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PATIENT NAVIGATION MODERATES EMOTION AND INFORMATION DEMANDS OF CANCER TREATMENT: A QUALITATIVE ANALYSIS

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Abstract

Purpose—Patient navigation is increasingly employed to guide patients through cancer treatment. We assessed the elements of navigation that promoted patients' involvement in treatment among patients with breast and colorectal cancer that participated in a navigation study.

Methods—We conducted qualitative analysis of 28 audiotaped and transcribed semi-structured interviews of navigated and un-navigated cancer patients.

Results—Themes included feeling emotionally and cognitively overwhelmed and desire for a strong patient-navigator partnership. Both participants who were navigated and those who were not felt that navigation did or could help address their emotional, informational, and communicational needs. The benefits of logistical support were cited less often.

Conclusions—Findings underscore the salience of personal relationships between patients and navigators in meeting patients' emotional and informational needs.

Keywords

Patient Navigation; Cancer Treatment; Breast Cancer; Colorectal Cancer

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Conflict of Interest

There is no financial relationship between the authors and the organization that sponsored the research. The authors also state that they have full control of all primary data and that they agree to allow the journal to review their data if requested.

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INTRODUCTION

Breast cancer is the leading cause of cancer in women and colorectal cancer is the third leading cause of cancer in men and women.[1] The diagnosis of cancer is the beginning of a complex and, at times, bewildering medical treatment process. The process includes appointments with multiple physicians, additional testing, and often treatment with surgery, chemotherapy, radiation and/or hormonal agents.

Active participation of patients in their treatment requires the patient to assimilate technical medical information to make informed treatment decisions. [2, 3] For many patients, especially the underserved, logistical barriers to treatment are layered on top of the physical, informational/communicational and psychological demands associated with cancer diagnosis and treatment. These barriers may include lack of insurance, money, social support, and transportation, as well as difficulties with health literacy, mental and medical co-morbidities, or limited English language proficiency.[4]

Patient navigation (PN) represents a promising approach to improving cancer outcomes by addressing many of these barriers.[5–7] For example, implementation of nurse navigation reduced delays in breast cancer treatment for younger women.[7] The National Cancer Institute's Patient Navigation Research Program (PNRP) sponsored the evaluation of patient navigation for cancer related care [8]. Some of the programs within PNRP included paraprofessional navigators and other used professionals e.g. nurses.[8]

We conducted a randomized controlled trial through the PNRP to rigorously evaluate the impact of PN provided by paraprofessionals on outcomes for breast and colorectal cancer patients (parent study).[9] At the time we began the parent study, there were no randomized trials of navigation for patients with diagnosed cancer.

Consistent with Harold Freeman's original navigation model,[6] we employed and trained community members as navigators to activate patients to advocate for their own needs during cancer treatment. Navigators were trained to address logistical barriers through problem solving skills, establish strong patient-navigator relationships, provide emotional support during critical times, assist patients in understanding information related to their care, and coach patients in communicating with their physicians.[10] These features attempted to transform PN from passive patient guidance and support (action prompted by the navigator) to patient activation (appropriate action initiated by the patient relevant to their cancer care).[11, 12] Navigators aimed to activate patients through patient education, teaching problem solving skills, pre-office visit coaching on formulating and asking questions, and by supporting small steps in initiating actions.

The aim of this qualitative study was to understand patients' perceptions of these elements of PN and how they contributed to patient activation. In other words, we were interested in whether participants perceived that navigation assisted them (or might have) in becoming more involved in their own cancer care.

METHODS

Navigator training and intervention

Details regarding training have been previously published.[10, 13] Briefly, we recruited navigators from the local community. Minimal requirements for navigators included a high school diploma, as well as strong interpersonal and communication skills. Training lasted three months and included both didactic and simulation skill-based instruction with standardized patients. Navigator training focused on establishing effective patient rapport, provision of emotional support, case management, cancer treatment education, and skills in coaching patients to communicate with their doctor. In addition, all navigators completed the Cornell Family Development Credential Program for community health workers.[14] The patient navigators were trained and supervised by a family therapist (SR), with experience in collaboration in medical care.

