would detect breast cancer, therefore reducing the severity of the disease.7

So why do the majority of women not comply with mammography screening guidelines? Studies examining cost concluded that if the expense of the mammogram were reduced, women would be more likely to have screening tests.1,5 The results of studies examining the time and effort associated with obtaining a mammogram suggest that having mammography screening on the same day as a woman’s annual gynecologic exam increases adherence rates for mammography screening.11

Provider recommendations have been identified as a key element in determining the extent of mammography utilization.2 Yet providers underestimate the impact they have on women’s compliance with mammography screening guidelines.1

Seventy percent of women who received referrals from their providers had mammograms within a year. Another study showed that provider referral was the most influential factor in increasing adherence for mammography screening.2

We conducted a study using a questionnaire that incorporated the concepts of the Health Belief Model to examine factors that influence women not to comply with mammography screening guidelines. NPs can use the findings to individualize interventions to promote compliance with mammography screening.

Sample and Setting
We conducted our study at a primary care provider’s office in a middle-class suburban area of Michigan. The sample consisted exclusively of women.

Participants were between the ages of 40 to 69, had not had a mammogram in the prior 12 months, and had no history of breast cancer. We obtained voluntary consent from all who participated. A total of 300 women accepted a questionnaire, and 179 (60%) completed and returned them.

Forty-two percent of participants were between the ages of 40 and 49 (n = 75), 38% were between 50 and 59 (n = 68), and 20% were between the ages of 60 and 69 (n = 36). Seventy-six percent of the subjects described themselves as white (n = 136), 10% as African American (n = 19), 9% as Hispanic (n = 16), 6% as Asian (n = 6), and 1% as Native American (n = 1). Just more than half — 57% — reported a total income of $50,000 to $99,000 (n = 102), 27% reported income of $25,000 to $49,999 (n = 49), and 11% reported income under $25,000 (n = 21). Only 5% (n = 5) reported income greater than $100,000. Almost all respondents (92%; n = 164) reported completing high school.

Instruments
The questionnaire we used in this study is the National Breast Cancer Attitudes Survey.12 This survey was developed by the U.S. Department of Defense breast cancer research program in 1977 to enhance informed decision making about mammography.12 The questionnaire comprises 39 questions based on the Health Belief Model. Questions address women’s views on the breast cancer screening debate, risk factors for breast cancer, perceptions of personal risk for breast cancer, and attitudes about the advantages and disadvantages of mammography screening. Reliability and validity were tested using a pilot study. The reliability coefficient based on the Cronbach alpha method was 75.12

We included two questions from the Behavioral Risk Factor Survey.13 These questions were: "What was the main reason you..."