A Breast Navigator Program: Barriers, Enhancers, and Nursing Interventions

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The American Cancer Society (2010) estimated that 207,090 women and 1,970 men in the United States in 2010 were diagnosed with new cases of invasive breast cancer. From 1999–2006, female breast cancer incidence rates decreased 2% per year, largely attributed to reductions in the use of menopausal hormone therapy and a slight drop in mammography use that may delay diagnosis (American Cancer Society, 2010). However, excluding cancers of the skin, breast cancer is still the most common cancer among women. Incidence and death rates are lower among women of other racial and ethnic groups than among African American and Caucasian women (American Cancer Society, 2010). Despite effective adjuvant treatments for early-stage breast cancer, many women do not receive them (Bickell & Cohen, 2008).

Breast Cancer Treatment Disparities

Bickell (2002) constructed a model of underuse of breast cancer treatment and its causes. Treatment underuse is identified as the result of patient, physician, and system factors that exist, interact, and affect each other within a healthcare system and the patient's community. Physician and patient factors are comprised of knowledge, attitudes, beliefs, and behaviors. Specific patient factors include communication skills, income, health insurance, education, competing demands, transportation, language, literacy, and culture.

A component of the mortality differential may be caused by disparities in treatment (Bickell & Cohen, 2008). In a study of 100,311 women with breast cancer, McCarthy et al. (2006) identified that the disabled, as defined by the Social Security Disability Index and Medicare, were less likely to undergo standard therapy after breast-conserving surgery. Differences in treatment did not explain differences in breast cancer mortality

Purpose/Objectives: To identify barriers to and enhancers of completion of breast cancer treatment from the perspective of participants in a breast health navigator program.

Research Approach: Qualitative, using focus group methodology and telephone interview.

Setting: Two teaching hospital ambulatory cancer centers.

Participants: Women enrolled in the breast navigator program, including patients who completed (n = 13) and did not complete (n = 1) breast cancer treatment.

Methodologic Approach: Researchers used semistructured, open-ended questioning to guide the interviews and elicit identification of barriers to and enhancers of treatment. A flexible approach was used and the interviews were recorded. Content analysis was used to identify themes.

Main Research Variables: Perceived barriers and enhancers of breast cancer treatment.

Findings: The most common theme was the value of the education and information received from the navigator. Several participants saw this as the essence of the role. Assistance with managing symptoms, access to financial and community resources, and the team approach were completion enhancers.

Conclusions: Completion of breast cancer therapy and care can be improved by recognizing the value the nurse navigator role brings to the patient experience and enhancing that role.

Interpretation: The intentional presence of the oncology nurse and the nursing emphasis on culturally appropriate education and care can be seen as key competencies of the navigator. As the concept of the navigation process is expanded to other cancers, oncology nurses are particularly well positioned to advocate for the navigator role as a nursing domain.

rates. Inadequate or no health insurance had been found to be associated with shorter overall survival with breast cancer (Palmieri et al., 2009). Low socioeconomic status is a primary predictor of not undergoing screening (Dignan et al., 2005).