensive health care for patients diagnosed with cancer (van der Lans, Oldenmenger, van der Stege, et al., (2022); Rodrigues, Schneider, Kalinke, et al., (2021)).

Nurse-led navigation programs have been evaluated to determine their effectiveness in addressing patient satisfaction levels. It was concluded that the nurse-led navigation program does improve patient satisfaction levels. However, it has no significant

outcomes on patient quality of life and distress levels during cancer treatment. The evidence shows that patient navigation programs improve patient satisfaction, and therefore, it is recommended that patients receiving cancer treatment have access to nurse-led navigation programs (Oh and Ahn, 2021).

Success in nurse-led care coordination is the fundamental role of quality care. Nurse navigators incorporate patient services and eliminate barriers to care by dealing with different healthcare providers and the health system. It was reported that patients with cancer who had long nurse navigator interactions communicated fewer problems in care coordination. Long-term access to a nurse navigator has shown lower levels of distress in patients with cancer (Shaban, Curtis, Fry, et al., 2024). Wang et al. (2021) found that a significant number of patients that had experienced first-time contact with a nurse navigator did not report issues with the health system and no delays.

2.7 Prioritising patient feedback for service refinement

Access to cancer screening and treatment is still a global problem. This results from the inaccessibility of skilled professionals in oncology care and the scarcity of health infrastructure. Access to cancer care is mostly concentrated in the urban arrears. The growing cancer burden in lower middle-class countries will need sustainable solutions to the health care problems. Developing sustainable quality improvement might be a foundation for solutions through integrative care programs like the nurse-led navigation program (Mao, Andrade, Ligibel et al., 2022).

Healthcare system challenges harm the quality of health care, and barriers experienced by patients with cancer influence how they view health care. South

Africa's public health care system has declined, posing barriers to health care for patients with cancer (Maphumulo and Bhengu, (2019); Mutebi, Anderson, Duggan, et al., (2020); Kugbey, Meyer-Weitz and Asante, (2019)).

The promotion of coordinated care by nurses aims at mitigating barriers to care by providing support to patients with cancer. Patient navigation is a care program established by Freeman as an intervention that was aimed at eliminating barriers to care for breast cancer (Freeman et al.,2011). The application of this intervention has resulted in quantifiable improvements in cancer care and improved timely access to care. Nurse navigation is a care-improving approach that has been adopted to broaden patient-centred care in resource-limited populations. Nurse navigators are health professionals who focus on the provision of clinical and supportive services for cancer patients, resulting in ideal quality care and patient outcomes (Henderson, Tossas-Milligan, Martinez, et al., (2020); Shao, Rodrigues, Corter, et al., (2019)).

2.8 Best Practice

The National Accreditation Program for Breast Centres (NAPBC) made it mandatory for breast care centres of excellence to have a breast health navigator as stated in standard process 2.2 (NABPC, 2018:25). This is a core requirement of accreditation, and noncompliance will not provide accreditation. The Process requirement in place states, "Patient navigation is provided by a professional (for example, nurse and social worker) who has documented training to provide individualised assistance to breast disease patients, families, and caregivers at risk (NABPC, 2018:25).

Breast cancer treatment is rendered using a multidisciplinary team approach, with the treatment being rendered by a surgeon, radiologist, pathologist, and medical and radiation oncologist. The team works in collaboration to provide the best treatment to patients, ensuring best practice. Clinical practice recommends that cancer care be provided by all relevant disciplines to achieve optimal disease management (Shao et al., (2019); Kočo, Weekenstroo, Lambregts, et al., (2021)).

The WHO discussed the Global Breast Cancer Initiative (GBCI) and created pillars for reducing breast cancer deaths. This was a strategy developed with key performance areas. The one key performance indicator, namely pillar 3 of the GBCI, mentions that breast cancer management should be comprehensive and must be conducted by an MDT where the breast cancer navigator is part of that team and manages the transition of patients in the health care system (WHO, GBCI, 2024).

The centre of this team and the coordinator of the team effort is the nurse navigator. The role of the navigator is to guide the patient through the different members of the team and coordinate appointments promptly (Conway et al.,2019). The teams provide comprehensive breast cancer management, combining all aspects of breast cancer management in one setting or clinic. In the age of the new market for medical care, it has been shown (Fenton et al., 2022) that the use of multidisciplinary approaches has decreased the time from diagnosis to treatment and improved patient satisfaction. For a nurse navigation program to be a success, the patient needs assessment should be done to identify and specifically provide for the needs of the patients. The navigator role requires a person to integrate into the system. Navigators should be able to provide patients with educational knowledge about their illnesses. In the cancer

setting, the nurse navigator works as a patient advocate, educator, counsellor, facilitator, care provider, and care coordinator (Fenton et al., 2022).

2.9 Emotional Distress

Breast cancer is the most diagnosed cancer in women. The diagnosis may lead to unexpected emotional and psychosocial distress. This is a result of bodily and emotional changes related to the diagnosis, pain and physical discomfort related to breast cancer. Breast cancer patients may experience depression and or anxiety at any stage of their disease (Alagizy, Soltan, Soliman, et al. (2020); Dinapoli, Colloca, Di Capua, et al., (2021)).

The nurse navigation program is a synergic approach that addresses both physical and psychological distress, refers patients to the relevant specialist, and enables patient-centred approaches to care (Jassim, Doherty, Whitford, et al., (2023). This Intervention `by the nurse navigator is essential for patient satisfaction and reduces patient distress. This intervention by the nurse navigator is beneficial to the patients (Lopez et al., (2019); Lai et al., (2019); Bidstrup, Johansen, Kroman, et al., (2023)).

Health facilities have now discovered that the use of trained nurses to be patient navigators and breast nurses for patients with breast cancer has proven to be a suitable method of navigating patients as they possess skills in clinical patient assessment, supportive care, and care coordination (Li, Zhang, Zhang, et al., 2021; Liu, Wu, Cong, et al. (2021)).

2.10 Financial Burden of Cancer Treatment

Some individuals with cancer will face financial burdens associated with the cancer diagnosis and treatment; this problem is known as financial toxicity. This problem frequently affects vulnerable individuals and will lead to economic outcomes (Smith, Banegas, Acquati, et al., 2022).

Cancer care has a financial impact on cancer care; offering patients financial navigation services at cancer centres can assist patients with financial distress (Greenup, Rushing, Fish, et al. , 2019).. An example would be getting a navigator to assist patients with explaining the oncology benefits and what is covered and referring patients to physicians in the health funder's network to relieve any penalties due by members. In South Africa, there is the South African Oncology Consortium (SAOC), which is a managed care organisation that is accredited to expedite cost-effective treatment to patients with health insurance, which is known as medical aid. It has developed oncology treatment category guidelines in which oncology treatment is geared to meet the financial needs of patients on health insurance (Mncedisi, Noutchang, Molatseli et al., 2023).

Some oncology centres also provide some assistance to relieve financial distress by providing non-medical assistance, such as providing transportation to patients using their facilities. A study conducted by McLouth et al., (2021) found that about three-quarters of centres had screened their patients for financial distress, while one-quarter screened targeted groups and found that there is financial toxicity caused by cancer treatment.

In 2019, Greenup, Rushing, Fish, et al., identified that the cost of treatment influenced the decision of breast cancer surgery options for their patients. This differed

significantly in terms of the risk of financial burden, debt, and the effect on their employment status. Practitioners' transparency about cost improves patient-centred care. Patients may be able to make more informed decisions. In the study by Greenup et al., (2021), it was discovered that 35% of them reported a financial burden, another 18.5% reported some financial burden, and a significant financial burden was reported in 13 % of the study population.

Health providers and health insurance should provide financial navigators that can provide comprehensive, personalised plans to meet patients' needs and alleviate distress. Financial navigation should be considered a service offered to cancer patients (Gunn, Sorenson, Greenup, 2021).

Oncology treatment is expensive in South Africa. The government has regulated the process of medicines, but a lot still must be done, and more strategies developed to address the high prices of cancer medication. For this to be achieved, further reviews and interventions by different stakeholders need to be done. More research would be required in the field to investigate the impact of standardisation on oncology treatment (Mattila, Babar and Suleman, 2021).

2.11 Mental Health in the Cancer Journey

The breast cancer journey is stressful; having to undergo neoadjuvant therapy, surgery, adjuvant therapy, and survivorship can be very stressful to the patient. Women during this time were concerned with their body image and the effects of treatment on their bodies. This lead may result in affecting their interpersonal relationships, leading to social isolation and an increase in mood disorders (Jasim, Doherty, Whitford, et al., 2023). Putting systems in place to assist with rehabilitation

post-adjuvant treatment will assist with better patient outcomes and improve patients' quality of life (Lovelace, McDaniel, and Golden, (2019); Mokhatri-Hesari and Montazeri, 2020)).

This is a common trend, particularly because women have a higher risk of developing anxiety in highly stressful situations. Psychosocial intervention can promote better health outcomes and current cancer treatment (Borgi et al., 2020). Women with breast cancer are at a risk of developing depressive disorders, anxiety, and stress as common psychiatric disorders due to breast cancer. The nurse navigator and all members of the multidisciplinary team have the responsibility of being able to understand the psychiatric disorders in order to be able to assist patients that have an index or existing episode triggered (Alagizy, Soltan, Soliman, 2020).

2.12 Chapter Summary

Chapter two of this study describes the role of nurse navigators in understanding oncology patient satisfaction with the care they have received. Nurse navigation programs have been designed to address and overcome health system barriers. Nurse navigators' clinical knowledge allows them to provide comprehensive patient navigation and be able to perform their nursing roles. Nurses play an important role in patient education and ensuring patients have insight into their diagnosis. The reviewed literature provided us with the effects of nurse-led navigation on patients with cancer and how it contributed to increased satisfaction levels with care.

CHAPTER 3

RESEARCH METHODS

3.1 Introduction

In the previous chapter, the literature was discussed. Chapter three describes the research methods used in this study and concentrates on the research design and methods. The study methods include the study setting, target population, sampling method, sample and data collection methods, discussion of the research instrument used in data collection, methods of data collection, reliability of the study, study context ethical considerations, reliability, and validity.

3.2 Purpose of the Study

The purpose of this study was to explore the satisfaction experience with the navigation program-experienced by patients with breast cancer who have access to a Nurse Navigator. The study findings enable an understanding of the needs of the patients from the navigators across the different phases of the breast cancer journey. It provided an understanding of satisfaction experience allowing for improvements in the program and maintaining patient compliance.

3.3 Research Design

The research design is the plan of how the researcher intends to carry out the research. This includes the research question and the circumstances of the research.

It may include methods of selecting the sample, the sample size, and the type of research setting (Burns and Grove, 2020).

A qualitative, explorative, descriptive and contextual design was selected for this study. Research design in qualitative studies refers to the researcher exploring and comprehending the meaning in a group that is being studied. This design precipitates data that one cannot quantify by using open-ended questions (Polit and Beck, 2021). Qualitative research design brings meaning to the studied subject from the reality and experiences of study participants (Polit and Beck, 2021). This study made use of in-depth interviews and an information brochure to gather information.

3.3.1 Qualitative Research

In this instance, the researcher selected qualitative research. This research design has been used by researchers to gain insight into existing concepts with the aim of obtaining new meanings (Asenahabi, 2019). The concept of patient navigation is new to oncology care in South Africa. When the researcher chose this approach, the intention was to gain insight into the real-life experiences of patients with breast cancer using the navigation program through the interviews that were conducted (Williams, 2019). The interviews used in this study brought new meaning to the phenomenon. The goal was to understand the views and satisfaction of patients regarding the service they received at the centre.

