The term patient navigator (PN) has become a healthcare buzz word as organizations strive to reduce systematic burdens generated by program inefficiencies. Patient navigation programs have become a ubiquitous appendage to many oncology centers as administrators attempt to streamline and optimize patient care. The PN concept initially was used to describe a program aimed at reducing the healthcare disparities experienced by people in marginalized communities (Freeman, Muth, & Kerner, 1995). The domains of health care in which PNs are implemented are as diverse as the roles of the PN presented in the literature. Debates continue as to whether a PN should be a nurse (Fillion et al., 2006; Melinyshyn & Wintonic, 2006), a social worker (Darnell, 2007), a peer supporter (Giese-Davis et al., 2006), or a lay individual (Freeman, 2004; Steinberg et al., 2006). Some argue that patient navigation is an approach to mend gaps in the system and that “rather than creating a role that fixes holes in the system, we should be fixing the system” (BC Cancer Agency, 2005, p. 10). Prior to addressing systematic inefficiencies and determining whether a PN position is required within a specific context, one should take a step back and understand what the PN role entails. The purpose of this article is to explore the concept of a PN through Walker and Avant’s (2005) concept analysis model with the aim of providing greater conceptual clarity. Walker and Avant’s model is an eight-step approach: Select a concept; determine the purpose of the analysis; identify the uses of the concept; determine the defining attributes; identify the model case; identify any borderline, related, contrary, or invented cases; identify any antecedents and consequences, and define empirical referents. This article also includes the scope of the functions related to the PN role, arguments for the use of nurses as PNs, and potential enhancements to the role.

Purpose/Objectives: To summarize the current scientific literature pertaining to the role of the patient navigator in oncology using the concept analysis framework developed by Walker and Avant.

Data Sources: Published research articles, clinical articles, and Internet sources on patient navigator roles and programs. Literature was obtained from CINAHL®, PubMed, PsycINFO, the Cochrane Library, and Google Scholar™, incorporating reports in English from 1990–2008.

Data Synthesis: Patient navigation has received a plethora of attention as healthcare programs strive to streamline care and address current gaps in service delivery. The literature revealed that the role of the patient navigator remains context-specific and has been filled by a variety of individuals, including nurses, social workers, peer supporters, and lay individuals.

Conclusions: The role of a patient navigator includes removing barriers to care, improving patient outcomes, and ameliorating the overall quality of healthcare delivery.

Implications for Nursing: By examining the role of the patient navigator depicted in the scientific literature, nurses can gain insight into not only the features of navigation but also the current systematic gaps that call for navigation services. This article examines the numerous functions of a patient navigator and exemplifies the significance of the role in various domains.

Literature Search

The scientific literature was searched to generate a definition that expounds the concept of a PN. PubMed, CINAHL®, PsycINFO, Google Scholar™, and the Cochrane Library were searched for the following terms: cancer/oncology patient navigator, breast cancer patient navigator, case management, and patient navigation. The search was limited to articles published in English from 1990 through November 2008. The articles included in the analysis described the role, including the perceived benefits or disadvantages. Articles were excluded when the term navigator referred to navigating through the body during surgical procedures, navigators as pilots, blood glucose system navigators, GPS navigators, or Netscape Navigator software.

The Origin of the Concept

The concept of a PN was introduced in 1990 by Dr. Harold P. Freeman, a distinguished surgical oncologist...