Timing and Mode of Breast Care Nurse Consultation From the Patient's Perspective

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OBJECTIVES: To understand what, if any, differences exist in the perception of a breast care nurse (BCN) consultation between women who experienced a preoperative, face-to-face counseling and education opportunity with a BCN, and those who required a telephone consultation or were unable to experience a preoperative BCN consultation.

SAMPLE & SETTING: A convenience sample of women in a private hospital in Western Australia who had breast surgery for breast cancer, *BRCA* gene mutation, or breast cancer risk reduction, and who experienced face-to-face contact, telephone contact, or no preoperative contact with a BCN.

METHODS & VARIABLES: A single-center, mixed-methods, descriptive study comparing timing and mode of consultation.

RESULTS: Women who experienced a timely face-to-face consultation with a BCN in the preoperative period reported that they received superior education and emotional and practical support than women who experienced a telephone consultation or postoperative consultation with a BCN.

IMPLICATIONS FOR NURSING: When a patient's circumstances allow, a consultation with a BCN in the preoperative period should be offered. Ideally, this consultation should be conducted face-to-face to provide the education and psychosocial and practical support that patients undergoing breast surgery require. When this is not possible, a telephone consultation should be offered, as opposed to waiting until after surgery.

KEYWORDS breast care nurse; consultation; risk reduction; mastectomy; preoperative period

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Globally, breast cancer is the most common cancer among women, and its incidence is increasing (Ferlay et al., 2015). Cancer Australia (2017a) estimates that 17,586 new cases of breast cancer were diagnosed in Australian women in 2017. With increasing demands on breast cancer services, determining optimal treatment and support is required to ensure that high-quality holistic care is provided to patients. When a woman receives a breast cancer diagnosis, she and her family members are faced with making decisions regarding treatment while trying to cope with complex feelings (Browall, Kenne Sarenmalm, Persson, Wengström, & Gaston-Johansson, 2016; Çömez & Karayurt, 2016). Further compounding this is the often short period from diagnosis to the commencement of treatment, which gives women little time to take in the information presented to them and process their feelings (Cordeiro, Dixon, Coburn, & Holloway, 2015; Dickerson, Alqaissi, Underhill, & Lally, 2011). The psychological distress that women experience during this time is well recognized (Fox et al., 2013), and many strategies have been developed to help them through their breast cancer journey. One of these strategies, implemented in the 1990s in Australia, was the inclusion of a breast care nurse (BCN) in a patient's healthcare team, as a stand-alone clinician or within another model of care (Porter-Steele, Tjondronegoro, Seib, Young, & Anderson, 2017).

The current study site, St. John of God Subiaco Hospital in Western Australia, employs a breast care clinical nurse consultant 21 hours per week and a breast care clinical nurse 14 hours per week, covering all five weekdays, and has done this for the past five years. The annual caseload of women undergoing breast surgery is 200–250 per year, depending on the availability of a surgeon. In addition to patients who are directly referred, the BCN attempts to see every patient who comes through the outpatient clinics. The opportunity to arrange a preoperative BCN