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A Scoping Review of Patient Readiness for Health-Illness Transition and Its Affect on Cancer Treatment Success

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SCOPING REVIEW

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ABSTRACT

Cancer survivors undergo a health-illness transition (HITs) from diagnosis to survivorship phase, which affects their quality of life and treatment. This study aims to determine the extent of readiness for the HITs transition among cancer survivors through a scoping review method based on the Arksey and O'Malley framework. We searched the ScienceDirect, PubMed, SpringerLink, and Wiley databases for studies addressing cancer patients and transition readiness in oncology care settings. The inclusion criteria were the ones that met the original English-language articles published between 2020 and 2024. Review articles, study protocols, and books were excluded. The screening procedure adhered to PRISMA 2020 guidelines, and article eligibility was assessed by three researchers using the JBI Critical Appraisal Checklist (2020). Ten articles were acquired, indicating that the majority of survivors had low to medium levels of transition readiness, particularly throughout the treatment and survivorship phases. This readiness is affected by support from family, peers, and healthcare professionals, along with several individual factors, including age, length of diagnosis, insurance status, patient competence, physical and emotional condition, cancer stage, treatment status, and access to health services and information. These results affirm that readiness for the HITs requires attention by providing appropriate support and strengthening individual factors. Future studies are expected to evaluate transition readiness from the diagnosis phase to enhance the integration and optimization of the care process, hence improving the overall quality of life for cancer survivors.

Key Messages:

- Readiness for cancer patients' HITs may influence the efficacy of the prolonged cancer treatment process.
- The significance of a personalized approach in supporting transition, taking account of age, emotional state, insurance status, and access to healthcare.

GRAPHICAL ABSTRACT

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Readiness for the Health-Illness (HITs) transition refers to knowledge, skills, responsibility and autonomy in self-management, such as the ability to organize medical appointments and responsibility for medical care.

Transition in Cancer Patient

Age
Duration of diagnosis
Insurance
Competence
Emotional
Physical
Cancer stage
Treatment status
Health access
Information
Communication

Phase:
- Diagnosis
- Treatment
- Survivorship

↓

Problem:
- Physics
- Emotional
- Social

↓

Readiness level:
- Not ready
- Low
- Medium
- High

INTRODUCTION

When a person is diagnosed with cancer, it may impact almost every part of their life, which is explained by the prevalent belief that cancer is an incurable illness (1). A person with cancer experiences changes that affect not just their physical health but also their psychological, social, spiritual, and financial well-being. The perception that cancer is challenging or even incurable is strongly influenced by the type and stage of the illness, which often results in an unfavorable prognosis. In fact, cancer has emerged as the primary cause of mortality globally, with projections indicating a substantial rise in prevalence, presumably reaching 4,000 to 7,000 annually by 2040 (2). This exacerbates the psychological burden on patients, families, and the healthcare system. Beyond just a simply identification of a disease, a cancer diagnosis marks the beginning of a lengthy journey characterized by drastic changes in lifestyle, employment status, social ties, and life expectancy. These significant alterations reflect a complex transitional phase in the patient's life, necessitating continuous physical and emotional adaptation (3).

The transition process in cancer patients begins at the onset of diagnosis, often resulting in considerable psychological and emotional impacts that diminish their quality of life (4). A cancer diagnosis frequently marks a pivotal moment in a person's life, causing expectations, future plans, and self-perception to shift significantly. This transition is a crucial element to manage comprehensively, as it includes not only medical treatment but also an extensive process of adjusting to changes in lifestyle, routine, and the essence of life itself (5). During the transition, cancer patients encounter not only physical challenges such as treatment side effects and fatigue, but also emotional turmoil, such as anxiety, dread of mortality, and changes in social connections. They try to embrace their current situation and adapt to the alterations that occur physically, emotionally, and socially (6,7).