All initial navigator visits with patients were in-person, either in the patient's physician's office, the patient's home, or a neutral setting. Navigators used a standardized tool to assess patient needs and barriers. Navigators made community linkages and referrals using a community resource manual developed for the project. Follow-up visits were mainly conducted in-person or by phone, depending on travel distance and patient preference. Navigators were trained to establish effective partnerships with nurses and oncologists. At times, they accompanied patients to office visits. Nurses and doctors came to know the navigators by name. Frequency of contact between each patient and the navigator varied widely (1 to >10) depending on the patient need and preference. Some of the navigator work was invisible to the patient. This included care coordination with receptionists, nurses, physicians, and community agencies. Table 1 summarizes these services.

Participants

For the parent study, subjects were recruited from participating practices. Inclusion criteria were abnormal screening results for diagnosis of breast or colorectal cancer. Patients were excluded from participation if they were unable to provide informed consent, institutionalized (i.e., residing in a nursing home or incarcerated), <18 years of age, or pregnant, or if they had a prior history of cancer or experience with PN. For this sub study, all parent study participants with cancer (excluding those who only had a positive screening test) were eligible and there were no additional exclusions.

Consent

For the parent study, research assistants met with candidate participants to confirm their eligibility, review study requirements, and explain the role of navigation. Following consent for the parent study, participants were randomized 1:1 to receive either usual care or navigation. For this sub study, parent study participants with cancer who gave verbal consent were interviewed within two weeks of either endpoint: 1) completion of all anti-cancer treatment, or 2) one year from the time of enrollment in the parent study (for the few participants who required long-term adjuvant treatment). Consent for the interview was obtained by the research assistant at the time of the final assessment and confirmed at the

start of the interview. The University of Rochester Research Subjects Review Board approved the study.

Interviewer Guide and Interview Process

Our research team developed, piloted and refined the interview questions. A research assistant contacted the participant, explained the interview's purpose, and scheduled the phone interview. Study team members (nurse, physician, and family therapist) conducted the semi-structured interviews. Interviewers introduced themselves by their first name and did not provide information about their professional training in order to minimize social desirability bias.

The interviewer briefly clarified what navigators did (Table 1). The interviewer elicited patients' views of key services offered by the navigator and how these views related to patients' experiences during cancer treatment. Un-navigated patients were asked whether these services would have been helpful. For each positive response, participants were prompted to provide an example. Audio recordings were transcribed verbatim.

Analysis

We conducted a qualitative content analysis of the transcripts from audiotapes to assess which aspects of navigation, if any, affected patient activation. Specifically, we compared and contrasted the experience of patients who received and did not receive navigation for evidence of activation. Two independent coders generated a set of codes that were applied to all the transcripts. We grouped related sets of codes to form a set of categories, which we defined through member checking to improve credibility. We used these codes and category lists when coding subsequent transcripts, which were each coded by at least two team members. As part of this process, new codes, categories, and over-arching themes were generated and discrepancies were resolved by team consensus. We looked for negative cases to improve credibility. As coding progressed, we identified salient themes by sorting categories and their embedded codes and by identifying themes within and across categories that were most important to our guiding questions. We used constant comparison between the data and codes to improve the trustworthiness of the data. We compared the relative importance of concepts and formed explanatory statements (themes). Based on Sandelowski and Barroso's typology,[15] we conducted a conceptual/thematic description of our data. We vetted these themes through member checking until we achieved consensus.

RESULTS

Participant Characteristics

Our sample included 42 patient participant interviews. We reached data saturation after analysis of 34 interviews that represented our two groups. The interviews include navigated (n=14) and un-navigated (n=14) patients for 28 interviews. Twenty-one individuals had completed treatment for breast cancer (all female), and 7 had completed treatment for colorectal cancer (4 female). Most participants were white (68%) and insured (93%). Characteristics were similar between navigated and un-navigated participants (Table 2).

Barriers to Activation

Feeling overwhelmed was the primary barrier to patient activation reported by both navigated and un-navigated patients, particularly during the early phases of treatment. Three factors (in descending order of frequency) contributed to this feeling: the emotional impact of a cancer diagnosis, cognitive demands associated with treatment decision-making, and logistical tasks needed to complete cancer treatment.