3.3.2 Explorative Research

Exploratory research is designed to enlighten the numerous ways in which a phenomenon manifests and the underlying processes (Polit and Beck, 2021). Furthermore, Asenahabi, (2019) explains explorative design as a design aimed at exploring the views of the participants. In this study, satisfaction was explored as satisfaction would indicate users' feelings of success in the program. By default, poor satisfaction could identify areas requiring change or improvement. The success of this type of program depends on participant satisfaction. A shortfall in satisfaction would then allow for improvements to be developed based on understanding the satisfaction with using the nurse-led patient navigation program.

3.3.3 Descriptive Research

Descriptive research is a research design that is aimed at looking at characteristics found in a population associated with a study. It is also used in research as a way of describing isolated events. After observing events that occur in nature as they take place, the description of the occurrence is considered 'descriptive research'. In this research, the researcher does not manipulate or have influence in or over the events (Burns and Grove ,2020). Descriptive research produces new information by observing and describing a particular situation as it happens. This occurrence might serve as a generation of new theories (Polit and Beck, 2021). Descriptive research was suited to this study as it aims to understand the participants' satisfaction with the navigation program.

3.3.4 Context

Research context refers to information used to specify the elements and description of the research (Polit and Beck,2021). The information describing the events of the research includes the dominant event during the research, location, and time.

Patient navigation is a core standard for accreditation of breast centres according to the National Accreditation Program for Breast Centres (NAPBC). The centre at which the study was carried out is a member of the NAPBC and complies with its standards for accreditation. It is situated in a busy city where access to and from the site is available by bus, car, or taxi services. The centre has a multidisciplinary team that manages breast cancer patients, and the oncology Nurse is the coordinator of the team. The navigator coordinates and ensures continuity of care and patient movement within the healthcare system.

The South African Breast Cancer Policy, (2017), objective 11 standard 3.7 mentions that there should be a breast nurse allocated as a patient navigator to be a contact to the MDT for patients with breast cancer. The breast cancer navigator offers tangible support to patients with breast cancer.

This research was aimed at exploring the satisfaction experience of the patients with the service they receive from the navigation program and developing new ways of service delivery to facilitate quality improvement programs when it comes to their navigation program interactions.

Patients who come to the centre for their first consultation come with either a positive breast cancer diagnosis, symptoms of breast cancer, or any other breast problems. They are seen by the breast surgeon and referred to the navigator, who will facilitate

medical investigations and the discussion in the MDT meeting, where a treatment decision will be made. After the treatment decision is made, patients are referred to the relevant specialist, according to the MDT recommendation.

3.4 Research Method

Since the study aimed to explore the satisfaction of the patients using the navigation program by means of a qualitative, explorative, descriptive and contextual design, in-depth interviews were considered the most appropriate method of data collection for this study.

3.4.1 Setting

The research setting is the environment where the study is being carried out. This study was carried out in a clinical setting where the participants were receiving their oncology treatment.

This was a breast care centre in a private hospital in Gauteng. The researcher considered this centre because it is an internationally accredited centre by the NABPC, a centre of excellence in breast care, and it runs a patient navigation program. The centre follows best practices as it has international accreditation. The centre's accreditation was proposed as a way of improving patients' services offered by the centre (Benn, van Loggerenberg, Smit et al., 2021). The researcher has been employed in this unit for six years. Patient data management was part of the researcher's portfolio as she navigated patients through the health system. She thus

has an interest in providing a top-class program and was keen to learn if and how the service could be improved.

This study site was a naturalistic setting at a private hospital. Participants were interviewed when they came in for their doctor's appointments and treatment to limit travel inconvenience for them.

3.4.2 Population

The population is described as elements that have similar characteristics. It depicts members of a group. In a research study, a population is the representation of the entire focus of the research (Burns and Grove, 2020). The population in this study was patients with breast cancer who were seen at the breast unit and who have used the navigation service.

3.4.3 Sample

The sampling process is a description of the plan for recruiting participants, the study sample size, and the methods of sampling. In this process, the plan includes how the observations, interviews, and focus group interviews are needed for rich data (Moser and Korstjens, 2022).

Creswell (2023) ,discussed a sample as a segment of a target population, while the sampling process of selecting the sample is representative of a target population. Furthermore, a sample is defined by van der Walt and van Rensburg (2023) as a sample segment, a fraction, or a representation of a large group that is chosen by the

researcher and consists of study participants. A sample is a subgroup of the population that is used in data collection. Nursing research often uses humans as elements. A sample consists of elements from the population that are grouped together for data collection (Polit and Beck, 2021).

In this sampling method, the researcher purposefully identified the participants who had experience with nurse-led navigation services. Purposive sampling is a sampling method used by the researcher in which the researchers use their judgment when selecting the participants (Polit and Beck, 2021). The researcher deliberately selects certain subjects to include in the study (Burns and Grove, 2020). It is associated with information-rich study subjects (Mweshi and Sakyi, 2020). Thus, the information gained is likely to be the most beneficial and contains the most depth of information to contribute to the study.

The sample size was 25 patients with breast cancer, purposely selected by the researcher according to the inclusion criteria. The post-graduation committee agreed upon the sample number. Twenty-five participants were approached and agreed to participate. Saturation was reached by Participant 24, but the researcher continued with Participant 25, who had been invited and had agreed to participate in the study.

Recruitment included breast cancer patients who had had at least three encounters with the Nurse Navigator. This selected sample would be able to give their view of their encounters with the members of the clinic, indicate what made their visit to the navigation care services acceptable or successful, and suggest where improvements could be introduced.

The researcher selected this method as the sample was rich in information from previous interactions with the navigator. This assisted the researcher in attaining the main purposes of the study (Mweshi and Sakyi, 2020).

3.5 Data Collection

Data collection is a process where the researcher gathers information intending to answer the research question or solve a problem. This process provides an opportunity to explain how data was collected and how the researcher got to the findings, as well as the rationale for the technique selected (Polit and Beck, 2021).

Permission was received from the following committees before the research was conducted.

- University of Witwatersrand Ethics Committee clearance **M220325**. (Appendix 7)
- Hospital Group Ethics Committee. (Appendix 3)
- The owner of the breast care centre also gave permission for the study to take place in the practice. (Appendix 4)

The objective of the study is to explore the satisfaction experience of patients receiving access to the Nurse-led navigation for the treatment of breast cancer.

The researcher made use of in-depth interviews with open-ended questions. The participants were aware of and had consented to the recordings and the transcription of the interview. The researcher also developed a distress protocol to assist any

participants who might have experienced any emotional distress due to the interview (Appendix 6). Distress protocols are an important tool used in qualitative research to address participants' distress (Carter, Shih, Williams, Degeling et al. (2021); Whitney and Evered (2022)).

3.5.1 In-Depth Interviews

Interviews are an interchange between the participant and the researcher that put together data as words. In-depth interviewing is a research approach that is used in qualitative research to gather data on the experience of study participants. It is used with the aim of getting comprehensive perspectives and exploring the meaning of the subject studied (Rutledge and Hogg (2019). The researcher is the interviewer who looks for information from the study participants (Burns and Grove, 2020).

The researcher met the selected participants at the breast unit. Interviews were conducted with each of them. The interviews were approximately 60 minutes long. Each participant was put at ease before engaging them in the interview. Confirmation was given that they could terminate the interview if they felt a need to do so. Signed permission was obtained for the interview, and the recording was obtained from each participant. The lead question was given to them, and the participant was given the opportunity to answer and engage with the researcher. The participant's satisfaction with the Nurse Navigation program was explored.

Each participant was asked three broad, open-ended questions (Appendix 6).

The opening question to explore patient satisfaction with the navigation program was:

"Tell me about your encounters during your visits with the nurse navigator when explaining cancer and providing information on the cancer journey".

This was followed by the following questions once the participant had completed answering the initial question

"Please explain what was beneficial about the navigation you received from the nurse navigator".

" Please elaborate on any particular area of concern where we could assist you on your journey."

During the interviews in the private room, participants were encouraged to give a reflection on their visits. They were encouraged to share their experiences with the nurse navigator about the journey. This reflection encouraged the participants to elaborate on the different elements of their care, which enabled the researcher to probe their satisfaction experience. The researcher was able to maintain a good environment in which to conduct interviews with participants. Their body language displayed trust, and they were relaxed and able to give a meaningful reflection about their experience.

The interviews were audio recorded and focused on aspects that would indicate whether the patient was satisfied with the experience at the nurse-led clinic. The

interview techniques that were used in the interviews were semi structured interviews. Burns and Grove (2020), explain that qualitative data interviews guide the researcher to organise the data into meaningful, individulised interpretations. The interviews are unique to the study. The researcher used an interview guide to collect the data from the participants.

Audio recording during interviews allows the researcher to concentrate on the interaction between herself and the participant without the fear of losing information. The researcher thus attains more discovery on the subject being studied (Alamri, (2019); Ruslin, Mashuri, Rasak, Alhabsyi et al., (2022)).

After analysing the findings of the interviews, an information brochure was developed based on the feedback from the interviews. It was handed to participants when they came to the clinic for their next follow-up to explore participant satisfaction experience with the program and requested feedback. The researcher could contact only 18 of the 25 original participants from the sample. The other seven participants were not available to participate in the follow-up interview due to reasons such as ill health from disease progression or death.

The participants were asked a few questions pertaining to the brochure, which contained information based on the study's findings. The participants were invited to comment on the information provided by the brochure.

- Development of Recommendations

The researcher used the data collected from the interviews to develop recommendations for the multidisciplinary team based on the satisfaction of the participants. These were addressed in chapters four and five.

- Managing the Researcher's Role

The interviews were conducted with participants who had previous interactions with a Nurse Navigator. The Nurse Navigator with whom the participant had previously interacted was not necessarily the researcher or interviewer. The researcher defined the objectives for the participants. The researcher remained consistent in interviewing the participants and followed the interview guide to ensure uniformity. The researcher followed a clear guide to follow the inclusion and exclusion criteria, which was stated in the population. The eligibility criteria of the research is defined by the population of the research (Polit and Beck 2021). The sample selected was diverse to try to reflect the population studied. The researcher practised ethical behaviour by reassuring the participants that they could participate in the study and that this would not necessarily affect their care.

3.6 Data Analysis

Data analysis is a scientific process of ordering, organising, categorising, manoeuvring, interpreting, conducting, reporting, and describing the data collected to form a structural and simple discussion for the research data (Brink et al., 2023).

Analysis in qualitative research is considered a standard tool to strengthen research (Lindgren, Lundman and Graheheim, (2020); Wei and Watson, (2019)).

The methods of data analysis differ according to the research being conducted. Qualitative researchers use observations and exploration of the participant's experience, allowing an unprejudiced interpretation of data.

3.6.1 Approach to Analysis

Conventional Content Analysis is suited to a structured process and is successfully used when the process forms a step-by-step approach, identifying key codes that emerge and sorting them into emergent categories (Creswell and Poth (2023); Krippendorff (2019)). This type of analysis is used in studies that aim to describe a concept, in this case, the satisfaction of patients with breast cancer who used Nurse navigation services. In this analysis, the researcher allows new insight to unfold from the data collected.

In keeping with many authors' (Creswell and Poth (2023); Krippendorff (2019)) beliefs of conventional content analysis, the data analysis begins when the researcher uses open-ended questions and probes the study participants' comments during the interview. To determine new categories, labelling all repeated data and grouping it into new codes leads to the development of new categories.

In this study, data analysis was done simultaneously with data collection and identification and organising. The researcher used conventional content analysis (Hsieh and Shannon, (2022); Krippendorff, (2019)) to analyse data. The aim was to provide a foundation for describing the findings, in this case, the satisfaction of patients who used the navigation services. This approach enabled the researcher to achieve the study's objectives (Creswell and Poth (2023); Hsieh and Shannon, (2022)).

This type of research is guided by the goal of, the interviews led to the development of an information brochure that the participants were asked to comment on at the next follow-up and give feedback. The probes were done to explore the satisfaction of the nurse-led patient navigation program. The researcher and a colleague from the oncology department were identified by common categories from the transcripts. The

next step included grouping all significant passages into subcategories, which led to the formation of the final categories (Table 3.1).

