

## The Role of Health Workers in Interprofessional Collaboration for Cancer Patient Navigators: A Scoping Review

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### Abstract

Cancer remains a leading cause of death worldwide. The complexity of cancer care demands strong interprofessional collaboration (IPC), particularly within cancer patient navigator (CPN) programmes. However, research examining IPC in the context of CPN implementation is still limited. This scoping review aims to explore the various roles of healthcare workers in the IPC process within cancer navigator programme interventions. The review was conducted using four databases: PubMed, Clinical Key, EBSCOhost, and ScienceDirect. The Arksey and O'Malley framework was used to address the research question: "What is the role of health workers in interprofessional collaboration within cancer patient navigation?" Study selection followed the PRISMA-ScR 2020 guidelines, using the following criteria: Population (P): health workers; Concept (C): interprofessional collaboration; and Context (C): hospital and community settings. The inclusion criteria consisted of original articles published between 2019 and 2024, written in English, and discussing interprofessional collaboration in cancer navigation. Review articles, protocols, pilot studies, editorials, and books were excluded from the study. Quality assessment was conducted using the JBI Critical Appraisal tool. Out of 1,150 articles, 13 met the inclusion criteria. The identified roles of health workers included communicator, care provider, care coordinator, service provider, educator, documenter, emotional support provider, and facilitator. These roles appear across the early detection, diagnosis, treatment, and survivorship phases. IPC also has a distinct function within CPN and plays a critical role throughout all phases of cancer care. Future researchers are encouraged to identify barriers to IPC within CPN to support more effective implementation.

**Keywords:** interprofessional collaboration, IPC, cancer patient navigator, healthcare personnel, multidisciplinary team

### Abstrak

**Peran Tenaga Kesehatan dalam Kolaborasi Antarprofesi pada Navigator Pasien Kanker: Scoping Review.** Kanker masih menjadi penyebab utama kematian di seluruh dunia. Kompleksitas perawatan kanker menuntut kolaborasi antarprofesi yang kuat, terutama dalam program Navigator Pasien Kanker (NAPAK). Namun, penelitian yang mengkaji kolaborasi antarprofesi dalam konteks implementasi program NAPAK masih terbatas. Scoping review bertujuan untuk mengeksplorasi peran berbagai tenaga kesehatan dalam proses kolaborasi antarprofesi pada intervensi program navigator pasien kanker. Reviu dilakukan menggunakan empat basis data: PubMed, Clinical Key, EBSCOhost, dan ScienceDirect. Kerangka kerja Arksey dan O'Malley digunakan untuk menjawab pertanyaan penelitian: "Apa peran tenaga kesehatan dalam kolaborasi antarprofesi dalam navigasi pasien kanker?" Pemilihan studi mengikuti pedoman PRISMA-ScR-2020, dengan kriteria sebagai berikut: Population (P): tenaga kesehatan; Concept (C): kolaborasi antarprofesi; dan Context (C): lingkungan rumah sakit dan komunitas. Kriteria inklusi meliputi artikel asli yang diterbitkan antara tahun 2019 hingga 2024, ditulis dalam bahasa Inggris, dan membahas kolaborasi antarprofesi dalam navigasi kanker. Reviu artikel, protokol, studi pilot, editorial, dan buku dikecualikan dari studi. Penilaian kualitas dilakukan menggunakan alat penilaian kritis JBI. Dari 1.150 artikel, 13 memenuhi kriteria inklusi. Peran tenaga kesehatan yang diidentifikasi meliputi komunikator, penyedia perawatan, koordinator perawatan, penyedia layanan, pendidik, pencatat, penyedia dukungan emosional, dan fasilitator. Peran-peran ini muncul pada fase deteksi dini, diagnosis, pengobatan, dan masa penyembuhan. Kolaborasi antarprofesi juga memiliki fungsi khusus dalam navigasi kanker dan memainkan

peran kritis sepanjang semua fase perawatan kanker. Penelitian lebih lanjut diutamakan untuk mengidentifikasi hambatan dalam kolaborasi antarprofesi dalam navigasi kanker yang mendukung implementasi lebih efektif.