The health-illness transition (HITs) is a complex process that individuals experience when there is a substantial change in their health state, generally triggered by the diagnosis of an illness. These changes not only affect the physical condition but also profoundly impact many on various aspects of life, including social roles, daily behaviors, and interpersonal relationship dynamics (8). This process may result in uncertainty, anxiety, and confusion, particularly when individuals are faced with demands to quickly adjust to new circumstances that remain incompletely understood. In this context, readiness to undergo the HIT is an important element to support successful patient adaptation. This readiness reflects the extent to which individuals have sufficient knowledge about their illness, skills in managing health requirements, a sense of responsibility for their condition, and the capacity to make decisions independently, including scheduling medical appointments and undergoing treatment (9).

Recent research has shown that several patients with advanced cancer in the terminal phase are discharged from the hospital without sufficient information and reassurance about treatment and aftercare (10). Thus, readiness for the HITs needs to be considered early to avoid severity, reduce perceived suffering and discomfort, as well as improve well-being and confidence in navigating the shift (5,11). Conversely, if inadequately managed, it may result in the failure of medical procedures and therapies, as shown by cancer patients unilaterally deciding to discontinue chemotherapy (12).

Understanding the factors that influence cancer patients' transitions is crucial to improving their readiness to cope with intricate and often unforeseen alterations in their health. Transition readiness not only reflects an individual's ability to adapt to changes in health status but also serves as an important indicator in determining the success of the overall treatment process. Prior research has identified various factors that act as antecedents of transition readiness, including demographic variables like age and gender, in addition to disease and treatment characteristics such as the specific cancer type and the modality of therapy undertaken (13,14).

While many influencing factors have been identified and HITs readiness has been recognized as essential to cancer treatment, there is still a lack of a comprehensive synthesis describing the complete scope of this preparedness across various cancer populations and how it affects the efficacy of treatment. This indicates a limited comprehension of how the preparation for transitioning care affects treatment outcomes, especially for different cancer types (15). This study seeks to examine the extent of transition readiness among current cancer patients. It also sought to analyze the contributions of individual and clinical factors in fostering readiness and their impact on the successful outcomes of long-term therapy.

METHODS

Research Design

This study was a scoping review, which is a flexible methodological technique for investigating a particular rapidly evolving domain. The author uses Arksey and O'Malley's framework guidance to determine the scope of the study, which comprises five stages: (1) identifying research questions, (2) identifying relevant studies, (3) study selection, (4) mapping data, and (5) collating, summarizing, and reporting the results (16). Scientific literature sources were employed to address the research question, “What is the impact of health-illness transition (HITs) readiness on the success of cancer treatment, and what are the factors that influence HITs readiness?”

Search Strategy

The article search procedure was conducted by two researchers (H.Z.G.P., D.P.I.) utilizing the ScienceDirect, PubMed, SpringerLink, and Wiley databases. The inclusion criteria set were original articles, English language, discussions of the transition of cancer patients, and publication within the past five years (2020–2024). While books and review articles/study protocols are excluded. The review focused on the following: Population (P): cancer patients; Concept (C): readiness for s; Context (Co): oncology care settings, in order to ensure that the articles obtained addressed the research questions. In an effort to limit and obtain articles that are in accordance with the research questions, researchers establish keywords in each database they employ. The keywords are listed in Table 1.

Table 1. Database and Keywords

Database	Keywords
ScienceDirect	Cancer care, Care transition, Factors transition, Health-illness, Readiness, Transition, Treatment
PubMed	Cancer care/Cancer treatment, Health-Illness, Readiness, Transition, Treatment success
SpringerLink	Cancer, Health-Illness, Readiness, Transition, Treatment
Wiley	Cancer care, Cancer treatment, Health-illness transition, Patient readiness, Readiness, Transition

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Article Selection

Article screening was carried out by three researchers (A.S.N., K.A., and S.H.) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. Researchers conducted screening by checking for duplication, selection based on inclusion and exclusion criteria, and conformity with the PCC scheme. The Rayyan tool was employed during the selection process to guarantee that all articles were pertinent to the research topic and carefully identified outcomes (17). Once duplicates were removed, two researchers independently screened the titles and abstracts of the studies and reviewed full-text articles as necessary to determine the eligibility of the studies.