Table 3.1: Example of data and extraction of categories from interviews done by researcher and independent coder

Subcategories	Categories
Healthcare interaction	Providing favourable care
Occupational and treatment align	Practical help to problems
Treatment regimen What they did not know	Processed information

Transcribing data from recorded verbal to written format is routine for qualitative research studies. This presents the data and allows the researcher to review it (Burns and Grove, 2020). It brings familiarity with data and attention to what may emerge during data analysis (de Casterlé, De Vliegher, Gastmans, et al.,2021). In this study, this was achieved by the researcher playing back the recorded interviews in a conducive environment, transcribing them, and saving them electronically for future reference. Wolff, Mahoney, Lohiniva, and Corkum (2019) mention that recording data for a study enables researchers to seek future references.

Once the data has been transcribed, the next stage is organising the descriptive data and then coding. According to content analysis, after data is collected in interviews the researcher identifies relationships and organises the data into larger subcategories.

The relationships are then identified to find the next definitions. The advantage of this method is that the researcher can gain information directly from the participants (Hsieh and Shannon, 2022). A code is a representation used to label phrases and words in the data (Burns and Grove, 2020). Coding is a process of naming, labelling, and categorising data elements, which results in the researcher being able to find patterns or categories.

In this study, the researcher identified common expressions and statements from the interviews and coded them according to the concepts of the study participants. The statements were then placed in subcategories. Formation of categories is a process that includes the researcher looking for repeated ideas and expressions from the participants. This involves sorting codes into potential categories of data that achieve the objectives of the study. At this point, the codes identified were sorted into subcategories. The subcategories were grouped into similar themes.

Once categories were established, they were reviewed and sorted by the researcher and supervisor. Categories need to be refined and reviewed to establish their suitability with coded data. Reviewing the categories controls the quality and continues the discussion. In this stage of the study, two actions were performed to ensure internal uniformity and external diversity of the categories. Firstly, all collected data from each category was read and checked for patterns. Secondly, data within each category was read for accuracy of representation in relation to the objective of the study.

3.7 Research Rigor

3.7.1 Trustworthiness

It is a means of judging the confidence of qualitative research using the Lincoln and Guba Model (1985) for guiding qualitative studies in research. Therefore, this study has resonated and plausible characters through which trustworthiness was established using cardinal approaches to trustworthiness developed by Lincoln and Guba in 1985 and elaborated by Shenton in 2004. These approaches included credibility, transferability, confirmability, and dependability, and are vital in adding rigour to qualitative studies. The trustworthiness of the study uses the researcher's knowledge and experience to gain confidence in the analytic process of the study in the field of the intended study. The researcher has no personal connection to the study participants, as that may interfere with the analysis of research data and may lead to study biases. The researcher maintained integrity throughout the study by self-reflecting when interpreting data to ensure there was no misinterpretation.

The data interpretation by the researcher and evaluation were done over time to identify traits that allowed the researcher to make recommendations in the care programs for patients with breast cancer. The researcher conformed to the standard and maintained persistent observation during data collection and when interpreting data obtained during the study. The researcher has the duty to show the different realities of satisfaction of the patient's real-life experiences as they access the journey through their breast cancer treatment. The satisfaction of various experiences was explored with the aim of showing the reality of the situation to give authenticity to the study.

3.7.2 Credibility

It is defined as the truth of the research data or the views expressed by the research participants, as well as interpretation and representation.it is the fit of the researchers' presentation of the views expressed by participants and how they are represented by the researcher. Credibility strengthens the research by describing the researcher's experience and substantiating the research findings with the participants (Lincoln and Guba, 1985). Polit and Beck ,(2021) discussed credibility as an extremely important part of trustworthiness that is attained through research methods that influence confidence in truthful interpretations of research findings. Credibility is enforced when the analysis is made from a solid foundation for a conclusion to be made. Other researchers confirm if the research is valid by the interpretation made, but a researcher is convincing, and there is co-influence from other sources of data (Haven and Van Grootel, 2019). In this study, credibility was established by gaining agreement between the recorded data and the transcribed data from the participants' perspectives.

3.7.3 Dependability

It is described by Polit and Beck (2021), as the steadiness of data over some time. Additionally, Lincoln and Guba (1985), in the framework of dependability, mention that it is the perseverance of data in similar conditions. It can be achieved by another researcher when another researcher replicates the study and concurs with the research findings. The research would be deemed dependable if similar findings were achieved by other researchers over time in similar research environments (Johnson,

Adkins, and Chauvin, 2020). In this study, dependability is achieved by obtaining the same answers to questions over time.

3.7.4 Confirmability

It is displayed by the researcher through the ability to illustrate that the data represented is the participant's responses, not the researcher's views. This is achieved by the researcher describing how the conclusion and interpretations were reached from the raw data. An example would be the use of direct quotes from the participants (Lincoln and Guba, 1985). Moreover, Polit and Beck (2021) and Dyar (2022) mentioned that conformability is viewed as a prospect for concording research findings with other researchers regarding the precision relevance and meaning of the findings representing the participants' voices.

3.7.5 Transferability

It is the responsibility of the researcher to furnish sufficient descriptive data so that the readers can appraise the applicability of the data in other fields (Lincoln and Guba, 1985). This is achieved by testing the meaning of the research findings, providing meaning to individuals who were not involved with the study. This is achieved and maintained by testing the research findings and applying them in other studies with similar populations. The researcher is left with the responsibility of ensuring that transferability occurs when information-rich findings are provided to apply in other fields (Dyar, 2022).

3.8 Ethical Considerations

Ethical considerations are important in research in general; during research, the rights of study participants need to be protected (Burns and Grove, 2020). Ethics is a study or a step-by-step approach to comprehending and examining what is good from what is wrong (Butts and Rich, 2022). In ethics, we need to ensure that there is a balance between benefits and risks to study participants to prevent misconduct during research. Ethical considerations include how the rights of study subjects were protected, and it describes how risk was minimised and what potential benefits were for study participants.

Ethical research generates sound knowledge for practice research, including humans, and the rights need to be protected and taken care of (Polit and Beck, 2021). In regard to this study, the following ethical considerations have been applied: permission to conduct the study, informed consent, confidentiality, and anonymity.

3.8.1 Permission to Conduct the Study

Before the beginning of the study, the study protocol was written and submitted to the University of Witwatersrand School of Therapeutic Sciences Assessors group for review. After that, approval was requested from the Human Medical Research Ethics Committee to conduct the study. Ethical clearance was obtained from the Human Research Ethics Committee of the University of Witwatersrand. A letter of request for permission to conduct a research study in the health establishment was written to the head of the establishment.

- Ethical approval was obtained from the Human Research Ethics Committee of the University of Witwatersrand **M 220352,**(Appendix 7).
- The research proposal was submitted to the Faculty of Health Sciences Post Graduate Committee.
- Written consent was obtained from the hospital management concerned about the use of the data (Appendix 3).
- Permission from the owner of the health establishment was obtained to conduct research (Appendix 4).

3.8.2 Informed Consent

Polit and Beck (2020) ,defined 'informed consent' as the ability to accept or decline participation willingly after being provided with sufficient information about the research.

Informed consent to participate was obtained from all study participants. Participation in the study was voluntary. Participants may withdraw from the study at any point. This will not impact their care. The interviews were conducted in a private room to maintain privacy

- An information sheet about the study was given to the participants (Appendix 1).
- Permission to include and use the data was obtained in writing from the participants (Appendix 2).

3.8.3 Confidentiality and Anonymity

It is the researchers' responsibility to ensure the confidentiality of the study participants. Confidentiality is associated with what the researcher does with the information that is gathered during a research study (Sim and Waterfield 2020). The researcher gave participants codes and did not used their names to ensure confidentiality. This is done by preventing data leakage or participants' data from being divulged for other purposes besides research. The researchers also have the responsibility of informing the participants that anonymity will be maintained. This is done by storing all data in a secured space and encrypting all digital information (Brink et al., 2018).

Anonymity occurs when there is no link between participants and their identity or data. Anonymity cannot be guaranteed in a face-to-face interview, so confidentiality is guaranteed. Participants were reassured that confidentiality was always maintained throughout the study. The process of maintaining confidentiality included the researcher keeping the participant's identity undisclosed (Sim and Waterfield 2020). They were each assigned a reference for data analysis. There was not any information that could identify the participant. Data was only available to the researcher and the supervisor. Data was stored following the POPIA. There was no unauthorised sharing of study participants' information. This was explained in the information sheet given to study participants (Appendix 1).

3.9 Chapter Summary

This chapter detailed the research methods, the study setting, the population and sample described, the data collection and analysis discussed, and the data collection and analysis examined. The trustworthiness of the study and the ethical considerations were discussed. The next chapter includes the findings of the study.

CHAPTER 4

FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the research findings and a discussion of the findings. This study explored the satisfaction experiences of patients using a Nurse-led navigation program. The researcher engaged herself in analysing the resultant findings from in-depth interviews with the assistance of an independent coder. The findings were used to make recommendations for a quality-improving intervention. Emergent categories and subcategories from the interviews are presented.

4.2 Description of Participants

The sample of this study was formed through purposive sampling. This sampling method is also known as judgemental sampling (Burn and Grove, 2020). The participants were treated at a breast clinic in Johannesburg. They were females between the ages of 29 and 76 years old.

The researcher purposefully selected the participants who had access to navigation services as they had experience using the service, and it was believed that they would have factual and useful critiques about the program. They had also seen a nurse navigator a minimum of three times. This sampling approach ensured that the sample included individuals with the relevant experience to meet the study objectives. The focus of the study was to explore the satisfaction of patients with the service that is presently offered (Burns and Grove, 2020).

Twenty-five participants took part in the interviews phase of the study. The researcher aimed to explore satisfaction with the program and then use the findings from the interviews and information brochure. Contact was made with the study participants to read the information brochure and answer a quiz that accompanied it. Eighteen participants were able to continue with the study. Six participants were not able to participate in this part of the research due to ill health or death.

4.3 Emergent Categories and Subcategories

The researcher and supervisor collaborated and identified categories from the data analysed. The categories were presented to an independent coder for discussion and confirmation. The emergent categories and subcategories are presented in Table 4.1 from participants' contributions during the initial interview. This type of data analysis allows the researcher to identify key codes from the step-by-step events during research (Krippendorff (2019).

Table 4.1: Data Analysis from Interviews Presented by the Researcher to the Independent Coder

Verbatum comments from transcripts	Subcategories	Categories
I did not know anything about the side effects of chemo *I just know it is just breast cancer*	Healthcare interaction	
Appointments were accommodative *It is routine, nothing different* *She reassured me, makes me feel relaxed* *Nurses give me support*	Emotional care	Providing favourable care
Gave me supportive information and was reassuring *Supportive services like navigation*	Improved knowledge	

Verbatum comments from transcripts	Subcategories	Categories
Motivate for light-duty *Long term leave* *Was transported by the hospital* *Flexi time to be able to get the salary* *I have paid sick leave* *I have gained debt due to medical bills* *The navigator called my boss* *I was allowed to work from home* *I was put on special leave*	Financial implications of treatment Occupational and treatment alignment	Supportive practical help
It comes in different types *It is a lump* *I did not know what chemo was* *I had low cancer* *It is aggressive* *I had chemotherapy* *I want to know how far* *I understand nothing* *They gave me treatment I did not know* *Chemotherapy burns*	Treatment regimen What they did not know	Processed information

After the data was analysed, the researcher, supervisor, and independent coder then established the categories. This segment of the study addresses the categories that were identified and extracted from the transcripts. Three categories and seven subcategories were identified in this study. Both the categories and subcategories were discussed. The categories and subcategories are presented in Table 4.2 below.