**Kata Kunci:** kolaborasi antarprofesi, IPC, navigator pasien kanker, tenaga kesehatan, tim multidisiplin

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## Introduction

Cancer remains one of the leading causes of death worldwide. In 2022, there were nearly 20 million new cases and 9.7 million cancer-related deaths globally (Globocan, 2022). The high incidence and mortality rates not only place a heavy burden on the healthcare system, but also create substantial physical, emotional, and financial impacts on patients and their families, significantly diminishing their quality of life (Pisu & Martin, 2022). In addition, cancer incidence is accompanied by increasingly complex patient needs, ranging from prevention and management of treatment side effects to psychosocial and spiritual support (Celis et al., 2021).

Cancer treatment is generally a long, multi-stage process that begins with diagnosis, continues through curative treatments such as surgery, chemotherapy, and radiotherapy, and is followed by rehabilitation and, in advanced cases, palliative care (Nuridah et al., 2019). Each stage of this journey involves multiple professionals and disciplines such as doctors, nurses, pharmacists, nutritionists, psychologists, social workers, volunteer companions, and others, making effective coordination essential (Institute of Medicine, 2013). Without coordination, cancer services tend to be fragmented, creating barriers to access and reducing the quality of care and patient experience (Budde et al., 2022). Therefore, an integrated multidisciplinary approach is essential to ensure that patients receive comprehensive care throughout the entire course of their disease (Pisu & Martin, 2022).

In addressing these challenges, the role of the Cancer Patient Navigator (CPN) becomes essential. CPNs serve as patient companions who guide individuals through the healthcare system throughout their cancer treatment journey (Budde

et al., 2022). The presence of patient navigators is intended to facilitate patient access to healthcare services, reduce barriers, and improve adherence to therapy. With support from CPNs, patients can receive timely diagnoses and treatments, including assistance with referrals to specialists and the scheduling of follow-up examinations without delay (Chen et al., 2024).

Efforts to maximise the benefits of CPNs can be achieved by strengthening the collaborative abilities of all healthcare professionals involved. These competencies can be developed during the education process through enhanced coordination using a multiprofessional approach. Interprofessional Collaboration (IPC) is a crucial strategy in this context, as effective collaboration is central to successful patient navigation and serves as a key pillar of holistic cancer care (Ledbeter et al., 2023). Health workers who receive interprofessional education are better equipped to collaborate effectively in supporting the role of patient navigators (Spaulding et al., 2021). They share a common understanding of the coordination process, enabling them to work proactively and complement one another in addressing barriers to cancer patient care (Taberna et al., 2020).

Given the complexity of cancer patients' needs from prevention and diagnosis to treatment and palliative care, and the evidence that CPN and IPC programmes can enhance service coordination and treatment outcomes, strengthening interprofessional education for healthcare workers is a crucial step in ensuring synergistic and patient-centred care. Although extensive research has been conducted on IPC, only a limited number of studies have examined its connection to CPN programmes. Previous studies from Sulo-saari et al. (2024) discuss IPE in the context of cancer, which states that the development of

IPC must begin with IPE. This indicates that previous reviews did not fully examine IPC within the context of actual cancer care. In addition, they did not address the role of CPN in IPC across all stages of the cancer continuum. Therefore, this scoping review aims to explore the various roles of healthcare workers in the IPC process within the CPN programme interventions.

## Methods

The research design used in this study is a scoping review, which involves collecting data or sources (such as journals, books, texts, and other literature) related to a specific topic in order to formulate a conclusion. The review was conducted from August 15 to 29, 2024. The study was guided by the methodological framework of Arksey and O'Malley, which comprises five main stages: (1) formulating research questions, (2) identifying relevant studies, (3) selecting studies, (4) mapping data, and (5) compiling, summarising, and reporting findings. The literature was used to address the research question: "What is the role of health workers in interprofessional collaboration within cancer patient navigation?"

