

Breast Cancer Screening: Women's Experiences of Waiting for Further Testing

Patricia Pineault, RN, MSN

Purpose/Objectives: To describe anxiety experienced by participants in a breast cancer screening program who have received an abnormal screening mammography result and are waiting for further testing and diagnosis and to identify the social support needed during this period.

Design: Exploratory, descriptive.

Setting: Quebec Breast Cancer Screening Program (QBCSP) participants in Montreal, Canada.

Sample: Nonprobability sample of 631 asymptomatic women, aged 50–69, who had abnormal screening mammogram results in the two months prior to the survey and who spoke or read French or English.

Methods: Mailed self-report questionnaire.

Main Research Variables: Anxiety, social support, and breast cancer screening.

Findings: Fifty-one percent of the participants were quite or very anxious at every stage of the prediagnostic phase. Seventy-five percent expressed their feelings to family and friends whose support was comforting but did not diminish participants' anxiety. Satisfaction from social support offered by healthcare professionals reduced their anxiety.

Conclusions: To decrease anxiety in the prediagnostic phase, women need support from healthcare professionals during the early stage of the screening process to prevent exacerbation of their concerns. Support has to be integrated into a continuity-of-care process.

Implications for Nursing: Nurses can play a significant role in breast cancer screening programs. They can evaluate, at an early stage, participant anxiety and offer the appropriate social support. They also can ensure the follow-up and personalized support required while a patient awaits a diagnosis.

Key Points . . .

- Patient satisfaction with social support provided by healthcare professionals can reduce anxiety.
- Healthcare professionals should evaluate and satisfy women's needs for social support from the start of screening and throughout the investigative process.
- Social support must be integrated into the quality standards of a breast cancer screening program.

Northouse, Jeffs, Cracchiolo-Caraway, Lampman, & Dorris, 1995; Pineault; Seckel & Birney, 1996).

Screening mammograms focus on asymptomatic women who hope to obtain confirmation of good health (Ong, Austoker, & Brett, 1997). News of an abnormal result is disconcerting and for some women is synonymous with a diagnosis of breast cancer (Pineault, 2001; Scaf-Klomp, Sanderman, van de Wiel, Otter, & van den Heuvel, 1997). The waiting period for different stages of additional investigation and final test results is characterized by uncertainty and fear. For most women, it is a very distressing period (Fridfinnsdottir, 1997; Hislop et al., 2002; Lampic, Thurfjell, Bergh, & Sjoden, 2001; Poole & Lyne, 2000). According to Marteau (1994), the uncertainty women experience during the waiting period is more upsetting than the test results, whether positive or negative (Sandin et al., 2002).

Studies have shown that women who benefit from social support are less anxious during the screening and additional tests (De Grasse, Hugo, & Plotnikoff, 1997; Fridfinnsdottir, 1997; O'Mahony, 2001; Seckel & Birney, 1996). Social support positively affects health and contributes to well-being by satisfying the person's needs for assistance, a sense of belonging, information, and socialization. In addition, it facilitates the marshalling of psychological resources and helps people to overcome emotional problems (Caplan, 1974; Smith, Fernengel, Holcroft, & Gerald, 1994).

According to Schaefer, Coyne, and Lazarus (1981), the principal functions of social support are emotional, informational,

The numerous advantages associated with systematic breast cancer screening programs no longer need proving; however, some healthcare professionals have expressed reservations about the extent of psychological morbidity experienced by participants (Bakker, Lightfoot, Steggle, & Jackson, 1998; Brett, Bankhead, Henderson, Watson, & Austoker, 2005; Fridfinnsdottir, 1997; Lowe, Balanda, Del Mar, & Hawes, 1999; Ong & Austoker, 1997; Pineault, 2001; Poole et al., 1999; Thorne, Harris, Hislop, & Vestrup, 1999). Indeed, manifestations of anxiety have been recorded at every stage of screening, beginning with the letter inviting women to participate in the program (Elkind & Eardley, 1990; Hurley & Kaldor, 1992; Marteau, 1990). Furthermore, women who receive an abnormal screening mammogram result must undergo additional investigative tests. The experience can produce intense anxiety (Aro, Absetz, van Elderen, van der Ploeg, & van der Kamp, 2000; Brett et al.; Fridfinnsdottir; Lowe et al.; Ong & Austoker; Sandin, Chorot, Valiente, Lostao, & Santed, 2002), especially for women who must have a biopsy, because the test often is associated with a serious condition (Benedict, Williams, & Baron, 1994; Deane & Degner, 1997;

Patricia Pineault, RN, MSN, is a researcher at Réseau québécois d'action pour la santé des femmes (Quebec Action Network for the Health of Women) in Montreal, Canada. (Submitted February 2006. Accepted for publication March 5, 2007.)

Digital Object Identifier: 10.1188/07.ONF.847-853