Table 4.2: Emergent Categories and Subcategories

EMERGENT CATEGORIES	SUBCATEGORIES

1. Providing favourable care	Healthcare interaction Emotional care Improved knowledge
2. Supportive Practical help	Financial implications of treatment Occupational and treatment alignment
3. Processed information	Treatment Regimen What they did not know

4.3.1 Category One: Providing Favourable Care

The first category was divided into three subcategories. The subcategories were identified from the common data provided in response to the question and resulting discussion.

- Healthcare team interaction

The healthcare team includes nurses, nurse navigators, doctors and other allied healthcare members. This team should aim towards synergistic group work with one common goal of providing patient care. Every team member has a dependent, independent, and interdependent function in providing care. Team communication enhances collaboration and working together towards total patient care. All members of the team are aware of the treatment plan. This relationship is very important, as it determines and facilitates how cancer patients manage their everyday lives with the disease.

The first contact in the health care team is with the nurse navigator. Participants were asked to share how they experienced the navigation care they received. The participants expressed various experiences regarding their interaction with the healthcare team. This is what they expressed:

"*I am happy. I have gained confidence and information about my diagnosis"*. P007

She further elaborates on her satisfaction with the service, and she expressed her strong reliance on the nurse navigator, stating:

"Going forward, I need to have her [the navigator] *in my life"* P007

Another participant elaborated on her benefits from the navigation care:

"it made me strong because I knew they were people that cared for me" P016

She was also asked if she was satisfied with the care she received, her response was:

"…. yes, one hundred percent. The nurse navigator is always available to advise you" P016

In interacting with the nurse navigator, participants believed they received assistance in some way and valued this. This is what one of the participants had to say when describing the assistance:

"The nurse navigator finds other health care workers and referral to the other doctors," P004

Participant P012 said that the nurse navigator was…….

"My guardian angel. She was God sent and answered my questions quite honestly." P012

In this study, the participants expressed that the interactions with the nurse navigator made the journey easier and that the different team members responsible for treatment enabled the coordination of patient care and education.

"During my first visit with the navigator, it was something new [breast cancer] *to me."* P002

"The navigator explained what chemo was and that after chemo, I would go for surgery. The information was very helpful." P002

P022 mentions that she was happy to consult the navigator:

"I would consult you if I needed clarity, if I was unsure." P022

Another participant agreed with this:

"*Tremendously helpful. You did a good job. Like I said, you were there when I needed you."* P023

" *She helped me a lot. When things started to change, I realised that it's things she said, I was ready*". P016

She further elaborates and says:

"*I had the right information about the changes to expect. I was not overwhelmed."* P016

She also expressed her gratitude:

"I am here today because of you. What [navigation care] *you gave me is something I am happy with."* P016

Some participants had different feelings about their interactions with the doctors. Some of them were dissatisfied with the care coordination.

"The advice and everything but coordination [of care] *sometimes was out of your hands"* P010

"They [doctors] *have to let you know. Everyone must come back to you."* P010

One participant mentioned the value of having a good relationship with the doctor. This participant believed that the doctors were helpful if you communicated your concerns to the doctor. She said:

"*Doctors are people. If you speak up front, they will accommodate you*. *I would be accommodated at a time convenient for me to have the treatment and see the doctor. I would pick a date I was comfortable with, and I got to choose my surgery date".* P002

There were, however, participants who were not satisfied with how the multidisciplinary team coordinated their care. They found the pathway confusing at times as there was no constant way of communication.

"Orders are not well communicated between the team and Doctor" P023

"The Doctor did not get back to me" P023

Participant P003 agreed and stated:

"I would suggest that they make a better referral system. With chemo and surgery, you must always report back. You spend the whole week sorting out referrals". P003

"I understand they want to monitor my progress, but it is tiring" P003

Many participants expressed similar dissatisfaction with the system. P010 offered some suggestions:

"*Can there be a route map of this whole treatment?"* P010

"Can they give things [information] *at our level?"* P010

The two participants came from a totally different healthcare system where every action and appointment with a health provider must be made through the referring hospital aligned with the health funder.

- Emotional Care

The diagnosis of breast cancer brings emotional and psychological problems to patients diagnosed with this condition, and we need to pay more attention to it. The diagnosis affects one's quality of life. This may be both a positive and negative experience depending on the outcome and how it is received by the patient.

Emotions experienced during a breast cancer journey vary. Common emotions are anger, acceptance, fear of death, fatigue, anxiety and concerns about body image.

Navigation care forms an element of support for patients during cancer care. When participants were asked about the support system and emotional care, this is what they said:

"My number one support system is my navigator" P007

" *My support system is my navigator"* P017

She expresses her satisfaction with the support received with the service. She initially was not keen on having chemotherapy, and she was counselled by a navigator.

"*The service you are offering, I know I am in good hands "*P017

"You helped me a lot. You were holding my hand" P017

"The support you gave improves the service, and it becomes better" P017

This patient expressed her fear and said that having access to navigation care helped her overcome her fear.

"I know breast cancer is very dangerous" P01

"The navigator helped me to deal with my situation" P017

In continuing to express her satisfaction with the navigation program, she was asked if she was satisfied with the care she received, and she made a recommendation.

"Yes, absolutely, as I had mentioned, the navigator needs to come to Limpopo to educate them" P017

Another participant elaborates on her feelings and the comfort that she got from the nurse navigator at the clinic when informed by the doctor about her diagnosis.

"*Assurance from her. They made me feel that it's not the end of the road. This is not a death sentence*..." P005

This participant expresses acceptance through the help of the nurse navigator. She said:

"*I was able to accept the disease positively. Fortunately, my breast cancer was discovered early"* P007

The psychological consequences of treatment should not be overlooked. Patients need to be addressed early to become better survivors. Fear is a common feeling. As one participant explained:

"I was scared. I did not know anything about chemo" P002

"*The navigator gave me information about chemo*" P002

Through the navigation program, she mentioned that she had overcome her fear.

Other participants agreed with this statement:

"I was even scared to ask because I was really scared" P013

"*When you are diagnosed, you become so scared*" P014

Often, previous life experiences influence the participant's attitude and approach.

"I had the right information about the chemo, the changes to expect, and I was not overwhelmed when I started experiencing that [body changes]." P016

"Funny enough, I'm all chilled" P019

P019 continues,

"I have never feared death because of life choices I have made" P019

A participant who had no previous life experience with breast cancer mentions

"*I am the generation to have breast cancer*" P002

"*I was confused*" P002

"*She put me at ease to make a treatment decision"* P002

- Improved Knowledge

Health education is a fundamental process of taking care of patients. The foundation of patient knowledge about their health is part of the duty of nurses but may include other health professionals (Reiser et al., 2019). It is also the responsibility of the nurse navigator to establish what is known by the patient regarding the breast cancer diagnosis and to be able to educate them according to the need for information (Kelly et al.,2019). A better-informed patient can have realistic expectations and better clinical outcomes. One of the demographic questions addressed what the participants knew about breast cancer or the type of breast cancer they had. Whilst this question did not directly link to satisfaction, the researcher was able to assess whether the level of knowledge was sufficient and satisfied the participant or whether there was frustration from the participant, thus indicating a level of dissatisfaction. It also allowed an opportunity to explore what more the participant required to complete the experience of satisfaction. The participants all had different views about breast cancer.

"*It is lumps that grow inside, and they can spread to damage your cells*. *I don't know the type*." P001

More participants expressed their view of breast cancer as discovering a lump.

"*Breast cancer is when you discover a lump. I have Hormonal breast cancer.*" P002

"*Mostly, you detect it through a lump or a fluid that is excreted by the breast."* P003

Different breast cancer subtypes will provide different outcomes when it comes to patient satisfaction due to the treatment regimen received. When asked if they knew the type of breast cancer they had, these were some of the responses.

"*I have triple-negative breast cancer."* P003

Triple-negative breast cancer, a cancer that affects young women, is one of the most aggressive breast cancers, and patients undergoing treatment will receive intensive treatment that affects quality of life. They undergo radical chemotherapy that comes with a lot of side effects. Experiencing adverse effects from chemotherapy has an impact on the views of satisfaction.

"It's called sinamo B [luminal B breast cancer]" P004

*"Is not the fast accelerating one. I know very little. I just know it is breast cance*r" P013

"*A lot because of family history about it and genetics and being diagnosed with it and having to deal with it. It's a luminal B.*" P019

The information and knowledge differed with each participant.

- Summary of Category One

Providing favourable care creates a sense of satisfaction for the user regarding the care offered. Participants experiencing favourable care acknowledged that they were satisfied with the treatment. This does not mean that every need was adequately met, and this was evidenced in the responses. Participants generally expressed a feeling of safety with the health care providers. They had some basic knowledge about the type of breast cancer that they had but appeared to lack the knowledge for a complete

understanding of their condition, prognosis, treatment plan and expected clinical outcome. From the responses, they did not necessarily know what the options were regarding their treatment and care. Generally, they were satisfied with the service received from the nurse navigator and found it helpful.

4.3.2 Category Two: Practical Help to Problems

Problems with elements such as work and finances affect patients and how they perceive treatment. Patients are also human beings who have life outside the cancer diagnosis. The life components can be a barrier to treatment if there is no alignment of employment, and other financial barriers need to be addressed to align with treatment. As previously stated, the main aim of patient navigation was to eliminate barriers to care.

Cancer is classified as a life-threatening condition and affects one's life holistically (Chen et al., 2019). If treatment does not meet the patient's work schedule or cannot be worked around the schedule, it may affect the satisfaction of the patient as they will experience loss of work, leading to loss of income, and this influences the patient's satisfaction with the care (Blinder, and Gany, (2020). Receiving treatment requires finance. Patients who lose time off work may experience non-payment of their medical insurance. When patient's work needs are met, they are more satisfied with the care received in the navigation program. The participants were satisfied that there was flexibility in receiving care.

Nurse navigators coordinate the requirements according to patient's needs, thus providing solutions to barriers and health system problems. Patients using this facility

come from varied backgrounds, knowledge, and means. This program is partly intended to make accessing treatment easier during the process of a difficult diagnosis.

There were two subcategories in this category: financial implications of treatment and alignment.

- Financial Implications of Treatment

Section 27 of the Constitution of South Africa states that access to health care is a basic human right for all in South Africa. It may, however, come at a cost. The basic cost will include consultation fees, screening tests, medication, treatment, and transportation. In the program, this is usually funded by patients through their medical insurance, gap cover or self-funded. What are the barriers in your program? Your program requires the patient to pay for participation in the facility either by the funders or individually. A satisfactory experience is affected by the security of adequate funding. During cancer treatment, patients will experience financial implications related to cancer. This is known as "financial toxicity" (Smith et al 2020). The multidisciplinary team treating these patients assists these patients through the disease process and introduces interventions like financial navigation. Health funders in this country operate on a premium basis and offer you what is available under your cover. Sometimes, the cover might not be enough for the treatment needed.

A participant who was on treatment expressed concern about her debt and the financial implications due to treatment. She experienced loss of work due to treatment, and that contributed to financial toxicity.

"I am experiencing shortfalls with health care providers. I have financial issues, as I am on temporary incapacity leave, and it is unpaid leave. I have gained debt due to medical bills." P004

Another explained how she acquired debt because of the co-payments to the service providers.

"*Gaps that we have to fill in and pay ourselves, so eventually go into debt*" P019

She also mentioned how the nurse navigator assisted in providing information about how the health funder would provide for her during oncology treatment.

"*The navigator helped me navigate through the system. You have to wrestle the medical aid to get things done* "P019

One participant expressed how financially overwhelmed she became.

"*It is heavy financially. It does not make sense, and it adds a burden to the patient, being charged for more than one doctor."* P007

This participant had to use her life savings to cover the difference.

"*Paid out of my pocket, I took all my savings. I have been asked to pay for consultation,"* P001

"Sometimes I have to pay cash." P001

"*I had to self-fund"*…. [Screening and diagnoses]" P002

"*Doctors prescribed vitamins. They* [medical funder] *would not pay for suc*h" P002

Participants had access to the funder oncology benefit but did not always have access to the full treatment they needed. Participants with HER 2 positive breast cancer had to upgrade their medical cover plan to have access to the treatment they needed. An upgrade of a medical funder plan or option means larger premium contributions by the member. The different plan types have different benefits, and some also have different payment arrangements with health care providers.