The search was conducted using four databases: PubMed, ClinicalKey, EBSCOhost, and ScienceDirect. To ensure that the articles selected were relevant to the research question, a framework was used, namely Population (P): health workers, Concept (C): interprofessional Collaboration, Context (C): hospital and community setting. Based on this framework, the researchers conducted a search process using keywords that had been adjusted to Medical Subject Headings (MeSH): "Health Workers" OR "Health Professional" AND "Interprofessional Collaboration" OR "Education" OR "IPC" OR "Healthcare Personnel" AND "Multidisciplinary Team" OR "MDT" AND "Cancer Patient Navigator" OR "CPN" AND "Hospital" AND "Cancer" OR "Oncology" AND "Oncology Navigators" OR "ONNs". The researchers established the following inclusion criteria: original research ar-

ticles published between 2019 and 2024, written in English, and discussing interprofessional collaboration in cancer navigators. Review articles, protocols, pilot studies, editorials, and books were excluded from the study.

Article screening was carried out by three researchers (ASN, ADR, RNT) following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) 2020 guidelines. The selection process was conducted using the Rayyan tool to ensure alignment with the research topic and to systematically identify relevant outcomes. The screening process involved checking for duplicates, selecting articles based on the inclusion and exclusion criteria, and assessing their suitability using the PCC framework. After screening, four researchers (IAL, MR, PPR, RR) worked in pairs to review the full texts and determine their eligibility and relevance to the research questions. Any disagreements were to be resolved through discussion until consensus was reached; however, no disagreements occurred during this process.

Although quality assessment is not mandatory in a scoping review, the researchers conducted it to ensure transparency in the article review process. The assessment was carried out by three researchers (SWH, WOUK, SH) using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist. The criteria were based on percentage scores: >70% was categorized as high quality or low risk of bias, 50–70% as moderate risk of bias, and <50% as high risk of bias (Melo et al., 2018). Any differences in assessment results were discussed among the three researchers until a consensus was reached. However, no discrepancies were identified during the evaluation process. The detailed eligibility assessment results are presented in Table 1.

Before conducting the data synthesis, the researchers extracted the study findings in accordance with the Updated Guidance for Conducting Systematic Scoping Reviews (Peters et al., 2020). Three researchers (ASN, ADR, IAL)

worked in pairs to extract data on article characteristics, including author, year, research design, purpose, country of study, population, focus content, and research findings (Table 1). The researchers then synthesized the data to identify the role of interprofessional collaboration in CPN. After completing the data extraction, three researchers conducted a narrative synthesis of the findings using an inductive approach, which involved reading, organizing, and developing categories (Table 2).

## Results

The article selection process in this review was documented using the PRISMA scheme (Figure 1). Four databases were searched: PubMed (n = 110), ClinicalKey (n = 700), EBSCOhost (n = 182), and ScienceDirect (n = 158), yielding a total of 1,150 articles. After removing duplicates (n = 12), articles that did not meet the automated system’s criteria (n = 17), and arti-

cles excluded for other reasons (n = 7), a total of 1,114 articles remained for selection. During the screening stage, 320 articles were excluded because they were published before 2019, leaving 794 articles for further review. Of these, 619 articles were inaccessible because they were not conducted in a hospital setting, resulting in 175 articles being assessed for eligibility. Furthermore, 162 articles were excluded because they were review papers (n = 9), had unclear research findings (n = 56), or were not conducted in an oncology setting (n = 97). In total, 13 articles met the inclusion criteria and were incorporated into the review for data extraction and synthesis.

**Study Characteristic.** This scoping review included 13 articles (Table 1), representing a range of research designs: mixed-methods (n = 3), qualitative (n = 4), quantitative (n = 3), quasi-experimental (n = 1), cohort (n = 1), and descriptive evaluative/programme reports (n = 2).