Critical Appraisal

A feasibility assessment was conducted to assess the reliability, quality, relevance, and validity of the articles utilized in order to minimize the occurrence of bias in decision-making (18). The article quality assessment procedure was carried out by three researchers (A.S.N., H.Z.G.P., and D.P.I.) using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist (2020). The critical appraisal checklist was customized to the methodologies employed in the selected articles, and each inquiry consisted of four response options: Yes=1, No=0, Not Applicable=0, and Unclear=0. Consistent with the standard practice in systematic reviews for quality assurance, a JBI score threshold of >70% was implemented to guarantee the inclusion of studies with a minimal risk of bias (19). The final determination of the included articles was done by two other researchers who were considered nursing experts (K.A. and S.H.). Any discrepancies in the results were then discussed between the three reviewers to reach agreement on the quality assessment of each article. None of the authors encountered any discrepancies in this evaluation.

All articles demonstrate a high level of reliability, as evidenced by the quality assessment results, which exceed 70%. The Risk of Bias Score (%) is calculated using the formula: (Number of 'Yes' items divided by the total number of relevant items) × 100%. As suggested by the JBI reviewer's manual, all reviewers reached a consensus on the scoring system and cut-off factors prior to the commencement of critical appraisal. This calculation indicates the extent to which the study meets the predetermined assessment criteria (19). All final quality assessment results are presented in detail in Table 2.

Table 2. JBI Critical Appraisal result

Article	Design	Result
(Ma et al., 2024) (20)	Cross-sectional	8/8 (100%)
(Goldberg et al., 2022) (21)	Cohort	10/11 (90.91%)
(Prussien et al., 2022) (22)	Cross-sectional	8/8 (100%)
(Cheng et al., 2023) (23)	Cross-sectional	8/8 (100%)
(Viola et al., 2022) (24)	Qualitative	10/10 (100%)
(Ankrah et al., 2023) (25)	Qualitative	10/10 (100%)
(Yeung et al., 2021) (26)	Qualitative	10/10 (100%)
(Ryan et al., 2021) (14)	Qualitative	10/10 (100%)
(Kitta et al., 2021) (27)	Qualitative	10/10 (100%)
(Fitch et al., 2020) (28)	Cross-sectional	8/8 (100%)

Data Synthesis

In order to guarantee the validity and consistency of the data extraction and synthesis process, two researchers independently extracted data according to predefined coding guidelines, as outlined in the Updated Guidance for Conducting Systematic Scoping Reviews by Peters et al. (2020) (29). The extracted data encompassed study characteristics (authors, year, country, purpose, population, gender) and key findings related to transition readiness (type of cancer, phase of care, sources of support, influencing factors, and level of readiness). Discrepancies in coding results between the two researchers were discussed and resolved through consensus. If no agreement was reached, a third researcher (S.H.) was enlisted to serve as a mediator. The objective of this procedure was to strengthen the credibility of the synthesis results by minimizing individual bias and ensuring consistency in interpretation.

RESULTS

The four databases initially identified a total of 22,778 articles in accordance with the specified keywords. However, 13,957 of these articles were removed due to duplication, 3,638 were irrelevant to the topic, and 6 were animal studies, leaving 5,177 articles. Following filtering by title and abstract, 2,746 articles were eliminated due to their publication date prior to 2020, leaving 2,431 articles left to review. Of these, 562 were review, book chapter, and encyclopedia articles, leaving 1,409 articles open to further review. In the final stage, another 1,399 articles were excluded, of which 766 were not cancer patients, 9 were study protocols, 11 were unclear results, 8 were abstracts only, and 605 did not discuss transition. The procedure resulted in ten eligible articles for data synthesis.

