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).

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...