Effect of Nurse Navigation on Patient Care Satisfaction and Distress Associated With Breast Biopsy

Mariann Harding, PhD, RN, CNE

Background: Navigation during the biopsy period is a superior approach to delivering care, with those patients receiving services experiencing less distress. Critical nurse navigator roles include providing information and facilitating access to the healthcare system, both of which are influential on distress. The information in this article supports the expansion of navigation programs to include women undergoing biopsy and aids in promoting a higher standard of care.

Objectives: To evaluate the effect of navigation on care satisfaction and distress in women undergoing breast biopsy.

Methods: A descriptive, cross-sectional survey design from two outpatient radiology clinics in Appalachia was used.

Findings: Navigated women had lower scores on every distress measure and were less likely to seek information from an outside source. Women who were more satisfied with their care reported decreased distress; the factors influencing distress varied depending on whether they were the recipient of navigation services. In the non-navigated population, general satisfaction with care and accessibility were more likely to influence distress.

Literature Review

Breast cancer is the most common cancer diagnosed in women, representing 29% of newly diagnosed cancer cases (Siegel, Ma, Zou, & Jemal, 2014). Triple assessment (physical examination, imaging, and biopsy) is the standard for evaluating breast disease, with biopsy being the standard for diagnosing breast cancer. About 1.6 million women in the United States underwent a breast biopsy in 2014, and an estimated 231,840 new diagnoses of breast cancer will be made in 2015 (American Cancer Society, 2015; Siegel et al., 2014).

The presence of a breast abnormality invokes an immediate fear in most women that they have cancer, resulting in distress (Harding, 2014). Being distressed, as well as having difficulties accessing care, can interfere with a patient obtaining necessary health care, possibly leading to higher mortality in the presence of a confirmed cancer diagnosis (Allen, Shelton, Harden, & Goldman, 2008; Raich, Whitley, Thorland, Valverde, & Fairclough, 2012). The potential negative effect on survival because of diagnostic delays was a motivating factor in the development of navigator programs (Raich et al., 2012). The literature shows that navigation improves timely diagnosis; however, the effect of navigation on patient satisfaction and distress during the breast biopsy period remains unclear (Hook, Ware, Siler, & Packard, 2012; Paskett et al., 2012; Raich et al., 2012).

Key words: navigation; breast biopsy; healthcare satisfaction; distress

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Mariann Harding, PhD, RN, CNE, is an associate professor in the College of Nursing at Kent State University at Tuscarawas in New Philadelphia, OH. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Harding can be reached at mhardi10@kent.edu, with copy to editor at CJONeditor@ons.org. (Submitted March 2014. Revision submitted May 2014. Accepted for publication May 12, 2014.)