Emotional impact—Most participants reported considerable emotional distress following diagnosis of cancer (Table 3). Patients felt emotionally overwhelmed and at times alone during treatment. One navigated patient reported, *“I was completely overwhelmed when I first got the diagnosis...they [doctor’s office] told me over the phone while I was driving”*. An un-navigated participant reported an emotional reaction to learning their diagnosis: *“Well... there is no cancer in my family so I was kinda going blind into it.”*

Cognitive demands—Many participants reported difficulty in processing information and formulating questions for their providers during this stressful period (Table 3). Patients were more concerned about the need to sift through complex information, apply it to their own context, and form questions to ask during doctor visits than about lack of information. *“If I hadn’t had my husband, because just one time it didn’t work that he was with me during the appointment and I actually confused things and ... I kind of prided myself on being pretty sharp through the whole thing and yet I didn’t realize. I think that you need... an extra set of ears -- I believe, I really do.”* [un-navigated patient]

Logistical tasks—Some participants struggled with carrying out tasks needed to complete their treatment (Table 3). As one patient said, *“Initially, it was a little confusing....setting up what tests to do, what you need and when, how far apart did they have to be, how far before surgery did they have to be and things like that.”*[navigated patient] Some participants explicitly linked their distress with their difficulty in processing information: *“...I was still so upset at how I was told I couldn’t really think through the questions I needed to ask.”* [navigated patient] Another navigated patient explained: *“... sometimes when you think of things that you are going to say or that you want to say and then you get in there and it’s like your mind goes blank.”*

Role of Navigation

Navigation contributed to activation through emotional comfort, assisting patients in processing information or communicating their informational needs to their doctors, as well as assisting patients in overcoming logistical barriers.

Emotional comfort—Emotional support from the navigator was the factor cited as desirable most often by both navigated and un-navigated patients. (Table 3). For those who received navigation, having support from a navigator helped to ease their emotional distress. Patients believed that it was or would be important to have outside emotional support, such as a navigator, during the diagnostic and medical treatment process. *“I guess because I had some problems it was kind of overwhelming... to be there [in the hospital] that long and*

stuff -- so it was more helpful as far as them being able to help me relax a little bit with what all was going on.”[navigated patient]

Assistance in processing information—Most navigated and about half of the un-navigated patients believed PN was or would have been helpful in coping with the complexity of the medical information needed to make informed decisions about their medical care (Table 3). This theme was present regardless of patient socioeconomic status, race, or ethnicity. Navigators helped to reduce the feeling of being overwhelmed by packaging treatment information in understandable segments, providing opportunities to repeat or process the information presented, and offering an “*extra set of ears.*”

“I think that [the navigator’s] were much more careful in explaining things and also I think with the navigator being there -- it took on more of a normal feeling, like just there as a support for us. Well... the doctor leaves and you’re waiting there 20 minutes for someone else to come in. [The navigator] explained what the doctor explained to us.” [navigated patient]

Assistance with logistical tasks—PN was originally designed to provide instrumental support to patients in order to decrease disparities in receiving necessary health care such as insurance, transportation, and scheduling/arranging appointments.[16] Our program also was designed to address these barriers, but relatively few patients reported needing PN to address these barriers. Navigated patients confirmed needing help with insurance and setting-up visits, tests or treatments. Both navigated and un-navigated patients were aware of the challenges of coordinating treatment schedules and dealing with their health insurance carriers to cover the treatment received. (Table 3) In some instances, navigated patients noted the value of being connected to existing sources of aid: “*My patient navigator helped me with looking for different agencies that would be able to help with financial burdens.*”

Patient-navigator Alliance

Patient navigation reduced the emotional, informational and instrumental impact of a cancer diagnosis and treatment process through the formation of relational bonds between the patient and navigator. This bond or alliance helped to promote patient competence and confidence in taking an active role in treatment, and provided a relational “safety net” for the patients to express their worries, fears, and concerns and feel less alone with their cancer. An un-navigated patient imagined how an alliance with a patient navigator might have impacted her treatment

“There may have been points during my treatment that if I had someone to give that little extra push emotionally, I might have called my doctor’s office and asked questions when I felt it was trivial on my own.”