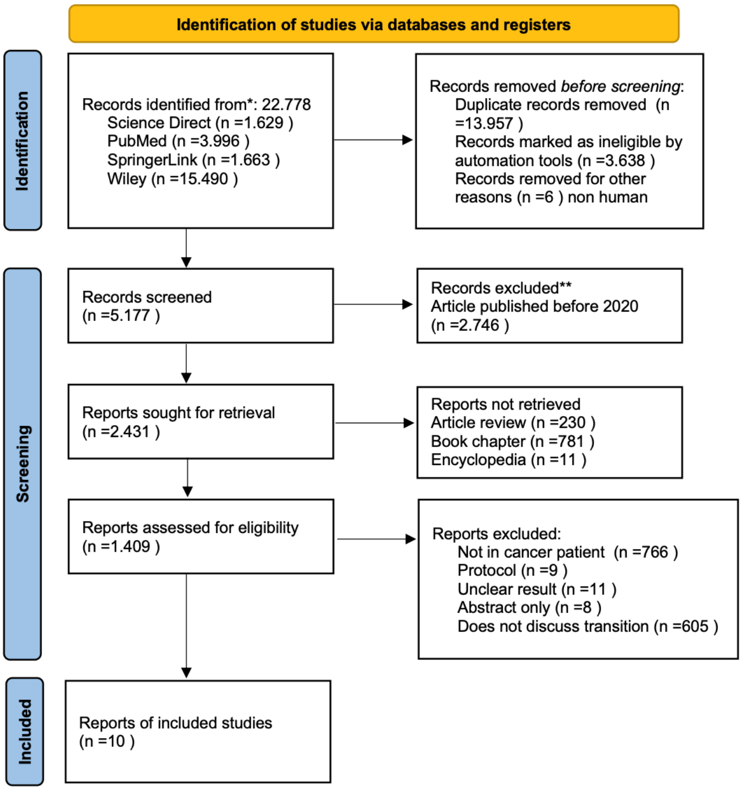

Figure 1. PRISMA Flow Diagram

Ten articles were identified and included in this study, consisting of Cross-sectional n=4, Qualitative n=5, and Cohort n=1. These studies focused on cancer patients who were in the transitional phase, and had a variety of cancer types, including leukemia, osteo/soft-tissue sarcoma, lymphoma, adenocarcinoma, neuroendocrine, and brain tumors. The majority of the population were childhood, adolescent, and early adult cancer patients. The included articles were conducted in various countries such as China (n=3), USA (n=4), Canada (n=2), and Australia (n=1).

Table 3. Data extraction

Author and Year	Study Design	Country	Population and Sex	Aim	Result	Treatment Success
(Ma et al., 2024) (20)	Cross-sectional	China	217 cancer patients Male n= 138 (63.59%) Female n= 79 (36.41%)	Assessing transition readiness of adolescents with cancer based on self-determination theory (SDT).	The results indicated variation in the level of transition readiness among the study subjects, with the majority lying within the median score range (59.95).	Low treatment success

Author and Year	Study Design	Country	Population and Sex	Aim	Result	Treatment Success
					Several factors were associated with transition readiness: 1. Age; 2. Duration of diagnosis; 3. Completion of treatment; 4. Insurance; 5. Competence.	
(Goldberg et al., 2022) (21)	Cohort	USA	55 cancer patients Male, n=27 (49.1%) Female, n=28 (50.9%)	Exploring the correlation between HITs experiences and distress in pancreatic cancer patients who are undergoing chemotherapy.	Poor management of the aspects of emotional distress, distress, and physical changes affect transition readiness.	Low treatment success
(Prussien et al., 2022) (22)	Cross-sectional	USA	195 cancer patients Male, n=103 (52.3%) Female, n=92 (47.7%)	Identify the correlation between sociodemographic variables, health competence beliefs, and transition readiness in childhood cancer survivors.	Confidence, competence, and insurance were strongly associated with cancer patients' transition readiness.	High treatment success
(Cheng et al., 2023) (23)	Cross-sectional	China	139 cancer patients Male, n=78 (56.1%) Female, n=61 (43.9%)	Identify the demographic and clinical factors that are associated with transition readiness in pediatric cancer survivors.	1. Three distinct transition readiness profiles were identified: low, medium, and high transition readiness. 2. Transition readiness profiles have been consistently demonstrated to be substantially correlated with factors such as age, treatment status, and parental employment status.	High treatment success
(Viola et al., 2022)	Qualitative	USA	19 cancer patients	Develop self-management	Transition readiness pertain to the	Low treatment