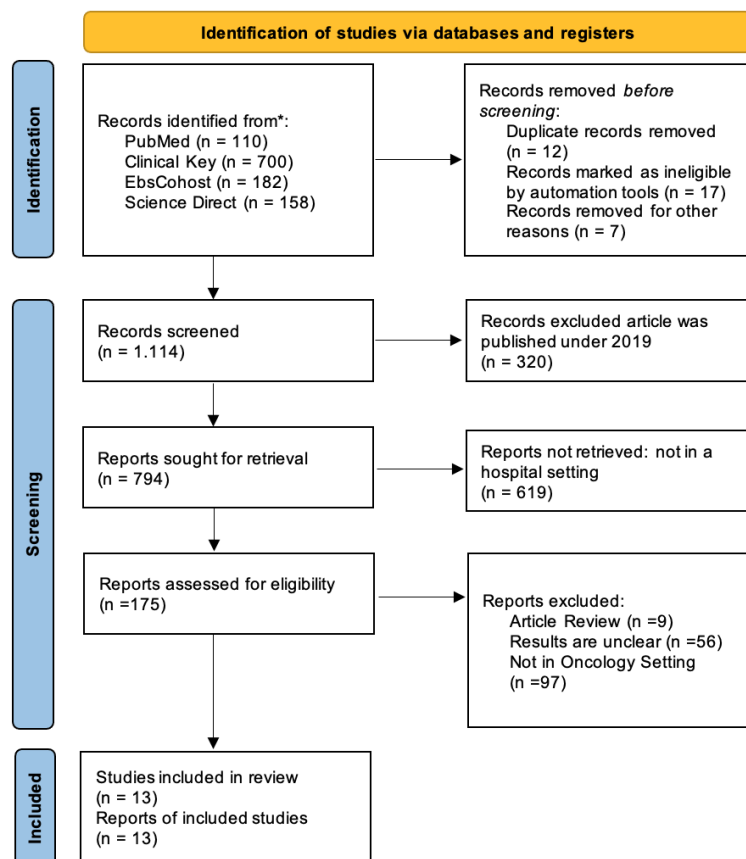


Figure 1. PRISMA Flow Diagram

The articles originated from several countries, including the United States (n = 8), Canada (n = 1), Belgium (n = 1), Finland (n = 1), China (n = 1), and Germany (n = 1). The study populations involved multi-professional healthcare workers, including doctors, nurses, radiotherapists, pharmacists, dieticians, social workers, spiritual care providers, therapists, and administrators. The most frequently evaluated professions were Oncology Nurse Navigators (ONNs) and lay navigators. The focus of the studies varied, encompassing communication and inter-professional collaboration competencies, the integration and standardization of ONN/APN roles, as well as leadership and organizational support. The findings indicate that the presence of navigators strengthens interprofessional coordi-

nation, enhances the quality of communication, accelerates access to services, reduces complications, decreases distress, and improves the quality of life of cancer patients across multiple phases (diagnosis, treatment, survivorship, palliative care, and end-of-life). A summary of the characteristics of the articles included in this review is presented in Table 1.

The findings from the reviewed articles were categorized according to the roles and phases within the cancer navigator continuum. Most articles highlighted the roles of educators and coordinators. In addition, the majority of studies focused on the diagnosis and treatment phases. A synthesis of the articles is presented in Table 2.

Table 1. Article included (n = 13)

Authors and Country	Country	Methods	Populations and Profession	Aim	Focus Content	Results	Risk of Bias
Papadakos et al. (2021)	Canada	Mixed Methods	64 consisting of doctors, nurses, radiotherapists, pharmacists, dietitians, physiotherapists, social workers, spiritual care	Developing and Evaluating a Multiprofessional Communication Programme to Improve Competency in Managing Difficult Conversations in Oncology.	1. Online modules (communication skills, plain language, breaking bad news, incident disclosure, resilience). 2. Patient videos and reflective discussions. Simulation-based training (role-play with patient actors).	Improving Self-Perceived Competence, Confidence, and Communication Satisfaction in Oncology Care	Low risk
Van Hecke et al. (2023)	Belgium	Qualitative	42 Oncology Nurse Navigators (ONN) & 9 Advanced Practice Nurses (APN)	Exploring the Dynamics, Barriers, and Facilitating Factors in the Integration of INN and APN Roles within Oncology Interprofessional Teams	Integration of the Roles of Oncology Nurse Navigators and Advanced Practice Nurses	The integration of ONN/APN roles can be successful when supported by physicians and reinforced through mentorship, co-design, and clear role definitions.	Low risk
Moilanen et al. (2020)	Finlandia	Quantitative	350 participants including nurses, doctors and other professionals	Analyzing Healthcare Professionals' Perceptions of Leadership and Administrative	1. Leadership actions in the work unit. 2. Support for organizational strategy.	Health workers' perceptions indicate that leadership and administrative support for	Low risk