"*They* [Medical funder] *recommended that I migrate to the higher plan for them to cover* [me]." P018

This participant had to upgrade her plan type as she had experienced shortfalls and co-payments with healthcare providers:

"I changed the option and took the highest option. At some stage, I had to pay the doctors because they [funder] *did not pay them in full".* P014

Another participant said:

"*Not all treatment is covered, so I have to pay with cash*" P016

Participants were not satisfied with the unplanned financial implications that came with the treatment and being diagnosed with breast cancer. They were frustrated by the process.

One participant expressed her frustration and said:

"They [referring physician] sent us to doctors not contracted in with medical aid. That is an inconvenience for the patient; it worries us". P010

"On the other hand, the doctors wanted me to pay, and it causes stress." P010

The expressions by participants meant that financial adjustments had to be made to have access to treatment. Adjustments meant a financial adjustment of increasing premiums to get access to some medications only covered by high-tier plans. Participants also received assistance from the navigator to access and navigate the medical funding, which was viewed as very helpful.

- Occupation and Treatment Alignment

This subcategory describes the participant's occupations and adjustments that had to be made for the participants while they were on treatment. The navigator coordinates care that is flexible to the patient as an employee. This is done by arranging hospital visits on a day an employee is not at work, arranging appointments to align with shift for shift workers, or arranging appointments on a work-from-home basis for others.

Being employed provides a sense of purpose and well-being. It also adds benefits to patients, such as medical care coverage and income. When a patient is diagnosed with cancer and is receiving ongoing cancer treatment like chemotherapy, they experience loss of work due to sickness from chemotherapy side effects (Mols et al.2020). Employment duties and treatment need to be aligned; otherwise, this may result in loss of employment. As part of the navigation program, patients are advised about work solutions like taking time off for patients working in public spaces as they become immune compromised (Ketterl et al.2019). Some patients are advised about the options of taking disability leave during treatment and claiming from group risk covers. Depending on where a patient is employed, some companies do pay full salaries for long sick leave. When the navigator counsels them about job security

during treatment and advises them on where to go, that influences satisfaction with the program and encourages compliance. (Blinder and Gany, 2020). Unfortunately, some patients get too sick when on treatment and do not have any sort of employment or salary protection during illness. They experience a loss of income due to illness from the side effects of chemotherapy (Devi et al.,2020).

During oncology treatment, participants sometimes experienced side effects that affected their capabilities to perform in their place of work. This meant that adjustments had to be made (Mols et al.,2020). Work adjustment comes as an indirect financial implication of cancer treatment, resulting in distress from financial stressors like unpaid health care bills. Participants did feel that there is not adequate oncology provider engagement with their financial burdens from cancer.

A participant expressed how the doctor made adjustments that suited her work schedule. The adjustments made it easier for her to comply with treatment.

"*Appointments were accommodative. I would be accommodated to a time convenient for me to have treatment*." P002

"*I would pick the da*te" P002

She further expressed that doctors did make provision for the appointments:

"*Doctors are also people. As long as you speak upfront, they will accommodate* [you]." P002

The participants who were employed by the state had job security because of the employee benefits available.

"*I work for the state. There is a lot of support. I have paid sick leave".* P008

"At work, they granted me leave when I needed it, so work was sorted." P001

One state employee was assisted by the doctor to get leave from work as she was not coping with treatment.

"*I only found out about the forms from the doctor."* P016

"I have been on special leave" P016

State patients get paid sick leave; this adjustment reduces stress related to possible loss of work. The health care team assists by providing information to the employer. That protects the patients.

The following participant mentioned that she was lucky to be working for the city as adjustments were made for her to work from home.

"*My colleagues, the minute they found I had breast cancer, and I will be having treatment, immediately I was put on work from home. They have also allowed me more time off, like in the chemo period where there will be more side effects."* P012

Patients in low-skilled jobs often don't have job security. Starting cancer treatment poses ~~a~~ threat to their jobs.

"*I work as a cleaner"* P020

"*I called you to call my boss to explain the treatment I am taking"* P020

"They [employer*] wanted to fire me."* P020

"They [employer] *wanted me at home during treatment"* P020

When asked how the program helped her retain her employment, she stated:

"I can say I am happy with the service I received" P020

This participant is a low-skilled worker. She got the navigator to contact her employer to offer flexibility during radiation therapy. She was scheduled for external beam radiation, which was every day for six weeks. When the employer was notified that the radiation would be 20 minutes a day, she was then offered that she takes it as lunchtime to be able to go for radiation.

- Summary of Category Two

In this category, the problems cancer patients faced directly and indirectly impacted their lives. Breast cancer diagnosis impacts work time as the participant was often away from work. Offering personalised patient navigation in the program assisted patients in dealing with and managing life aspects during treatment. Employment security was a priority for those who were employed. The cost of cancer treatment has financial burdens as many participants had increased health insurance premiums or additional co-payments that they had to cover. Adjustments and flexibility provided by the health care team during treatment assist patients with compliance. This improves satisfaction. A multidisciplinary approach is still essential in dealing with this problem as it assists patients with cancer during their treatment. A multidisciplinary approach helps cancer patient by providing holistic care to meet their needs.

Companies have adopted "work from home" policies for their employees. This is a worldwide adaptation and has become prevalent during the COVID-19 pandemic. Some of the participants were diagnosed while working from home, and others had to accept this option because of the breast cancer diagnosis. This was possible for those participants who were doing less physical work, but it became a challenge for

participants who needed to be present in the workplace. Employees who had long-term sick leave insurance then applied for it and were able to stay away from work while receiving treatment.

4.5.3 Category Three: Processed Information

Pre-existing information and life experiences determine how a person will receive new information. Cancer is a health problem that affects many communities and families. The nurse plays an important role in enabling patient education about their clinical care. This has led to an improvement in patient's knowledge about disease (Kerr, Donovan, and McSorley,2021). Participants came from different communities and had different social backgrounds, which contributed to the difference in health behaviours and beliefs. The participants had different beliefs in terms of what causes breast cancer and believed different myths about breast cancer. Patients' backgrounds may have an impact on their knowledge about cancer and how it is processed (Ng et al.,2019).

- Treatment Regimen

Breast cancer treatment regimens differ for every patient. The tumour biology, stage of disease, underlying health factors, and psychosocial issues may influence treatment decisions. Participants in the study received different types of treatment due to the tumour biology, staging and general health (Waks and Winer, 2019).

The treatment plans are discussed by the multidisciplinary team, and treatment decisions are influenced by biology first (Mutebi, Anderson, Duggan, et al., (2020); Shao et al., (2020); Sibbering and Courtney (2019)). The medical funder plays a

determining role in these decisions (Smith et al., (2022); Mncedisi et al., (2023). The health funder oncology benefit determines what access to certain treatments you have.

The participants with tumour biology who did not require chemotherapy were more satisfied with the program as they also experienced fewer side effects; chemotherapy has a lot of adverse side effects that affect one's quality of life. Side effects like nausea, vomiting, and alopecia from chemotherapy decrease the patients' perspective of the treatment. Their view of any programs related to cancer management may be impacted (Trayes and Cokenakes, 2021).

They were asked about the tumour biology. This is what they said:

"I was told I had a low cancer, a lazy breast cancer". P007

She was happy with the MDT treatment she received:

"*She gave the best"* P007

"Was the best. She [the doctor] *took the cancer out by performing breast-saving surgery.*" P007

"*I am happy that I have benefited in the sense that I have gained confidence and information about my diagnoses"* P007

Another participant with a similar tumour biology when she was asked about the type of breast cancer she had:

"This is a sleeping cancer" P015

Sleeping cancer is a term used to explain to patients that they have a less aggressive type of breast cancer. She was further asked about the interactions she had with the MDT

"*I get the support from the nurses"* P015

"She makes me at ease" P015

She was asked if she had recommendations for the program, and her responses displayed that she was satisfied with the program

"As far as I know, I think that everything is still in line" P015

Participants who underwent chemotherapy shared their perspectives on how the navigation program supported them during the treatment:

"Like chemotherapy, I understood more from the navigator" P020

"*How you explained it helped a lot"* P020

"*I did not want to have chemotherapy, but how you explained and motivated me to have treatment"* P020

"*Navigators help us patients*" P020

Another participant who received chemotherapy first for her treatment said:

"I know I have luminal B breast cancer" P023

"I know it is an aggressive cancer. That is why they treated it with chemotherapy first" P023

She was asked about her interactions with the nurse navigator, and she elaborated and expressed satisfaction with the care.

"*You have been tremendously helpful"* P023

"You managed to answer questions that I needed answered" P023

"You have been available" P023

"You have assisted me when I was fearful" P023

"You have done a good job" P023

Then, the researcher asked the participant if she was satisfied with the navigation care she received.

"Very satisfied" P023

- What They Did Not Know

Acquiring knowledge is a life-changing skill. Patients with breast cancer move from a place of not knowing what changes their perspective on breast cancer and the influences on how they live with the disease. The clinician's role is to educate patients about the disease process; this is practised during interactions with patients (Ruda et al., 2020). Patients with breast cancer come with or without knowledge about the disease, and the knowledge they gain is influenced by different factors.

Participants were asked about what information they found helpful from the navigator. Some had a preference for receiving information from the navigator:

"*I would prefer the navigator, as she has more information to give about things I don't know*" P007

"*The navigator gave me a lot of information"* P016

"She gave me information on what to expect when I start chemo" P016

Some participants did not know about the side effects of the treatment, and they gained that through navigation care.

"*More the side effects, because you don't know what to expect"* P018

She expressed her gratitude for navigation care, and she said:

"To me, that was a saving grace! I would contact the navigator" P018

She further expressed her satisfaction with the service when asked if she was satisfied with the navigation care.

"*Yes, definitely, I don't think it would be this strong without the navigation care"* P018

She was then asked what should be added to the program to explore her satisfaction with the service.

"*Nothing because we have direct access to the navigator"* P018

The other participant expressed how the navigator provided information about the health system. This is what she had to say:

"*They were so many questions in the beginning"* P019

"The navigator helped me navigate through the system, not only doctors but the medical aid." P019

She further explained how the service provided assisted with what she did not know:

"*Providing guidance, sometimes we don't know which questions to ask, and she would prompt the questions*" P019

- Summary of Category Three.

This theme covered information that patients had about their breast cancer diagnoses and treatment pathway, and the health system. The participants received different treatments due to breast cancer type. The participants had interactions with the navigator, who provided them with helpful information and assistance during their treatment. The information provided increased their satisfaction with the program. This knowledge that they receive can contribute to improving their quality of life, hence increasing their satisfaction with the care they receive (Kugbey,et al., 2019).

The participants had related the presence of cancer to death. This is an understandable statement to be expressed as it is a known fact that breast cancer is among the death-causing cancers in women (Tsiftsis (2018) as cited in Gouliamos, Andreou, Kosmidis). That perception has since changed after they were diagnosed with breast cancer and received health education from the nurse navigator. They also learned about the different tumour biology and the names given to the cancers according to their biology.

4.3.4 Summary of In-depth Interviews

The researcher conducted in-depth interviews using open-ended questions with the study participants. The interviews aimed to explore the satisfaction experiences with the navigation care they received and to obtain solutions to improve quality. The interviews explored the participant's satisfaction experience with the navigation program. Data was analysed and divided into three categories and seven subcategories.

4.3.5 Findings Influencing Recommendations

The researcher explored the patients satisfaction experiences with the care given by the nurse navigation program. The objectives of the study were to explore the satisfaction of the patients with breast cancer receiving navigation care. The second objective was to provide recommendations to the MDT. The nurse navigator role includes advocacy and MDT coordination to ensure the swift movement of patients in the system by eliminating barriers to care (Conway et al.,2019).