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Author and Year	Study Design	Country	Population and Sex	Aim	Result	Treatment Success
(24)			Male, n=2 (11%) Female, n=17 (89%)	and peer mentorship interventions to improve transition readiness and identify barriers and key facilitators to self-management and follow-up care.	following: 1. The significance of understanding one's cancer history and risk; 2. Relationship with healthcare providers; 3. Family involvement; 4. Emotions; 5. Follow-up care; 6. Lifestyle behaviors.	success
(Ankrah et al., 2023) (25)	Qualitative	USA	14 cancer patients Male, n=7 (50%) Female, n=7 (50%)	Comprehend the transition from pediatric to adult care.	The themes of transition readiness were revealed in our research: 1. Survivorship experience; 2. Responsibility; 3. Care requirements; 4. Information; 5. Health professionals.	Low treatment success
(Yeung et al., 2021) (26)	Qualitative	China	15 cancer patients Male, n=8 Female, n=7	Explore the stressors and coping strategies of Chinese parents who have a child diagnosed with cancer.	Major stressors include: 1. Concerns about relapse; 2. Emerging side effects; 3. Insufficient information.	High treatment success
(Ryan et al., 2021) (14)	Qualitative	Canada	5 cancer patients Male, n=2(40%) Female, n=3 (60%)	Evaluate the transition experience from pediatric to adult care and pinpoint opportunities for improvement and obstacles.	All patients received pediatric aftercare, but only 2 (40%) received adult aftercare. Obstacles: lack of education, service gaps in rural areas, difficulty navigating the adult system.	Low treatment success
(Kitta et al., 2021) (27)	Qualitative	Australia	12 cancer patients Male, n=5 (42%) Female, n=7 (58%)	Explore patients' experiences during the transition from curative to palliative care and their perceptions of end-of-life discussions.	1. Patients perceive EOL as an ambiguous and emotional process; 2. Physician communication tends to be brief, lack of information; 3. Numerous patients are	Not successful

Author and Year	Study Design	Country	Population and Sex	Aim	Result	Treatment Success
					unaware that they are in the palliative phase.	
(Fitch et al., 2020) (28)	Cross-sectional	Canada	8,361 cancer patients Male, n=3,765 (45%) Female, n=4,555 (55%) No answer, n=41 (0,5%)	Identify the transitional challenges faced by survivors between 1–3 years following cancer treatment.	Most of the challenges: 1. Physical, including fatigue & pain; 2. Emotional such as anxiety & the dread of relapse; 3. Information & services are often insufficient.	Low treatment success

The results in the reviewed articles were categorized according to cancer type and treatment phase. The predominant cancer types identified in the studies included leukemia, osteosarcoma/soft tissue sarcoma, and lymphoma, which were consistently the main focus in most publications. Though less common, other cancers were also discovered, including brain tumors, colon cancer, and breast cancer. In terms of the treatment phase, most studies emphasize the active treatment and survivorship phase, indicating a strong focus on patients' adaptation processes during therapy and post-treatment. The results are summarized in Table 4:

Table 4. Cancer type and phase of care

Cancer type	Leukemia	(Ankrah et al., 2023; Cheng et al., 2023; Fitch et al., 2020; Ma et al., 2024; Viola et al., 2022) (20, 23–25, 28)
	Osteo/ Soft tissue sarcoma	(Ankrah et al., 2023; Cheng et al., 2023; Ma et al., 2024; Viola et al., 2022; Yeung et al., 2021) (20, 23–26)
	Lymphoma	(Ankrah et al., 2023; Cheng et al., 2023; Ma et al., 2024; Viola et al., 2022; Yeung et al., 2021) (20, 23–26)
	Adenocarcinoma	(Goldberg et al., 2022) (21)
	Neuroendocrine	(Goldberg et al., 2022) (21)
	Brain tumor	(Prussien et al., 2022) (22)
	Lung	(Kitta et al., 2021) (27)
	Pancreas	(Kitta et al., 2021) (27)
	Breast cancer	(Fitch et al., 2020; Kitta et al., 2021) (27, 28)
	Colorectal	(Kitta et al., 2021) (27)
	Pharyngeal	(Kitta et al., 2021) (27)
	Sarcoma	(Kitta et al., 2021) (27)
	Urothelial	(Fitch et al., 2020; Kitta et al., 2021)

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		(27, 28)
	Ovarium	(Kitta et al., 2021) (27)
Treatment phase	Diagnosis	(Goldberg et al., 2022) (21)
	Treatment	(Ankrah et al., 2023; Ma et al., 2024; Ryan et al., 2021; Viola et al., 2022) (14, 20, 24, 25)
	Survivorship	(Cheng et al., 2023; Fitch et al., 2020; Kitta et al., 2021; Viola et al., 2022; Yeung et al., 2021) (23, 24, 26–28)
	Remission	(Prussien et al., 2022) (22)

The majority of cancer patients have low to medium preparedness, according to the synthesis of studies based on readiness levels. Many other variables, including support resources, also have an impact on transition readiness. These findings are detailed in Table 5:

Table 5. Findings of resources, factors, and level of transition readiness

Readiness level	Not ready	(Ryan et al., 2021) (14)
	Low readiness	(Fitch et al., 2020; Kitta et al., 2021; Ma et al., 2024; Viola et al., 2022) (20, 24, 27, 28)
	Medium readiness	(Ankrah et al., 2023; Prussien et al., 2022; Yeung et al., 2021) (22, 25, 26)
	High readiness	(Cheng et al., 2023; Goldberg et al., 2022) (21, 23)
Resource	Family support	(Ma et al., 2024; Ryan et al., 2021; Viola et al., 2022; Yeung et al., 2021) (14, 20, 24, 26)
	Peers	(Ma et al., 2024; Yeung et al., 2021) (20, 26)
	Health workers	(Ankrah et al., 2023; Goldberg et al., 2022; Ma et al., 2024; Prussien et al., 2022; Ryan et al., 2021) (14, 20–22, 25)
	Health services	(Cheng et al., 2023; Goldberg et al., 2022; Ryan et al., 2021; Viola et al., 2022) (14, 21, 23, 24)
Factor transition readiness	Age	(Cheng et al., 2023; Goldberg et al., 2022; Ma et al., 2024; Ryan et al., 2021) (14, 20, 21, 23)
	Duration of diagnosis	(Ma et al., 2024) (20)
	Insurance	(Cheng et al., 2023; Ma et al., 2024; Prussien et al., 2022) (20, 22, 23)
	Competence	(Ma et al., 2024; Viola et al., 2022; Yeung et al., 2021) (20, 24, 26)
	Emotional	(Ankrah et al., 2023; Goldberg et al., 2022; Prussien et al., 2022; Viola et al., 2022) (21, 22, 24, 25)
	Physical	(Goldberg et al., 2022) (21)
	Cancer stage	(Goldberg et al., 2022) (21)

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	Treatment status	(Cheng et al., 2023; Goldberg et al., 2022; Yeung et al., 2021) (21, 23, 26)
	Access to health	(Fitch et al., 2020; Prussien et al., 2022) (22, 28)
	Information	(Fitch et al., 2020; Kitta et al., 2021; Viola et al., 2022; Yeung et al., 2021) (24, 26–28)
	Communication	(Ryan et al., 2021) (14)

Type of Cancer

As shown in Table 3, leukemia and soft tissue sarcoma were the predominant cancer types identified in the studies analyzed. Given variations in aggressiveness, location, prognosis, and treatment requirements, a patient's cancer type has a substantial impact on their preparedness for transition (30). Transition readiness depends on a patient's health, cognitive function, and psychosocial well-being, all of which may be impacted by variables such as the type of cancer, its stage, and treatment history (31).

