Patient perspective on cancer treatment experience at selected healthcare facilities

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ABSTRACT

Cancer remains the second leading cause of mortality globally, with 9.6 million deaths reported in 2018. In Malaysia, it ranks fourth, accounting for 12.6% of deaths in government hospitals and 26.7% in private hospitals. Timely detection and diagnosis are critical for improving patient outcomes, especially in resource-constrained settings. This study explores the phenomenon of cancer treatment delays among patients in selected Malaysian hospitals, focusing on the contributing factors and lived experiences of those affected. A qualitative exploratory design grounded in phenomenology was employed across five hospital sites representing various healthcare levels and regions in Malaysia. In-depth interviews were conducted with 40 participants, guided by Andersen's Model of Total Patient Delay and Thaddeus and Maine's Three Delays Model. Thematic analysis was carried out through a rigorous, multi-stage coding process based on Lincoln and Guba's trustworthiness criteria. Delays were categorized across five phases: appraisal, illness, behavioural, scheduling, and treatment. Appraisal and behavioural delays were primarily patient-driven, linked to symptom misinterpretation, denial, and cultural beliefs. Scheduling and treatment delays were systemic, influenced by limited specialist access, miscommunication, operational disruptions due to COVID-19, and trust issues with healthcare services. Seven major themes emerged within treatment delay, including misdiagnosis and service fragmentation. Cancer care delays in Malaysia span both patient- and system-level barriers, with behavioural and treatment delays emerging as critical points for intervention. Strengthening early detection pathways and addressing trust and communication gaps within the healthcare system are essential for reducing avoidable morbidity and mortality.

Keywords: Cancer, delay, qualitative research, malaysia, health behaviour