- Recommendations to the MDT

Enabling and supporting nurse navigators as key figures in guiding patients through their care journey is important if this type of program is to succeed. The nurse navigator plays a critical role in enhancing patients' experiences and providing emotional support. Their presence helps build confidence, facilitates understanding, and ensures patients feel cared for (Dixit et.al.,2021). The MDT should prioritise the ongoing involvement of nurse navigators throughout the patient's care journey, ensuring they are consistently available to guide patients and provide information.

Ensure the nurse navigator's involvement from diagnosis through treatment, including follow-up, to maintain continuity of care. Additionally, emphasize the emotional and psychological support aspects, as these were mentioned as vital by patients.

Participants highlighted concerns about care coordination and communication gaps between the healthcare providers, specifically between the doctors and other team members. The nurse navigator plays a role in improving the patient experience and close communication gaps (Loiselle, 2020).

Although the majority of feedback about the nurse navigator was positive, some participants expressed frustration with the care coordination and communication. These were more prominent in patients who were from the mines and had to be referred back to the mine healthcare providers, "*but coordination* [of care] *sometimes was out of your hands"* P010. A structured way for patients to provide feedback on their experiences can help identify any ongoing challenges. Setting up a formal feedback mechanism for patients to share their experiences regarding care coordination and use this data to address areas that need improvement. Regularly assess patient satisfaction with the entire care process, not just the nurse navigator role, and make adjustments as needed (Jiang, 2020).

Some participants such as P023, commented on the need for more direct communication from their doctors and other care providers. Strengthening the role definition of each member in the MDT and ensuring clear communication about roles may help patients feel more informed and supported. Each MDT member should clearly explain their role to patients at the beginning of care and maintain open communication throughout (Franklin et al.,2018).

The researcher will continue with discussion of the findings according to the categories that were identified in the study:

- Providing favourable care

The participants considered it necessary to extend the scope of their responsibilities, including instituting more proactive follow-ups, personalised care planning, and emotional support. Participants such as P007 and P016, felt strongly supported by their nurse navigator and expressed how much they relied on them for both informational and emotional support (Lopez, et al.2019).

An environment where patients feel comfortable voicing their concerns and preferences was considered important as was involvement in decisions about their care. Personalised care options, regarding choosing their surgery date. Patient autonomy is crucial for satisfaction, as highlighted by P002, who felt accommodated when she communicated her preferences for treatment dates. Encouraging open dialogue ensures that care is patient-centered and tailored to individual needs. Ensuring that nurse navigators have the resources and authority to provide comprehensive care can significantly improve patient satisfaction.

- Supportive Practical help

Several participants mentioned the emotional support provided by the nurse navigator. P012 spoke about the” *guardian angel*" referring to the navigator. There

was deep appreciation from this participant towards the nurse navigator and acknowledgment that the participant believed that the process was made easier due to the assistance of the “guardian angel”.

Participants, like P020, expressed how the nurse navigator’s support was essential in helping them cope with chemotherapy. Participants who are undergoing chemotherapy, especially those like P023, with aggressive cancer, may benefit from consistent encouragement, as it increases their confidence and satisfaction with the treatment program.

P023, expressed gratitude for the emotional and informational support they received, especially when they were fearful. A structured approach to emotional support that is consistently available for patients throughout their treatment process can improve the overall patient experience, enhance trust, and foster a sense of security during a vulnerable time. Some patients expressed how reassuring it was to know their nurse navigator was always available, P016. Expanding access and communication channels can help patients feel more secure and less isolated during their care journey (Lunders et al.,2023).

- Processed information

The provision of regular educational sessions for patients throughout their treatment, not only at the start was an important consideration. Participant like P002 appreciated learning about their treatment plan early on. P016 confirmed that they appreciated clarity about upcoming changes.

Participants P007 and P015 expressed satisfaction with knowledge regarding their less aggressive cancer types. Providing clear information about tumor biology and expected treatment can ease anxiety. Participants who understood their diagnosis, such as referring to a “sleeping cancer,” report feeling more at ease and confident in the treatment plan.

Ongoing education could help reduce confusion and anxiety, as well as help patients feel more empowered and less overwhelmed by their treatment. As evidenced by participants (P016), providing information proactively helps reduce uncertainty.

4.5 Discussion

Receiving patient feedback on the program is aimed at improving the nurse-led program to be a better system for both the participants using it and the nurse running it (Comfere, Matulis III, and O'Horo, 2020). Continuous review of feedback ensures patient needs are met and changes required are implemented (Pekkaya, Pulat İmamoğlu, et al., 2019).

The researcher aimed to evaluate patient satisfaction with the care provided by the nurse navigation program and to offer recommendations to the MDT, for improving the delivery of care. This was as evidenced by the participants feedback, the nurse navigator plays a vital role in ensuring smooth coordination of care, providing emotional support, and addressing the barriers to care.

This concurs with the literature, which demonstrates the significant role of nurse navigators in improving patient experiences. Studies have consistently shown that nurse navigators enhance patient satisfaction by providing timely information, addressing patient concerns, and offering emotional support (Dixit et al., (2021); Conway et al., (2019)). Furthermore, the nurse navigator's role in advocacy and ensuring care continuity is essential in reducing the emotional burden that patients may face during their treatment journey. This study suggests that maintaining the nurse navigator's involvement throughout the entire care continuum, from diagnosis through treatment and follow-up, is crucial in fostering trust and promoting a positive patient experience (Conway et al.,2019)

Patients should have a formal channel for providing feedback on their experiences. This study suggests that a feedback system could be valuable in identifying care coordination challenges and addressing them quickly. Regular assessments of patient satisfaction, specifically regarding the coordination of care and the effectiveness of communication. This could be implemented to help the MDT identify areas for improvement. By integrating continuous feedback from patients, the MDT can adapt to changing needs and optimize the patient experience (Jiang, 2020).

Detailed recommendations are supplied for the multidisciplinary team concerning member groups if required. The breakdown is discussed using the responses given in each category.

The findings were divided into three categories, providing favourable care: supportive practical help, and processed information. Each category has suggestions that are

important to the improvement and success of the nurse-led program and thus recommendations from each category are included.

- Providing favourable care

An environment where patients feel comfortable speaking freely and bringing their concerns to the staff's attention is important for open communication and, especially, decisions about their care aligns with the study of Kugbey et al., (2019). This study revealed that whilst there were many points of satisfaction about general care and their involvement in it, many of the participants expressed their disappointment that doctors did not listen to their specific concerns.

Several participants suggested that they would like to be informed by the navigator about their oncology benefits and the implications it might have on their treatment. They expressed that the Nurse Navigator was able to explain the oncology benefit in a way that they could understand, and this was helpful Bidstrup et al., (2023) concurs.

The purpose of the nurse-led clinics and case management is to offer patient -centred care (Joo et al., (2019); Lai et al., (2019)). This hinges on the collaboration of all caregivers together with the patient and possibly the family (Geerts et al.,2021). Individual needs will only be achieved when all stakeholders participate in decision making. They suggested that listening skills be introduced to all members of the MDT.

Improve access to healthcare providers, particularly for follow-up consultations and urgent needs. Implement systems such as online portals like WhatsApp to ensure that patients can easily reach their nurse navigator when needed.

Ensuring that nurse navigators are fully equipped with the necessary resources to explain treatment options, manage side effects, and advocate for patients' needs. They should also be trained to address patient concerns regarding treatment decisions made by the multidisciplinary team (MDT).

- Supportive and practical help

Taking into account the complex and often difficult nature of chemotherapy, provide additional support and follow-up care during the treatment process. This can include more frequent check-ins by nurse navigators or dedicated support groups where patients can share experiences. Fostering a culture of compassion and empathy within the treatment setting by encouraging healthcare providers to develop strong relationships with patients, listen attentively to their concerns, and respond with sensitivity.

Ensuring that there is an available support system during the transition points in the different phases of treatment. This could include additional consultations with the nurse navigator and scheduled check-ins (Bidstrup al,2023). Participants reported that having clear expectations about what would happen during different stages of treatment, was particularly beneficial. MDT should be aware of the psychological and emotional impact of transitions.

The emotional and psychological challenges faced by breast cancer patients are significant and can deeply affect their overall well-being (Bidstrup et al.,2023). This research supports the findings from other studies that emphasize the importance of

addressing these emotional aspects in cancer care. Participants in this study frequently expressed the critical role of emotional support, particularly from the nurse navigator, in helping them cope with their diagnosis and treatment.

- Processed information

Development of a structured communication system where patients are informed about their treatment plans in a clear, jargon-free way. Providing written documentation, and platforms used by patients like WhatsApp and available social media platforms, alongside verbal explanations from the healthcare team can enhance patient understanding and compliance.

Health education before treatment regarding the potential side effects of treatment, particularly chemotherapy, and provide strategies for managing them. Offering a detailed plan on how to handle symptoms like nausea, vomiting, and alopecia can help improve the patient's outlook on their treatment. Ensure that patients are given clear and practical information about when and why certain treatments are recommended, including timelines for chemotherapy, surgery, and recovery. This can help patients mentally prepare for each stage of treatment.

One participant mentioned the need for education programs in areas like Limpopo, suggesting that there may be gaps in patient education and access to care in rural or underserved regions. This fragmentation of the health system causes issues with how patient health education is perceived due to cultural influence (Benn et al.,2023).

4.6 Summary

In this study, we used an approach of reviewing patient feedback to explore their satisfaction with the program. The feedback from the users of the service was to check if it meets their needs. This allows for reflection on the navigation program in place. Nurse navigators should be well-equipped to explain treatment options, manage side effects, and advocate for patients. They need training to address patient concerns about decisions made by the multidisciplinary team (MDT). More frequent check-ins by nurse navigators due to the complexity of chemotherapy and the side effects experienced by patients. Encouraging compassionate relationships between healthcare providers and patients will improve support during treatment. Clear communication system to inform patients about treatment plans, using jargon-free language. Offering written materials, using platforms like WhatsApp, and providing health education about potential side effects can improve understanding and patient compliance. Detailed plans to manage side effects like nausea and hair loss will help patients mentally prepare for their treatment journey.

CHAPTER 5

RECOMMENDATIONS, LIMITATIONS, AND CONCLUSIONS

5.1 Introduction

This is the last chapter of the research dissertation, which connects Chapter two, and the findings presented in Chapter four. It discusses the limitations of the study and recommendations for future nursing research, nursing education, and the multidisciplinary team. A conclusion is reached from the findings. In addition, this chapter reflects on the lessons learned and their limitations and identifies the gaps. Literature was used to compare and support the interpretation of the participants' comments.

5.2 Summary of the Study

The objectives of the study were twofold:

The first objective of this study was to explore the satisfaction experience of patients obtaining access to the navigation care program for the treatment of breast cancer.

Secondly, to provide a recommendation to the multidisciplinary team involved in the nurse-led navigation program based on the study findings.

5.3 Recommendations

This chapter makes recommendations based on the findings of the study. This research examined the satisfaction of patients with breast cancer who have access to nurse-led navigation services. This study developed recommendations based on satisfaction

experiences, and it suggested more research about navigation programs to improve the quality of nursing care based on the recipients.

Justification: Studies from Lubuzo, Hlongwana, Hlongwa, et al., (2022), concluded that there is a great need for the development of care coordination models that can drive solutions in healthcare constraints.

5.3.1 Recommendations for Nursing Practice

During nursing care, nursing interventions play an important role; the nurse, as a member of the multidisciplinary team, plays an important role, and the nurse navigator coordinates the care of oncology patient care. Patient navigation is proven to improve patient care outcomes and, therefore, in South Africa, should be considered an integral aspect of improving continuity of care. Patient navigation is slowly becoming the best practice in the international healthcare system. The study displayed the following recommendations for the nursing practice from oncology navigation.