Authors and Country	Country	Methods	Populations and Profession	Aim	Focus Content	Results	Risk of Bias
				Support in Interprofessional Collaboration for Advancing Cancer Care Practice	3.Support for organizational management. 4.Competence of healthcare workers and appreciation of collaboration.	interprofessional collaboration remain weak, particularly in areas such as rewards, evaluation, and resource allocation.	
Yan et al. (2023)	Tiongkok	Cohort	Nurses n=N/A	To Determine Whether ONN Reduces the Incidence of PPC in Gastric Cancer Patients	1.Pre-hospitalization education (breathing exercises). 2.Patient orientation and education during treatment. 3.Counseling on emergency access and multidisciplinary care coordination. 4.Psychosocial support and post-discharge follow-up.	ONN helps reduce both the incidence and severity of PPCs.	Low risk
Hung et al. (2022)	USA	Quasi-experimental	Breast Oncology Nurse Navigators (BONNs)	Evaluating the Effectiveness of a Lean-Based Breast Cancer Navigation (BCN) Programme in Improving Service Quality and Value	1.Scheduling initial consultations with specialists. 2.Patient education and support. 3.Coordination of referrals from PCPs to oncologists.	Breast oncology nurse navigators enhance coordination and help ensure that patients receive timely care.	Low risk
Head et al. (2022)	USA	Qualitative	16 teams from the professions: medicine, nursing, social work, pharmacy, psychology, music therapy, public health, nutrition, occupational therapy, spiritual care	Evaluating the Experiences of iPEX Participants in Developing Interprofessional Education (IPE) Programmes for Oncology and Palliative Care in Their Institutions	Focus on teaching collaborative practice, palliative care integration in oncology, problem-based learning.	1.Improved personal and professional development, including enhanced collaborative skills, greater institutional recognition, and increased self-confidence. 2.Team development is more solid, valuing interprofessional roles.	Low risk

Authors and Country	Country	Methods	Populations and Profession	Aim	Focus Content	Results	Risk of Bias
<a href="#">Aebersold et al. (2021)</a>	USA	Quantitative	147 participants: 103 oncology nurses & 44 pharmacists	Evaluating the Effectiveness of an Interprofessional Training Programme Using Online Modules, Face-to-Face Workshops, and Simulations to Improve the Safety of Cancer Drug Therapy	High-fidelity simulation & interprofessional continuing education.	1. Confidence increased significantly 2. Knowledge increased 3. Program satisfaction was very high	Low risk
<a href="#">Bekelman et al. (2020)</a>	USA	Qualitative	A total of 65 Oncology nurse and pharmacist	Developing and Testing the Feasibility of the Puente para Cuidar Intervention (Combined Counseling and Patient Navigation) to Reduce Distress and Improve Palliative Outcomes in Patients	1. Cultural adaptation of counseling-based interventions (CASA) and patient navigation (Apoyo). 2. Collaboration between navigators and counselors during home visits and via video.	1. The intervention was deemed feasible, acceptable, and helpful. 2. Depression scores decreased. 3. Strengthened patient trust, family involvement, and communication.	Low risk
<a href="#">Krug et al. (2022)</a>	USA	Mixed Methods	44 nurses, 13 doctors, 12 psychosocial staff, 7 therapists, 11 nurses and doctors	Evaluating Healthcare Workers' Attitudes and Experiences with the Implementation of the Heidelberg Milestone Communication Approach (MCA)	1. Healthcare professionals implementing the Heidelberg Milestone Communication Approach (MCA) for advanced lung cancer patients. 2. Follow-up contact by navigator via phone/visit	1. Improved attitudes toward communication and teamwork 2. Attitudes toward interprofessional relationships. 3. MCA increases transparency, emotional support for physicians, and continuity of patient information.	Low risk
<a href="#">Schultz et al. (2021)</a>	Chicago	Qualitative	4 radiation oncologists, 2 nurses, 2 dosimetrists, 4 radiation therapists, 2 medical physicists, 3 medical students	Characterizing Interprofessional Collaboration (IPC) in Radiation Oncology Clinics and Identifying the Need for Interprofessional Education (IPE)	communication and collaboration	IPE can enhance communication, improve team efficiency, and strengthen the patient experience.	Low risk
<a href="#">Aversano et al. (2022)</a>	USA	Cross-sectional	Oncologists, pathologists, pulmonologists, radiation oncologists,	Investigating care coordination practices for stage III/IV NSCLC across multiple	Screening, diagnosis, treatment, care coordination for advanced NSCLC.	Interprofessional collaboration navigator expedites diagnosis/therapy	Low risk