Characteristic examples of how navigated patients experienced the alliance included the following:

“At one time I was there I was real tired and lonely and didn’t have anyone to talk to and I just happened to look up and [navigator’s name] was coming down the hall [in the infusion center]. [He] put a little smile on my face.”

“Even though the patient navigator had given me some questions to ask I actually think by the patient navigator being there the doctor was very careful to explain everything and like if I had a puzzled look on my face or something the patient navigator was able to ask for a better explanation.”

DISCUSSION

We asked breast and colorectal cancer patients about their needs and which services provided through PN were or would have been helpful and how. We observed several key themes. First, most patients reported feeling overwhelmed by a diagnosis of cancer and treatment. Some indicated that the emotional impact of a cancer diagnosis hindered their ability to process complex health information further compounding their feeling overwhelmed.

Second, both navigated and un-navigated patients appreciated the need for services provided by a navigator. This reflected a desire for emotional support and someone to help them process information.

Patients often felt overwhelmed by emotion following diagnosis and during treatment. Previous quantitative research has underscored the emotional impact of a cancer diagnosis and the role of emotional support. [17–20] Patients in our study reported distress resulted from uncertainty as to prognosis and treatment decisions, as well as concern for how their family members were coping.

Consistent with previous findings, [21, 22] most patients also reported difficulties in processing information related to their cancer treatment and difficulty in understanding their doctors’ explanations. Acute stress impairs processing and retention of information.[23] In addition, cancer treatment itself seems to affect various cognitive functions.[24] Whatever the mechanism, patients expressed concern about their ability to fully process medical information.

Significantly, patient reported that navigators could mitigate their emotional distress and their difficulty in processing and retaining information from their health care providers. Patients cited the importance of emotional support and explanations from their navigator. Patients who were navigated reported that they felt comforted by their navigators. Most unnavigated patients, particularly those without strong natural support systems (e.g., family, friends), said they wished they had PN for emotional support. Even patients with supportive families, reported the benefits of emotional support from a neutral party with whom the patient could share feelings without worrying about emotionally protecting the person. Our findings suggest emotional support represents an important benefit of PN. Conceivably, this support provides the foundation for activation.

Notably, patients who had received PN felt their navigators helped minimize the cognitive demands associated with treatment decisions by reducing their emotional distress, providing information in understandable formats, helping them formulate questions prior to their doctor visit, acting as an additional pair of ears to receive information from health care professionals during visits, and explaining what the doctors said. Many un-navigated

patients, particularly those who did not have family members who could go with them to appointments, reported that PN could have been helpful to them in these ways. We are not aware of similar published findings.

While PN and similar models, such as community health workers and promotoras, are intended to provide emotional support and information,[4, 8, 13, 25–28] there is relatively little known about patients' perceptions of social support from navigators or community health workers.[29–31] Wagner *et al* reported that patients randomized to nurse navigators reported being more involved in their care, more informed about how cancer affects their life and better prepared for the future.[31] Mirroring to some extent our findings, Bickell *et al.* found that early stage breast cancer patients reported they more often received help from community-based patient assistance programs for their psychosocial and informational needs than for their practical needs.[32] Matsuda *et al.*, in a recent systematic review including a meta-analysis of randomized trials, showed that psychoeducational support improved emotional well being among early stage breast cancer patients.[33] Our findings add to this literature by suggesting a role for lay navigators in addressing psychosocial and informational needs. Our findings underscore the importance cancer patients place on emotional support and clear explanations. These findings underscore the importance of ensuring navigators are trained to provide emotional support and to explain information in plain language to cancer patients.