- Expansion of Nurse-Led navigation program**:** Increase access to navigation services to improve coordination between patients and the healthcare system.
- Heighten patient communication: Improve personalised communication strategies to ensure that patients fully understand their diagnosis, treatment, and financial responsibilities.
- Streamline Multidisciplinary Care Coordination**:** Improve collaboration among healthcare professionals to reduce confusion and patient dissatisfaction.

Justification, programs like patient navigation improve care coordination and patient personalised communication that ensure that there is swift movement between the system for patients Bidstrup et al,2023).

5.3.2 Recommendations for Nursing Research

From this study, it is recommended that more research be done using quality improvement programs based on patients' experiences to continuously improve nursing care and contribute to better nursing care experiences for the patients. Annual research should be continued to see if patients are satisfied and to adjust areas of concern to improve satisfaction. Longitudinal studies are indicated to track the long-term effect of nurse-led navigation on patient satisfaction. Conduct research on financial assistance programs to reduce the burden of cancer treatment on patients. Explore the role of digital navigation tools in improving communication support.

Justification: Nursing is a science that needs continuous research to improve all aspects and development of new sub-specialties like patient navigation (Cantri et al.,2019).

5.3.3 Recommendations for Nursing Education

The study findings explored satisfaction with the Nurse-led navigation program experienced by patients with breast cancer who have access to a Nurse Navigator. The findings have provided an understanding of the needs of the patients from the

navigators across the different phases of the breast cancer journey. It has provided some satisfaction, allowing for improvement in the program to maintain compliance by patients. Navigation is a model of care that will evolve with time. Current programs will need to be developed to meet the healthcare needs. The following may be included as a recommendation for nursing education from this study:

- Consolidate patient navigation training into nursing curricula to prepare future nurses for care coordination in nursing practice.
- Promote and encourage continuing professional development for nurse navigators on good communication, financial navigation, and psychosocial support.
- Expansion of educational programs that will empower nurses on health literacy to empower patients to make informed treatment decisions.

Justification: Incorporation of the patient navigation into the training will improve the quality and the skills of future nurses; they will be equipped with skills that will improve better management of breast cancer like better coordinating nurses (Tannenbaum , Mehta ,Phillips et al.,2023).

5.3.4 Recommendations for the Multidisciplinary Team

Feedback on services rendered to patients has proven to allow for the change of existing systems. Continuous quality improvement from patient feedback may lead to the development and change of protocols. Consideration of patient experience will provide feedback on changes required by the multidisciplinary team. The different

members of the multidisciplinary team will need to perform continuously. Based on the study findings, the following recommendations were made to the multidisciplinary team.

- Improved Financial and medical scheme navigation services: Upskill case managers' understanding of medical schemes and educate patients about their oncology benefits to minimise unexpected out-of-pocket costs.
- Strengthen support Services: Ensure that patients have access to psychological, social, and employment support services during their cancer journey.
- Implement Patient Satisfaction feedback on service use. Monitor patient experiences and make necessary adjustments based on feedback received.
- Adopt Standardised Oncology Navigation guidelines: Follow navigation guidelines to promote nurse-led navigation to improve patient experience.

Justifications: From the patient experience view, the navigation program promotes patient centered care approach and improves and represents a patient as part of the MDT (Chan et al.,2023).

5.4 Study Contribution

The purpose of this study was to explore satisfaction for patients with breast cancer who use nurse-led navigation services. This will assist in the general care of patients with breast cancer as we have now received their perspective on the service they use. The system has been established and is working, but the user's end point of view has

never been evaluated. This study identified key factors influencing patient satisfaction. It emphasised the importance of nurse navigators in improving patient experience, stress reduction, and ensuring compliance with the treatment of breast cancer patients. Real-life patient experiences provide depth to findings, making them relevant in patient-centred care.

5.5 Limitations of the Study

The researcher accepts that there may be interpretations of the content concepts that differ from this work, and hence, she developed. The researcher extracted data from the narratives of other settings using the method used in data interpretation. The sample size is too small to generalise the research findings; therefore, it could be replicated in a bigger sample size. Differences in tumour biology and medical scheme cover may have influenced patients' experience of their care. Some study participants already had pre-existing financial burdens that may have influenced their satisfaction.

5.6 Conclusion

Two objectives were set and achieved to fulfil the purpose of the study. The primary objective of this study was to explore the satisfaction level of patients requiring access to the navigation care program for the treatment of breast cancer. The second objective was to make recommendations to the multidisciplinary team.

The study demonstrated the value of the nurse-led navigation program in improving patient satisfaction in breast cancer care. Issues such as the financial burden of breast

cancer care, treatment navigation, and communication discrepancies need to be reviewed to enhance the patient experience.

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LIST OF APPENDICES

APPENDIX 1

Study Participants Information Sheet

Hello, my name is Zamokuhle Mguli. I am a Master's student at the University of Witwatersrand. My research is titled "EXPLORING THE SATISFACTION OF PATIENTS WITH BREAST CANCER REGARDING A NURSE-LED NAVIGATION PROGRAM". In this study I want to understand the satisfaction in using the Nurse led navigation facility. This is an attempt to improve the service offered to you, the patient.

I am inviting you to take part in my research study. In this study I want to identify the level of satisfaction with the navigation programme as experienced by you, the patient with breast cancer, and who has access to a Nurse Navigator.

. The interview will be recorded for transcribing and analysis.

This study is intended to gather information from you in your own views and how you understand the meaning of a particular aspect or question brought to your attention. This will be done through face to face interviews about the study topic. Answer the questions as openly and freely as you can to the best of your understanding. The interview will take about 30 minutes. The interview will be recorded for transcribing and analysis. Interview sessions are planned from July to September 2022 and an appointment will be made to fit in with your schedule when you attend the clinic.

Whilst the study is intended to improve the journey for the patient through treatment, it is accepted that there may be some emotional distress to participants. A distress protocol has been designed to assist and manage any emotional distress experienced by patients. Patients that experience distress will be referred to their primary treating physicians to arrange a referral to a mental health provider

There is no direct benefit to the study participants, but the study results will provide an understanding of the needs of the patients from the navigators, across the different phases of the breast cancer journey. It will provide a measure of satisfaction, allowing for improvement in the program and maintaining compliance by patients.

The Participant will be given pertinent information on the study while involved in the project and the results are available

Participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the Participant is otherwise entitled. The Participant may discontinue participation at any time without penalty, or loss of benefits and there is no requirement to provide a reason for withdrawing. Any data collected on such a person will in default be destroyed, unless the Participant specifically consents to its retention.

There is no cost incurred to the participant for inclusion in the study.

Confidentiality: Normally personal information will be treated in the strictest confidence and will only be available to the Principal Investigator (PI) and the Supervisor, in the case wherein the PI is a postgraduate student. The only exceptions - and all of them are rare - would normally be:

1. personal information may be disclosed if required by law
2. the Human Research Ethics Committees of the University may exceptionally require personal data to respond to a formal complaint, or for a compliance audit
3. the South African Health Products Regulatory Authority (SAHPRA), which is the successor body to the South African Medicines Control Council (SAMCC), might conceivably require access to personal data, if conducting an investigation into a drug trial

Anonymity:

If results are published, this may, exceptionally, lead to cohort, or more rarely, individual identification. All data collected in the course of the study will be securely retained for six years, if there is no publication. Thereafter it will be destroyed accordingly.

Patient information used will be kept private and secured, only the primary investigator and the supervisor will have access to the information. Results will be kept confidential and locked away for a period of six years. Complete anonymity is not possible due to face-to-face interviews however if the results are published, real names will not be used

Contact details of researcher: ZAMOKUHLE MGULI.

EMAIL ADRRESS navigator@bcce.co.ca

Supervisor :

Andrea Hayward. Email: andrea.hayward@wits.ac.za

Outputs

Patient navigation concept is new to South Africa and the results from the study will give further description to the concept. It will allow the researcher the opportunity to develop a quality improvement programme for the already existing service and better the patient experience.

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research.

If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za.

Thank you for reading this Information Sheet.

APPENDIX 2

Consent Forms – Permission to Use the Data from Study Participants

PARTICIPANT CONSENT SHEET

EXPLORING THE SATISFACTION OF PATIENTS WITH BREAST CANCER REGARDING A NURSE-LED NAVIGATION PROGRAM

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto;
2. I was given time to read it, or had it read to me, in the language I best understand;
3. I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory;
4. I believe I fully understand why the study is being conducted and what the intended outcomes will be.
5. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment. Conversely, participation will not cost me anything but my time.
6. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons. Should that happened, any data collected about me for the purposes

of the study would immediately be destroyed, unless I give consent for it to be retained

7. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study I am free to speak to any of these contacts.
8. I have been informed about second phase of the study and I chose to participate Yes □ or No□

Contact details:

Zamokuhle Mguli, e-mail at zamokuhle144@gmail.com

Supervisor.

Mrs Andrea Hayward

andrea.hayward@wits.ac.za

Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand

Professor CB Penny,

Clement.Penny@wits.ac.za.

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

CONSENT FORM FOR AUDIO RECORDING OF STUDY PARTICIPATION

EXPLORING THE SATISFACTION OF PATIENTS WITH BREAST CANCER REGARDING NURSE LED NAVIGATION PROGRAM

I hereby consent to audio recording of the interview

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years, if no publications arise from this research.
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg.
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research

Name of Participant: _____

Date: _____

Place: _____

Signature or mark: _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

APPENDIX 3

Written Consent from the Management of the Hospital

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2022-0020

Ms Zamokuhle Mguli

E mail: zamo.mguli@[redacted]

Dear Ms Mguli

RE: DEVELOPING A QUALITY IMPROVEMENT PROGRAM BASED ON THE SATISFACTION LEVELS OF PATIENTS WITH BREAST CANCER WHO USE NURSE LED NAVIGATION CARE

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at private Hospital, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Committee.

ii) All information regarding the Company will be treated as legally privileged and confidential.

iii) The Company's name will not be mentioned without written consent from the Committee.

iv) All legal requirements regarding patient / participant's rights and confidentiality will be complied with.

v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.

vi) The research will be conducted in compliance with the GUIDELINES FOR GOOD CLINICAL PRACTICE IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2016).

vii) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

viii) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.

APPENDIX 4

Permission from the Owner of the Health Establishment

[redacted]

05/05/2022

To : Wits University Health Research Ethics Committee

Re: NAME: ZAMOKUHLE MGULI
STUDENT NUMBER: 2488358
DEGREE: MSc NURSING (DISSERTATION)

Study tittle: **DEVELOPING A QUALITY IMPROVEMENT PROGRAM BASED ON THE SATISFACTION LEVELS OF PATIENTS WITH BREAST CANCER WHO USE NURSE LED NAVIGATION CARE** M220352 MED22-02-171

I hereby acknowledge my knowledge of the above mentioned study will be carried out at Netcare Breast care center of excellence. Permission for data collection has been granted and may continue, as soon as all clearance have been obtained.