Authors and Country	Country	Methods	Populations and Profession	Aim	Focus Content	Results	Risk of Bias
			thoracic surgeons, oncology nurses, advanced practice nurses, nurse navigators, lay navigators, social workers, pharmacists, administrators.	cancer programs, with a focus on the roles of oncology nurses, APNs, and patient navigators.		and improves coordination.	
Kagan et al. (2020)	USA	Descriptive	ONN, dietitian, physical therapist, speech-language pathologist, palliative care NP, nursing leadership	Describes the role of ONN as a gate opener to increase access and utilization of supportive & palliative care for cancer patients	1. ONN conducts intake assessments, initial education, and rapid referrals to the CARE team 2. Multidisciplinary collaboration: nutrition, rehabilitation, speech therapy, and palliative care	1. ONN facilitates rapid access to supportive and palliative care services. 2. Reduces silo system barriers and referral delays. 3. Patients and families feel more connected, personalized, and satisfied.	Low risk
Cantril et al. (2019)	USA	Descriptive	ONNs	Describes how nurse navigation leaders in two large, comparable health care systems independently assessed the role of ONNs in their respective systems.	Physician & admin focus group for standardization expectations & strategies.	Standardization of the Oncology Nurse Navigator (ONN) role through the development of clear job descriptions, clinical ladders, core competencies	Low risk

**Abbreviations:** APN = Advanced Practice Nurse; BONN = Breast Oncology Nurse Navigator; BCN = Breast Cancer Navigation; CASA = Culturally Adapted Supportive Approach; EHR = Electronic Health Record; iPEX = Interprofessional Education Exchange; IPE = Interprofessional Education; IPC = Interprofessional Collaboration; MCA = Milestone Communication Approach; NSCLC = Non-Small Cell Lung Cancer; ONN = Oncology Nurse Navigator; PCP = Primary Care Provider; PPCs = Postoperative Pulmonary Complications; SDM = Shared Decision-Making.

Healthcare professionals serve a wide range of roles, acting as essential liaisons who provide patient care, facilitate education, and coordinate services to improve health outcomes and access to resources. Their responsibilities include direct patient support such as communication, caregiving, documentation, and emotional support while also advocating for patient needs and maintaining accurate health information to en-

hance care coordination across providers and settings. These roles are vital for fostering strong relationships, empowering patients with knowledge, and helping them navigate the complexities of the healthcare system, particularly in cancer care (Hartzler et al., 2018).

The role of health workers in cancer patient navigation is highly complex. The findings of the

Table 2. Data synthesis

<b>Role</b>	Communicator	Papadakos et al. (2021); Schultz et al. (2021)
	Care provider	Van Hecke et al. (2023); Kagan et al. (2020)
	Coordinator	Moilanen et al. (2020); Krug et al. (2022); Cantril et al. (2019)
	Service provider	Yan et al. (2023)
	Educator	Hung et al. (2022); Head et al. (2022); Aegersold et al. (2021)
	Advocator	Bekelman et al. (2020); Krug et al. (2022)
	Documentator	Krug et al. (2022)
	Emotional support	Krug et al. (2022)
	Facilitator	Aversano et al. (2022)
<b>Phase</b>	Early detection	Hung et al. (2022); Head et al. (2022); Krug et al. (2022); Aversano et al. (2022); Cantril et al. (2019)
	Diagnosis	Papadakos et al. (2021); Van Hecke et al. (2023); Head et al. (2022); Krug et al. (2022); Aversano et al. (2022); Cantril et al. (2019)
	Treatment	Moilanen et al. (2020); Yan et al. (2023); Head et al. (2022); Aegersold et al. (2021); Krug et al. (2022); Schultz et al. (2021); Aversano et al. (2022); Kagan et al. (2020); Cantril et al. (2019)
	Survivorship (palliative, end-of-life care)	Head et al. (2022); Bekelman et al. (2020); Krug et al. (2022); Aversano et al. (2022); Cantril et al. (2019)