Little is known about effective interventions for cancer treatment-related cognitive dysfunction. Our findings hint that appropriately trained PNs offer promise for addressing patient difficulties in processing and effectively using information related to cancer treatment. Reducing emotional distress and assisting patients in processing information during treatment may better prepare patients for entering survivorship. Further study is needed to clarify the role of PN in mitigating the effects of cognitive impairment of patients undergoing cancer treatment and delineate the effects of survivorship

Unexpectedly, relatively few patients reported they needed much assistance with instrumental tasks, those who did so were patients with a strong relationship to their navigator, who they felt had been helpful. There are three potential reasons why patients did not cite the importance of instrumental or logistical assistance more often. First, our sample was diverse with a range in income and education. Potentially, a more impoverished sample with greater instrumental needs might cite this benefit more often. Second, most navigator work related to care coordination occurred behind the scenes unbeknownst to the patient. Last, people tend to recall affect-laden experiences [34] so comfort and related personal assistance may have been recalled more often than affect-neutral logistical support.

These findings, based on qualitative interviews, are limited by potential sampling bias in enrollment in the parent study. Although we sought to enroll all eligible breast and colorectal patients in our community, clinicians seemed to refer patients they believed had greater needs and, hence who could benefit from navigation. Our sample was mostly women with breast cancer. Although no differences between patients with difference types of cancer or gender emerged in this work, further study with larger samples is needed..

PN was originally designed to assist underserved patients with instrumental supports, [16] yet we found that fewer patients in our study expressed a need for this help than for assistance with emotional or informational support. Our results underscored the importance of the patient-navigator alliance that provided the context through which navigators provided support. Our patient sample included people with a wide range of income, education, race, and ethnicity, the importance of the patient-navigator relationship seemed consistent regardless of these differences. This finding suggests the need to ensure adequate training of navigators in establishing rapport and facilitating patient management of complex information.

In conclusion, in this qualitative study, both navigated and un-navigated cancer patients reported that they were overwhelmed by emotion and information at the time of diagnosis and at various stages of treatment. Irrespective of resources, patients frequently reported that PN would or had helped moderate the emotional and informational aspects of receiving a cancer diagnosis and subsequent cancer treatment.

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Table 1

Services Provided by Navigators in Our Study

	Logistical	Education/explanations	Emotional Support
Making and keeping appointment			
Accompanying patient to visit			
Obtaining health insurance			
Referral for financial counseling			
Filling out medical paperwork			
Getting transportation visits			
Preparing a list of questions to ask doctors/nurses			
Getting questions answered			
Understanding what doctors and nurses are saying			
Arranging child/elder care			
Arranging interpreter services			
Referral to community services and support groups			
Talking about fears and worries.			

Table 2

Participant Characteristics by Navigation Status

Characteristic	Un-navigated (n=14)	Navigated (n=14)
Race/Ethnicity		
White	9	9
Black/African American	4	4
Hispanic	0	1
Native Hawaiian/Pacific Islander	1	0
Marital Status		
Married/living as married	10	7
Other	4	7
Education		
High School/Some High School	6	5
College or greater	8	9
Income		
<40,000	5	4
40,000	8	8
Chose not to answer	1	2

