

# Experiences of Non-Navigated Women Undergoing Breast Diagnostic Evaluation

Mariann M. Harding, RN, MSN, CNE, and Susan McCrone, PhD, RN, PMHCNS-BC



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During the diagnostic period, women need appropriate, timely information regarding tests and procedures. Nurse navigator programs were developed to combat the negative effects on survival that are caused by delays in the diagnosis of breast cancer and lack of support from the healthcare team. Nurse navigators decreased barriers to care, increased patient satisfaction, and lowered anxiety in women undergoing diagnostic evaluation. However, although patient navigation programs have become a presence in oncology centers, those programs and the accompanying support are not offered at every facility that provides components of diagnostic evaluation. Therefore, the purpose of the current study was to explore the experiences of women who underwent a breast diagnostic evaluation without any accompanying navigation services.

Mariann M. Harding, RN, MSN, CNE, is an associate professor in the Department of Nursing at Kent State University at Tuscarawas in New Philadelphia, OH, and Susan McCrone, PhD, RN, PMHCNS-BC, is a professor in the School of Nursing at West Virginia University in Morgantown. The authors take full responsibility for the content of the article. The authors 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 authors, planners, independent peer reviewers, or editorial staff. Harding can be reached at [mmontgo5@kent.edu](mailto:mmontgo5@kent.edu), with copy to editor at [CJONeditor@ons.org](mailto:CJONeditor@ons.org). (Submitted April 2012. Accepted for publication May 27, 2012.)

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Most women report experiencing immediate, intense fear after discovering a lump in their breast (Demir, Donmez, Ozsaker, & Diramali, 2008; Liao, Chen, Chen, & Chen, 2007). The uncertainty regarding potential diagnoses may lead to psychological distress that persists throughout the diagnostic period until a diagnosis is given, even if it is one of malignancy (Shaw, Wilson, & O'Brien, 1994). That distress can interfere with women's ability to obtain necessary follow-up care, possible resulting in higher mortality after a confirmed cancer diagnosis (Allen, Shelton, Harden, & Goldman, 2008). Experiences during the diagnostic period are believed to influence treatment outcomes once diagnoses are confirmed (Harding & McCrone, 2011). Perceptions of decreased support from the healthcare team may lessen women's satisfaction with their health care and increase distress in the immediate postdiagnosis period (Ferrante, Chen, & Kim, 2008; Witek-Janusek, Gabram, & Mathews, 2007).

Women's interactions with their healthcare teams are highly influential on the experience of undergoing a breast evaluation.

Women who perceived being informed adequately about the process experienced less psychological distress, coped better with the possibility of having cancer, and had a greater degree of trust in their healthcare team (Lebel et al., 2003; Pineault, 2007). Having a specific professional for women to contact with questions or clarifications and promptly giving women explanations regarding diagnostic results may lessen their distress (Liao et al., 2007; O'Mahony, 2001). Unfortunately, most women reported feeling like they received inadequate information or preparation for diagnostic procedures (O'Mahony, 2001). That insufficiency has two results: women spend time actively seeking outside information to fulfill this need (Allen et al., 2008) and, in hindsight, often feel that they were inadequately prepared for what were later described as painfully gruesome procedures (Thorne, Harris, Hislop, & Vestrup, 1999). Women have reported that connecting with others who also had undergone breast diagnostic experiences was beneficial as it provided specific information about the biopsy experience (Benedict, Williams, & Baron, 1994; Thorne et al., 1999). A lack of information also drove women to attempt