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Professional Navigation Framework: Elaboration and Validation in a Canadian Context

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Patients with cancer and their families experience dissatisfaction with service fragmentation, delays, lack of information, and lack of coordination (Turgeon, Dumont, St-Pierre, Sévigny, & Vézina, 2004) and often complain about a sense of isolation, feelings of powerlessness, and a lack of guidance. They express a need for timely information on the disease, treatments, and available resources, as well as better communication between health providers and emotional support throughout the healthcare continuum (Fraser, 1995). Patients often refer to the care system as a maze and express a need for continuity of care and a person-centered approach (Trussler, 2002). To improve continuity and patient-centered care, cancer navigation programs have emerged as a model of care.

Continuity of care can be defined as the degree to which a series of discrete healthcare events are experienced as coherent, connected, and consistent with the patient's medical needs and personal context (Haggerty et al., 2003). Patient-centered care refers to a model in which patients' expectations are taken into account, where patients and healthcare providers work as partners, and where they share a common vision about their goals. Therefore, intervention plans are focused on and made in collaboration with the person (Fitch, 2008).

However, the literature has failed to describe cancer navigation consistently. In this article, the authors propose that part of the confusion is related to the lack of acknowledgment of the bi-dimensional nature of the role: organizational and clinical. The goal was to explore the concept of professional navigation within the theoretic concepts of continuity of care and patient empowerment to determine the organizational and clinical nature of the role.

Purpose/Objectives: To elaborate, refine, and validate the professional navigation framework in a Canadian context.

Research Approach: A two-step approach consisting of a qualitative evaluative design and formal consultations.

Setting: Two applications of professional navigators in Quebec and Nova Scotia, Canada.

Participants: Patient navigators, medical oncology specialists, nurses and oncology staff, administrators, family physicians, patients with cancer, and patients' families and significant others.

Methods: Individual interviews (n = 49) and focus groups (n = 10) were conducted with professional navigators, patients and family members, front-line staff, family physicians, and health administrators. Formal consultations (n = 13) occurred with clinical experts, managers, and researchers from across Canada.

Main Research Variables: The interview guide was based on an evaluative conceptual framework integrating questions related to the implementation process of the role of professional navigators and their organizational and clinical functions.

Findings: Results support a bi-dimensional framework and define key role functions. The first dimension, health system-oriented, refers to continuity of care. The second dimension, patient-centered, corresponds to empowerment. For each dimension, related concepts were illustrated from data. Examples of outcomes also were suggested.

Conclusions: The framework brings clarity to the role and functions of professional navigators and suggests relevant outcomes for program evaluations.

Interpretation: With a clear definition of their role, professional navigators may be more efficient and less challenged in terms of setting priorities and making decisions while having to face demands from the health system and patients. The integrative framework could improve the effectiveness of cancer navigation programs.