Table 3

Illustrations of Themes from Interviews with Patient Participants

	Un-Navigated Patients	Navigated Patients
Emotional Impact	<p>In my circumstance, my husband is seventy-one years old, and he has health issues of his own so it was very stressful for him to be there. So, I had to be the one in charge and maybe sometimes it would have been nice actually to have someone really take care of you.</p> <p>I can see where that [PN] would be helpful because sometimes you always have to be upbeat because you don't want to make your spouse, your family or friend upset. Sometimes with someone that's not so close to you, you could, if you needed to, and luckily I didn't have breakdowns, but I can see where it would be a real benefit.</p> <p>Yes, that would have been helpful too cause, ya know, I live by myself and I didn't have nobody to talk to, ya know, as far as somebody who already, ya know, know about it or been through it. Nobody to really talk to.</p>	<p>...this [cancer] is such a highly charged disease emotionally. It [receiving cancer diagnosis] was just a nightmare. I just think the overwhelming part is that you don't realize how many doctors you have to see and what you have to do. I guess you would call it a shock and what was it that my husband called it, denial.</p> <p>In my case, it was kind of a shock but whether it is a shock or not, it's a tremendous thing to have to deal with your own mortality suddenly and I think that any encouragement that you get especially if it is consistent from someone that you actually are comfortable interacting with is really really helpful because with me my family's not right here.</p>
Cognitive Demands	<p>I think it comes down to questioning things and sometimes when you go into a hospital and you are dealing with doctors they either assume that somebody else has already gone over some basics with you.</p> <p>...just one time it didn't work that he [husband] was with me during the appointment and I actually confused things and I and, ya know, I kind of prided myself on being pretty sharp through the whole thing and yet I didn't realize, I think that you need, one way or the other you need an extra set of ears, I believe, I really do.</p> <p>When you are asking the questions you need someone to jot down the answers and to take notes on all the information that the doctor is giving you 'cause you are not going to remember everything that the doctor has to say to you.</p> <p>I had nobody to get information from to find out what I should be asking the doctor except for what I was reading.</p> <p>I had nobody to get information from to find out what I should be asking about except for what I was reading.</p>	<p>Because when you first go through it, you might not realize some of the questions that need to be asked and I asked them [PN] if they had any questions that people would ask and they looked it up for me and there are things that you might not think of but were important.</p> <p>I remember about hair loss and asking PN, we were talking about that so PN was telling me how to ask about that. Like how long treatments would last, ya know, just questions that I wouldn't think of.</p> <p>Because when you are first going through it [cancer treatment], you might not realize some of the questions that need to be asked.</p> <p>I mean everything was written out clearly, but I just didn't understand it clearly and I was asking the wrong questions on the wrong day.</p> <p>...especially when we ran into some difficulties and confusions about when I could have chemo and I had to have it after a certain time and the doctor was out on vacation and all that stuff. She [PN] really helped me through that mess and we wound up getting chemo at an appropriate time.</p>
Logistical Tasks	<p>Initially, it was a little confusing....setting up what tests to do, what you need and when, how far apart did they have to be, how far before surgery did they have to be and things like that, so I would say initially, a PN would have been helpful to tell me what appointments I needed to set up.</p> <p>I had two places [during my treatment] where I would have used the PN; I would have used a PN when I went into having my first surgery and then in between the two surgeries to guide me to what I needed to have done before my second surgery.</p> <p>I was not comfortable with any of the answers that I could get from the insurance company, so to have someone who could have said, well, this what we should be doing and if we can't get through there, maybe this is the next step we should take to guide me through that part of it.</p> <p>There was quite an issue with what the insurance company was actually approving me to have, at one point they told me that I didn't need them [breast prostheses].</p> <p>I was kinda in a place where well if my insurance company isn't going to help me, who am I supposed to ask? I wasn't comfortable with any of</p>	<p>My PN helped me with looking for different agencies that would be able to help with financial burdens.</p> <p>When I was ready to see an oncologist and stuff they [PN] helped me get so I could do it in one day and I had to see my surgeon and then I had to see a radiation oncologist and a chemotherapy oncologist and they helped me to do that so I only had to come up once.</p> <p>PN helped me with various visits, especially when we ran into some difficulties and confusions about when I could have chemotherapy PN helped me through that mess and we wound up getting chemotherapy at the appropriate time.</p> <p>It was because I missed appointments because I forgot dates. So, we [PN] talked about it and we agreed that he would call me everyday before the appointment on where to be and what time.</p> <p>My pay check was cut and I was wondering where the next meal was going to come from so.</p>