reviewed articles show that they are involved across all phases of the cancer journey from early detection to the palliative stage. Health workers facilitate navigation throughout the cancer care continuum by addressing patient barriers, providing education, logistical support, and emotional guidance from screening and diagnosis through treatment, survivorship, and end-of-life care. Roles such as patient navigators, community health workers, and nurse navigators help ensure timely access to services, improve symptom management, promote self-advocacy, and support the coordination of multidisciplinary care to achieve better health outcomes (Chen et al., 2024).

## Discussion

This scoping review examines the role of health-care workers in CPN programmes through IPC, based on 13 synthesised articles. Several key roles were identified, including communication, care provision, care coordination, service delivery, education, documentation, emotional support, and facilitation. These roles reflect the multidimensional responsibilities required of IPC in delivering care to cancer patients. In addition, IPC within CPN addresses not only phy-

sical aspects but also emotional needs, ensuring coordinated efforts to improve patient outcomes (Spaulding et al., 2021; Taberna et al., 2020).

Specifically, the role of communicators is to bridge patients and families with health services (Jaramillo et al., 2024). Care providers play a direct role in delivering both medical and non-medical interventions across all phases of care (Karam et al., 2021). Care coordinators play a key role in ensuring continuity of services by managing referrals, scheduling appointments, and coordinating therapy (Karam et al., 2021). Service providers provide administrative, logistical, and transportation support (Varanasi et al., 2024). Educators provide accurate information to support successful treatment, while documenters ensure that clinical records are properly maintained (Chen et al., 2024). There is also a role in providing emotional support throughout all phases of treatment with the aim of fostering patient coping (Bradshaw et al., 2022; Chen et al., 2024). In addition, IPC functions as a facilitator within CPN by improving access to health services, addressing barriers, and supporting social reintegration (Chen et al., 2024).

Interprofessional collaboration in this scoping

review involves several health professions, including doctors, who play a central role in diagnosis, determining treatment plans, and evaluating treatment outcomes (Toole et al., 2020). ONN has a role in providing nursing care, symptom management, and acting as a communication liaison between patients, families, and the IPC team (Lopez-Soto et al., 2021). Radiotherapists focus on administering radiation therapy, while psychologists provide emotional support through counseling for patients and their families. Pharmacists ensure the safe and effective use of medications, and nutritionists develop diet plans tailored to each patient's condition. Public health workers contribute at the community level and often serve as initial liaisons, whereas social workers assist patients and families in addressing non-clinical challenges, including financial difficulties (An et al., 2024; Oliveira et al., 2022; Ravi et al., 2022).

The CPN implementation process spans multiple phases, beginning with prevention and extending through the survivorship stage. This scoping review identifies the phases in which IPC and healthcare workers are involved. Most of their contributions occur during the treatment phase, particularly in providing medical care, managing symptoms, and coordinating patient care (Dixit et al., 2024). In addition, healthcare workers play an important role during the diagnosis phase by ensuring that patients receive timely examinations and have a clear understanding of their condition and treatment options. In the survivorship phase, their contribution is reflected in the provision of long-term medical and psychosocial support to improve patients' quality of life after completing therapy. Meanwhile, in the early detection phase, IPC and healthcare workers contribute through promotional and educational efforts, including health campaigns, screening programs, and counseling on risk factors (Dixit et al., 2024; Rodriguez et al., 2023; Wong et al., 2024).