Phases of Care

Cancer care encompasses the phases of diagnosis, treatment, survivorship, and remission. The synthesis indicates that the majority of patients are in the treatment and survivability phase, which is a crucial finding. Every phase presents a unique set of difficulties that may impact the patient's preparedness to proceed to the next phase. During the diagnosis phase, they deal with uncertainty and must gather a lot of information. The treatment phase is closely related to the physical and emotional stress of medical procedures. Survivorship is characterized by the emergence of post-treatment adaptation needs, while remission may result from unpreparedness for transition, leading to relapse (32).

Readiness Level

Cancer patients' transition readiness levels are classified into four categories: unprepared, low, medium, and high. The majority of patients were classified as ‘medium’, followed by ‘low’, and only a small number as ‘high’. This suggests the necessity of interventions to improve readiness, especially in groups with low or unprepared readiness levels. Intervention is necessary during cancer transitions, as they are particularly vulnerable periods in the care delivery, with the potential to cause adverse events, increased costs, and decreased patient satisfaction. These transitions occur frequently due to increased survival rates and the complex nature of cancer care, highlighting the need for interventions to ensure continuity and quality of care (33).

Resources

Resources are essential for facilitating the transition readiness of cancer patients. During the treatment process, family support offers practical assistance and emotional stability. Peers serve as a source of empathy and motivation by sharing similar experiences. Meanwhile, responsive health professionals and health services reinforce a sense of security and accessibility during each phase of transition. In cancer care, this is referred to as interprofessional collaboration, which is essential and encompasses all stages from diagnosis to survivorship and end-of-life (EOL) care. This collaboration entails tinvolves healthcare professionals from various disciplines working together to deliver patient-centered, coordinated care, with a focus on enhancing quality of life, reducing fragmentation, and improving (34).

Transition Readiness Factors

Cancer patients' transition readiness is influenced by multiple interrelated factors. Patients' perceptions and preparedness for the various stages of care are influenced by several individual factors, including age, duration of diagnosis, insurance status, patient competence (understanding the condition, self-management, treatment decisions, and communicating with healthcare professionals), emotional and physical state, along with cancer stage and treatment status. Furthermore, the preparedness is reinforced by the availability of health services, the quality of information, and the efficiency of patient-provider communication (22).

DISCUSSION

Based on the synthesized articles, transition readiness was generally low to medium, influenced by age, length of diagnosis, insurance, patient competence, emotional and physical factors, cancer stage, treatment status, health access, information, and communication. The age factor concentrates on cancer in childhood, adolescence, and early adulthood, particularly in the context of transitions such as from childhood cancer care to adolescence or from adolescence to adulthood. This pertains to the physical and emotional stress they encounter during the transition period (35, 36). Such issues have the potential to interfere with long-term cancer care (37). If these issues are not addressed, they can lead to decreased treatment adherence, increased dropout rates, deteriorating health status, and elevated long-term readmission rates (38).

Seven articles mentioned that good transition readiness resulted in treatment success, two articles were still classified as low success category due to readmissions, and one article mentioned poor transition resulted in treatment failure. Transition readiness refers to the ability to plan, initiate, continue, and successfully complete the treatment process (9, 39, 40). Successful transitioners show increased medication adherence, active engagement in their healthcare, reduced time of transfer to healthcare, and regular outpatient visits. These favorable results contribute to maintaining their health status and improving their quality of life (41). Conversely, poor transitions may postpone the development of autonomy and independence in patients. The likelihood of effective treatment can be enhanced by a successful transition (42). Differences in clinical endpoints (phase of cancer care) are reflected in the definition of treatment efficacy that varies among the included studies. Some studies define success as survival rates or remission, while others emphasize treatment adherence, a decrease in complications, or an enhancement in quality of life (43).