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	the answers that I could get from the insurance company, so to have someone who could have said well, we have, this is what we should be doing and if we can't get through there, maybe this is the next step we should take to guide me through that part of it. I guess that was the part that I was really wishing that I really had someone there to say so what am I suppose to do now, ya know?	
Emotional Comfort	<p>I think that the patient navigator would have been an important peg in the emotional support visit, just visiting and saying, ya know, I can help you with this, I can help you through, to find the answers for this or let's call your doctor's office if you don't feel this is right or whatever.</p> <p>It might have been nice to have another person's input. Maybe just to talk to about how you are feeling and what is going on. I had friends, but sometimes it, someone that you are not so close to might be a good person to talk to so that you can kinda just vent. They're not related to you. Or ask them, well in my circumstance, my husband is seventy one years old, so and he has health issues of his own so it was very stressful for him to be there. So, I had to be the one in charge and maybe sometimes it would have been nice actually, ya know, to have someone really take care of you.</p> <p>Each time, when I was going through the chemo and there, ya know, they're checking the blood work to see if my count is good, it is just, you're nervous, you're apprehensive about it and it's just having someone there to be with you and then for the actual doctor's visit each time in case they do tell you something. One treatment I was there and it worked out that someone had gotten some bad news and it was right in the infusion room and they were crying so hard and it was just, it was horrible.</p>	<p>When I did my treatment, I was always ill. The navigator was always at every single one of my appointments, so she was, she did visit me when I was ill cause she was there for me. It was important because most of the time my family was either working or they, ya know, they weren't able to come.</p> <p>...when I first had my surgery, I ended-up with an infection so instead of being in the hospital for the 5 days they expected, I was there 20....I guess because I had some problems it was kind of overwhelming you know to be in there that long and stuff so it was more helpful as far as them [PN] being able to help me relax a little bit with what all was going on...</p> <p>And another thing that I like with the PN being a male was, I don't know maybe you'll ask this later, was the respect that he had for me, like him saying 'I can leave the room now cause you are changing' or 'I can leave at any time'. That was very important. Because at one time nine people were in the [exam] room. I was the only one naked which I told them it was not fair at all. So, he was like I can leave for this and it was like no, cause besides my husband, you are the one person I want in the room, ya know. PN said I had a right to say no to having interns there. So, I think that was helpful.</p> <p>He [PN] always called, so that was really important. He called and checked up on me.</p>
Assistance in Processing Information	...had been with where they could reassure you and say oh, ya know, this is normal, it's OK. I think that maybe there there would be a reassurance there to have someone come...that could be a very nice, nice benefit.	<p>Well, most of the time the questions that I have for the doctors, I would be nervous about asking the questions that I would either forget to write them down or I could just not articulate my words correctly, so it was very important that the PN was there for me and was able to ask the questions that I just either forgot or just didn't come up with, ya know, was too nervous to even ask.</p> <p>I think that they [PN] were much more careful in explaining things and also I think with the navigator being there it took on more of a normal feeling like just there as a support for us. Well, you know, the doctor leaves and you're waiting there 20 minutes for someone else to come in, he explained what the doctor explained to us.</p> <p>I think you get hit with information and it helps if there is someone else there to make you repeat it so that it gets heard one more time and at least my oncologist is wonderful medically as I believe he is, I don't know, just ran through things so quickly and I think I got it all, but you have to be on your toes. This is such a highly charged disease emotionally. I had someone else there who basically says this and this, ya know, just say it one more time so that we are all, that everyone is getting it and its being understood and it gives a patient another moment to think of a question because they've heard it come back one more time. Because when they [PN] were in the doctor's with me, when they made visits with me, they would talk to me with the doctor on some things, like some of these big words some people don't understand; they made me understand them.</p> <p>...especially as when I was starting out and going to the doctors and stuff, I didn't know what questions to ask and so, ya know, and getting their (PN) insight, if you will, helped me feel more comfortable asking the doctors the questions that I did have.</p>
Assistance with Instrumental Tasks	No quotes to report from un-navigated patients	Yes, she [PN] did. Yes, she did. One time I was there and I had to have a way to get home and she arranged that over the phone and got me home.

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		<p>So, we have insurance, we had Cobra for awhile. It turned out that we had that option and we just went with it. But, we've only got a few months left at that, so, had there not been this Cobra option right at that moment, I would have definitely needed her [PN] to complete, ya know, to help us get more health insurance. I almost didn't go into the navigator program, but Dr. (name) nurse said it would be helpful. So I thought oh, no that's one more thing for me to do 'cause I saw like twenty doctors like in a month, different doctors. You see the doctors, you see the radiologist, you see oncologist, you see the surgeon. I saw my regular doctor, who else, I mean, oh, you see the nutritionist, you see the social worker, you see the massage therapist, it's like oh, my lord. Every time I would go there, I'd have somebody that I had to meet with, ya know. So, you're pretty busy. It's like, it's like having a job.</p> <p>Well, my navigator did help me as far as dealing, well, I don't know if finances, but she helped me with looking for different agencies that that that would be able to help with financial burdens or like ...or things like that.</p>