Breast Cancer Navigation and Patient Satisfaction: Exploring a Community-Based Patient Navigation Model in a Rural Setting

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Purpose/Objectives: To explore patient satisfaction among newly diagnosed patients with breast cancer in a rural community setting using a nurse navigation model.

Design: Nonexperimental, descriptive study.

Setting: Large, multispecialty physician outpatient clinic serving about 150 newly diagnosed patients with breast cancer annually at the time of the study.

Sample: 103 patients using nurse navigation services during a two-year period.

Methods: A researcher-developed 14-item survey tool using a Likert-type scale was mailed to about 300 navigated patients.

Main Research Variables: Nurse navigation and patient satisfaction.

Findings: The majority of participants (n = 73, 72%) selected "strongly agree" in each survey statement when questioned about the benefits of nurse navigation.

Conclusions: Patients receiving nurse navigation for breast cancer are highly satisfied with the services offered in this setting.

Implications for Nursing: Findings from this study offer insight regarding the effectiveness of an individualized supportive care approach to nurses and providers of oncology care. That information can be used to guide the implementation of future nurse navigation programs, determine effective methods of guiding patients through the cancer experience, and aid in promoting the highest standard of oncology care.

The concept of patient navigation is defined by its founder, Harold Freeman, MD, as interventions initiated in cancer care for the purpose of reducing barriers to timely screening, diagnosis, treatment, and supportive care (Harold P. Freeman Patient Navigation Institute, 2011). Since the inception of the concept in 2005, patient navigation interventions have escalated in an attempt to reduce disparities (Freeman & Chu, 2005; Pedersen & Hack, 2010) and improve overall patient satisfaction with cancer treatment (Campbell, Craig, Eggert, & Bailey-Dorton, 2010; Freund et al., 2008). Although the implementation of navigation and qualifications for a navigator remain controversial (Institute for Alternative Futures, 2007), the use of nurses in the navigation role is increasing (Campbell et al., 2010; Koh, Nelson, & Cook, 2011; Korber, Padula, Gray, & Powell, 2011). Concurrently, evaluation of patient navigation's effectiveness and clinical implications are lacking (Wells et al., 2008). Evaluation of navigation programs, including patient satisfaction, provides objective insight into patient benefits (Campbell et al., 2010; Wilcox & Bruce, 2010). The purpose of this study was to explore satisfaction levels with a nurse navigation model in a sample of patients with breast cancer.

Since 2001, deficiencies surrounding the delivery of health care have gained national attention and precipitated reform to address the system inadequacies facing patients with cancer. The National Cancer Institute's President's Cancer Panel (2001) report *Voices of a Broken System: Real People, Real Problems* cited system failures, including lack of care coordination and fragmentation of care, as contributing factors to compromised patient education and support. Quillin et al. (2009) believed decentralization of care was a catalyst to communication gaps among providers and patients. The American Cancer Society (2012) estimated 230,480 new diagnoses of invasive breast cancer in the United States in 2011. The time required to offer patients with cancer the service they require and deserve is simply not available in the current healthcare system (Hermann, 2008).

The Institute of Medicine report (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century* cited "patient-centered care" as a primary initiative aimed at improving the patient experience (p. 40). As a result, patient navigation has emerged in the oncology field as an individualized supportive care approach.