

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

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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.

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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, & Fair-

clough, 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).

Literature Review

Interactions with the healthcare team have a high influence on the experience of women undergoing a breast biopsy. Women need information regarding their risk of having cancer and the tests necessary to diagnose the disease. Women who are adequately informed about the process are less distressed, cope better with the possibility of having cancer, have more trust in the healthcare team, and are better able to discuss and