Length of diagnosis is also a factor that can affect transition. The majority of patients are currently in the treatment and survivorship phases of their cancer journey. Research findings by (20) explained that respondents who had completed treatment exhibited lower scores, whereas those who had a prolonged duration of diagnosis achieved higher transition readiness scores. Cancer patients describe transitions as a complex and multifaceted set of events associated with disease-related time points, such as diagnosis, treatment initiation, and recurrence. These events have the potential to profoundly affect their sense of identity, psychological health, and quality of life (44).

Insurance type is one factor that assesses health disparities among childhood cancer survivors, and public insurance can impede their ability to access survival and other health services (45). Lack of health insurance coverage is one of the strongest predictors of poor cancer outcomes (46). In comparison to those with health insurance coverage, uninsured individuals are less likely to receive care across the continuum of cancer control, including diagnostic and symptom management, prevention and screening, survival, and end-of-life (EOL) care (47). People without insurance also tend to be diagnosed with a more advanced stage of the disease and have a lower average survival rate. Health disparities in populations defined by race or ethnicity, poverty, and geography can be mitigated through health insurance coverage (48).

Health services play an important role in the transition process by fostering autonomy, self-management skills, and active engagement in health services, resulting in favorable health outcomes (49). In addition, family and peer support serve as vital resources in the transition process, since they offer information, support, facilitate treatment requirements, and provide autonomy and decision-making support (50, 51). Peer support is psychologically related; it can alleviate depression, social isolation, and stigma, as well as provide cancer-related information, optimism for recovery, and it can improve the quality of life (52–54).

The findings of this study indicate that the majority of the studies analyzed focused on the treatment and the survivorship phase in the health–illness transition, while the transitional aspects in the diagnosis phase were rarely addressed. This indicates a research gap regarding patient readiness in facing the early stages of the disease journey, a period that is characterized by emotional duress and uncertainty. This research has significant practical implications for cancer care, particularly in the context of transition care planning. Structured and sustained interventions are particularly necessary during the treatment and survivorship phases, as the majority of survivors exhibit low to medium levels of transition readiness. The primary focus of clinical practice should be on the enhancement of individual factors, such as access to information and competence, as well as the support of family and healthcare providers. By utilizing these discoveries as a basis, it is possible to create transition programs that are more integrated and personalized, thereby improving the quality of life for cancer patients. The findings indicate a necessity for the early integration of tailored psycho-educational interventions and standardized screening for transition readiness in the care pathway. Addressing obstacles such as insurance disparities and enhancing access to supportive care services is evidently essential from a policy perspective.

This study's strength lies in its focus on a significant yet underexplored topic: the preparation of cancer survivors for the transition from health to illness. The research identified several factors influencing preparedness, including age, physical and emotional condition, and accessibility to healthcare services. The findings imply that outside assistance and a customized strategy are essential for each patient.

However, this study has limitations, notably its lack of examination of changes in readiness over time, and does not explore the important role of healthcare professionals in assisting patients navigate the transition process. To maximize treatment results, future studies are encouraged to assess transition readiness starting with the diagnostic phase. This will help to improve care coordination and effectiveness throughout the cancer treatment process. HITs during the diagnosis phase are critical in cancer care, as they assists patients and their families in adapting to their new reality, managing the emotional and physical effects of the diagnosis, and preparing for the intricate journey of treatment and recovery. The interventions, including education, support groups, and psychological counseling, seek to empower individuals to proactively manage their health and well-being.

CONCLUSION

This scoping review demonstrates that patient readiness for the HITs, typically assessed as low to medium in existing literature, is a significant factor in attaining favorable cancer treatment outcomes. Factors including cancer type, the phase of treatment being undergone, available support resources, age, access to healthcare services, and the information received can help improve the success of the health-disease transition. A successful transition process is more likely when patients get better and earlier assistance.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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