Based on observations in hospitals, IPC practices are very important to consider. They can determine whether the patient navigation model

can be successfully implemented and strengthened. In Indonesia, IPC within cancer care continues to face several challenges, including structural barriers, routine workflow constraints, limited time, and uneven or insufficient resources (Marx et al., 2025). In many hospitals, interprofessional interactions are often informal and fragmented, consisting of brief discussions in clinics, short messages, or manual notes rather than structured multidisciplinary team meetings. As a result, communication and care coordination remain suboptimal (Dietl et al., 2023). Nevertheless, IPC has been effectively implemented in several centers in Indonesia, such as Dr. Sardjito General Hospital in Yogyakarta implements an IPC program through family meetings and structured multidisciplinary team (MDT) meetings, which are designed to identify obstacles and support decision-making. These family meetings involve doctors, nurses, psychologists, social workers, parents or family members, and other professionals such as nutritionists and pharmacists. The existing practices provide an entry point for more formally integrating cancer patient navigators into team discussions. Future interventions can build on this structure by clarifying the navigator's role, standardizing communication processes, and evaluating the impact on patient outcomes and care coordination.

The findings across these various health professions demonstrate that effective collaboration within a multidisciplinary healthcare team is essential for cancer care, particularly during the implementation of CPN. These insights are important because healthcare workers must understand how to optimize their knowledge and skills through education and training to provide better healthcare services for cancer patients and the wider community (Sulosaari et al., 2024). Healthcare professionals must develop competencies in interprofessional collaborative practice in order to drive positive changes in healthcare delivery (McKinlay et al., 2019).

Successful IPC in cancer care is driven by several key elements that enhance patient out-

comes and professional practice. These factors include a shared philosophy, clear communication, well-defined roles, mutual respect, and the use of patient-centered care models (Sulosaari et al., 2024). A successful IPC in the context of cancer patients has been shown to produce successful outcomes for patients, including improved quality of life, better symptom management, reduced readmission rates, and increased patient satisfaction (Karukivi et al., 2023; Sulosaari et al., 2024). IPC not only improves the quality of care and health outcomes for patients but also positively influences families by enhancing their perceptions, trust, and overall evaluation of healthcare providers (Ariza-Heredia & Chemaly, 2018).

This study suggests that IPC within CPN plays a vital role across the phases of diagnosis, treatment, early detection, and survivorship. The nursing implications indicate that nurses need to enhance their interprofessional collaboration skills and strengthen the role of the ONN as the primary liaison between patients, families, and the healthcare team. Nurses also play a key role in promoting effective communication and ensuring the continuity of comprehensive cancer services. In Indonesia, the immediate implementation of the CPN model through the establishment of ONNs is essential to create more focused, patient-centered cancer services and to improve the quality of life of survivors.

This scoping review is significant because it highlights the role of IPC within CPN across multiple phases diagnosis, treatment, early detection, and survivorship while also emphasizing the importance of interprofessional collaboration in the development of ONNs. The findings provide an important foundation for developing more patient-centered cancer care practices and policies, particularly in Indonesia. However, this study is limited by the fact that most of the literature reviewed originates from developed countries, which restricts the extent to which the results can be generalized to the Indonesian context. Therefore, future researchers are encouraged to explore the barriers and

supporting factors influencing the implementation of IPC in CPN, especially in developing countries, to generate insights that are more contextual and applicable.

## Conclusion

IPC plays a crucial role in cancer care, particularly throughout the phases of diagnosis, treatment, early detection, and survivorship. Collaboration among doctors, nurses, radiotherapists, pharmacists, psychologists, nutritionists, community health workers, and social workers has been shown to contribute to the development of more comprehensive and patient-centered cancer services. Strengthening the role of nurses through the establishment of a National Cancer Network and the prompt implementation of the CPN model in Indonesia is essential for improving access, continuity, and the overall quality of cancer care. Therefore, IPC within the CPN framework has the potential to serve as an effective strategy for enhancing the quality of life of cancer patients and their families.

## Acknowledgements

We would like to thank Universitas Gadjah Mada for providing facilities to access articles in many databases so as to improve the quality of publications. Also, thank to Lembaga Pengelola Dana Pendidikan (LPDP), Ministry of Finance of the Republic of Indonesia, for their generous support in funding our studies.

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