Wishing you all the best in you research

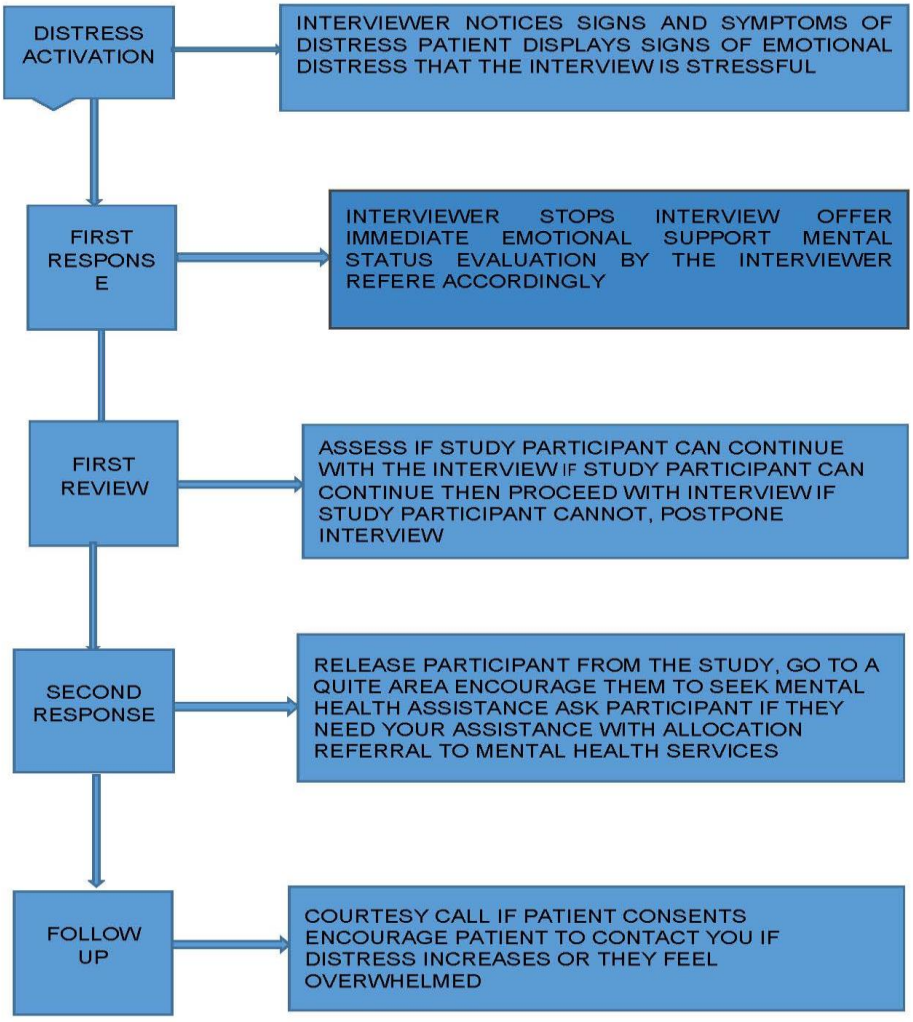
.....

[redacted]

APPENDIX 5

: Distress Protocol

DISTRESS PROTOCOL FOR CONDUCTIING THE INTERVIEW ON PATIENTS WITH BREAST CANCER WHO USE NURSE LED NAVIGATION SERVICES



Adapted from: C,B Draucher et al(2009)Developing distress protocol for research on sensitive topics, Archives of psychiatric nursing 23(5)pp343-350

APPENDIX 6

Interview Questions

PART ONE DEMOGRAPHIC DATA

Demographic data

1. What is your gender?

☐Male

☐ Female

☐Other

2. What is your age?

3. What is your highest level of education?

☐Below grade 12

☐Grade 12

☐Undergrad diploma/degree

☐Postgrad diploma/degree

4. What type of breast cancer do you have and what do you know about it?

5. What treatment will you be receiving?

PART TWO OPEN ENDED QUESTIONS

A questionnaire will be used to ask participants before their treatment to establish the views and perceptions of patients regarding the navigation they receive at the breast clinic in Johannesburg.

Question 1
Tell me about your encounters with the nurse navigator when explaining cancer and providing information on the journey".
Question 2
What do you understand about the treatment you will be receiving?
Question 3

What do you understand about your health funder oncology benefit
Question 4 “Please explain how beneficial the navigation was that you received from the nurse navigator”.

PART THREE

Possible emergent questions

Question 1 1.1Who is your support system? 1.2How would you like them to support you during treatment?
1.3 How would you like to be assisted with your, work, and social life during treatment?
Question 2

How is follow up appointments with your treating doctor assisting in your treatment?
Question 3
How are your appointments with your treating doctor made?
Question 4
Which information provided by the nurse navigator did you find helpful?
Question 5
How did you benefit from the navigation care you have received?
Question 6
How did the navigation care improve your compliance to treatment?
Question 7
What else would you like included in the navigation care?

APPENDIX 7

Ethical Approval from the Human Research Ethics Committee of the University of Witwatersrand

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R49 Ms Z Mguli

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M220352

NAME: (Principal Investigator)	Ms Z Mguli
DEPARTMENT:	School of Therapeutic Sciences Department of Nursing Education Medical School University
PROJECT TITLE:	*Developing a quality improvement programme based on the satisfaction levels of patients with breast cancer who use nurse-led navigation care*
DATE CONSIDERED:	2022/03/25
DECISION:	Approved unconditionally
CONDITIONS:	
NOTE:	If contact information regarding student study participants is required, please contact the Registrar's office - <Nicoleen.Potgieter@wits.ac.za>
SUPERVISOR:	Ms A Hayward
APPROVED BY:	CB Penny Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2022/06/20

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office secretariat on the 3rd floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **March** and therefore reports and re-certification will be due in the month of **March** each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

Signature of Principal Investigator _____ Date _____

APPENDIX 8

Sample Interview Transcript

Transcript Nav 016

ZM: Good morning, how are you?

P016: I am good and you?

ZM: We're going to start our interview by asking about your satisfaction with the navigation services you have received to date.

ZM: How old are you?

P016: I am 44 years old

ZM: What is your highest level of education, is it an undergrad diploma or post grad diploma?

P016: I don't know the difference, but it is a diploma in nursing.

ZM: Ok you did a diploma in nursing

ZM: We move to part two of the interview, the first question is what do you know about breast cancer?

P016: Eeehh….Breast breast cancer that grows in your breast, it's a lump

ZM: Do you know what type of breast cancer you have and what do you know about it?

P016: I am not sure but they said it was carcinoma breast cancer grade 3 that is what I know.

ZM: Ok, you have luminal B breast cancer .

Part two open ended questions

ZM: Tell me about your encounters with the nurse navigator when explaining cancer and providing information about the journey.

P016: Then nursing sister gave me information, Sr Zama gave me information a lot and sometimes if I'm not well she is the first one I will call she will advise me with information

ZM: Information like what?

P016: She advised me about what to expect when I start chemo and I did see that she had explained to me. Even when I had flu I will call her and she will tell me what I should do or should go to the doctor.

ZM : What do you understand about the treatment you will be receiving?

P016: It is a lot of treatment that I did get, the first cycle was the red devil

ZM: Was your treatment chemotherapy?

P016: Yes, the treatment was chemotherapy and there is a second cycle but I'm not sure what is it I'm just receiving treatment.

ZM: For the luminal B breast cancer, you received four red chemo which is Adriamycin, and the second part of the chemo is the Taxol which is 12 for weeks.

ZM: What is that you understand about the treatment and how long is it going to be?

P016: According to my doctor he said the treatment is going to shrink this tumour and make it smaller then I will go for the operation.

ZM: How long is this treatment?

P016: All of this treatment, was three months of red cycle and 3 months of this one a so it is

ZM: So it is three plus three which is six months of chemotherapy, did the y tell you what happens after the operation?

P016: Not they said it is Doctor Carol who will do the operation

ZM: After the operation they will wait for the results from the surgery that will determine what happens regarding the radiation which will be after surgery.

P016: Oh after the operation is radiation.

ZM: Please tell me what you understand about your health funder oncology benefit

P016: medical aid, oncology medical aid

ZM: With medical aid there is the oncology benefit what do you understand about your health funder oncology benefit and what is that you require more clarification about?

P016: I don't know much about it the oncology program, all I know is that you given some money for the oncology program

ZM: Basically it is the one that has been paying for the medication and doctors' visits, do you experience any problems with getting medication at the pharmacy that the doctor has prescribed or the bloods.

P016 : I did have a problem with the bloods , I don't know if the nursing sister from lancet did not use the code, as they called me and said I owed them, I paid that money I see now they say they want to pay back that money. I was not supposed to pay for the blood, I did tell the doctor that they were giving me threats that I must pay, and he told me I was not supposed to pay as the oncology program it is supposed to pay for

the. When I go for the prescription I do pay as not all treatment is covered so I have to pay with cash

ZM: Usually what oncology benefit pays for your chemotherapy, supportive medication like your anti-nausea will pay for your pain medication that and then it will pay for your radiation therapy if needed.

ZM: please explain how beneficial the navigation was , that you received from the nurse navigator?

P016 :it helped me because when things started to change I realised that these are the things she said will happen and I was ready as she had previously counseled me . I had the right information about the chemo, and the changes to expect and I was not overwhelmed when I started experiencing that

ZM: Example of what she said will happen and did happen

P016: She told me about the nausea vomiting and the body weakens feeling tired, she told me about that. But now I am itching all over my body is the chemo she told me a lot shem. The hair started falling and I did see the hair falling as I was expecting because she told me. I benefited a lot because I was very calm when I experienced the changes

PART THREE

ZM: Who was your support system?

P016: At work , they did supportive almost all staff members , they calling and ask me how are you today , even come home to check on me , my kids are so supportive ,my big mother , brothers, sisters , My mother does not know about my diagnosis I did not tell her , since she does not know I am not expecting anything from her

ZM: May I please ask, why have you not told your mom

P016: My mom is not well she suffered a stroke, she has BP And sugar diabetes I did not tell her as I afraid it will hurt her and will affect her health it will not be nice, I am my mother's child especially that she is staying alone with the kids alone in KZN, that is why I did not tell her, she does not know anything since I have started. she only know about the beginning, and she has been she asking about the results told her that it is just a small thing I will go tell her after the operation when I am well and will explain this is what has happened in my life.

ZM: She has not seen you since the diagnosis.

P016: No I am slim now so she will see immediately that there is something wrong, my brothers, Aunt, and everyone is involved and very supportive, each and every day they call even today they will call and ask how did it go and how are you

ZM: How would you like to be assisted with things like your work, social life in general during treatment?

P016: My friends did come to my home and we went out, I relay don't like going out I am an indoor person there just wanted to take me out of the house because when you home alone you will be always thinking about this, my friends are really supportive, we do things like lunch .

ZM: At work what have they done to assist you?

P016: Nothing

ZM: They have not given you leave or special sick leave?

P016: Oh yes, I have been on special leave since August. They gave me forms for the temporary incapacity leave, but I only found out about the forms from the doctor they did not do much they did not advise me about that process

ZM: You saying it was doctor that assisted you with the temporary incapacity leave,

P016: Yes

ZM: How is your follow-up appointment with your treating doctor assisting you with your treatment

P016: That is helping me a lot sister. Because when I take bloods, he checks them and their general health. To my surprise last week when I saw the doctor when he said the immune system was low. Is it flu because I get it now and then but I was not feeling well? Not long ago he sent me to the radiology, for the sonar to check how big is this thing and it did shrink. The doctor is also supportive.

ZM: How are your appointments with your treating doctor made?

P016: First three months always when I came for my chemo but now I on the second cycle I see him every two weeks

ZM: Who makes the appointment with the doctor?

P016: I always get a sms from here at Milpark or the doctor will tell me that he will see me in the third week

ZM: How did the navigation care improve your compliance to treatment?

P016: Please repeat I don't understand the question

ZM: How did navigation care improve your compliance to treatment? Like when you were speaking to Sr Zama how did that assist you to continue with your treatment?

P016 :It helped me a lot because if I did not listen to her when she advised me what to expect from the treatment , I would have given up in life but she advised me this is what to expect and that made me strong because I knew that there were people that cared for me in life .

ZM: What else would you like to include in the navigation care to help other people

P016:I think what you gave me is the right one ,because I am here today because of you , it is what it is ,what you gave me it what made me strong during this journey , it gave me self-esteem because o was told what to expect ad you giving me love and , she sometimes checks on me , What you gave me I am happy with it

ZM : Are you satisfied with the navigation care you received ?

P016: Yes one hundred percent, because the doctor is not always nit available but the patient navigator is and she will advised you on what needs to happen and what you need to do.

ZM: We come to the end of our conversation thank you for your time

P016: Thank you!

Research Advisory Institute of South Africa

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