



Exploring the Influence of Religious and Cultural Mythical Beliefs on Psychological Barriers to Healthcare Seeking for Cancer and Serious Illnesses: Strategies for Enhancing Patient Care and Professional Responses

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Abstract

This study examines the impact of religious and mythical beliefs on healthcare-seeking behaviors, particularly how such beliefs influence decisions regarding treatment for serious illnesses. The aim is to identify the challenges these beliefs pose and propose strategies to improve patient care in culturally diverse environments. The study employs a narrative inquiry methodology, collecting personal narratives through in-depth interviews and written accounts. This approach allows for a nuanced understanding of how religious and mythical beliefs shape healthcare decisions. Data analysis incorporates both inductive narrative methods and quantitative coding techniques, including thematic coding and frequency counts, to identify recurring themes and patterns in the narratives. The inductive approach allows participants to organize their stories in ways that reflect their personal experiences, ensuring that the essence of their narratives is preserved. Key findings indicate that strong religious and mythical beliefs often lead patients to prioritize faith-based practices over conventional medical treatment, causing delays in seeking care. Psychological barriers, such as fear of violating religious principles and concerns about undermining faith, contribute to this delay. The research emphasizes the importance of culturally competent healthcare providers in addressing these barriers, fostering trust, and guiding patients toward timely medical interventions. Integrating cultural and religious sensitivity into healthcare practices can reduce resistance to medical treatment and improve patient outcomes. The study advocates for training healthcare professionals in cultural competence and religious sensitivity to enhance care delivery in diverse contexts, empowering patients to make informed and confident healthcare decisions.

Keywords: Healthcare-Seeking Behavior; Psychological Barriers; Cultural Competence; Religious Sensitivity; Mythical Beliefs; Thematic Analysis; Narrative Inquiry; Inductive Methods; Frequency Counts

Abbreviations

HBM: Health Belief Model.

Introduction

In contemporary healthcare settings, the interplay between religious and mythical beliefs and healthcare-

seeking behaviors presents a complex landscape of psychological barriers, especially for individuals facing serious illnesses such as cancer. These beliefs significantly influence patients' decisions about pursuing medical treatment and interacting with healthcare systems. This study employs a narrative inquiry approach to explore how these beliefs impact psychological barriers and proposes strategies for improving patient care by addressing these

barriers.

Religious convictions often shape individuals' perceptions of illness and healing, sometimes leading to reluctance in seeking conventional medical treatment. For instance, Swihart DL, et al. [1] highlight that religious individuals, particularly Christians, may experience internal conflict when deciding whether to seek medical care or rely solely on faith-based healing. This tension arises from deeply ingrained beliefs that frame illness as a spiritual challenge or test of faith, thereby affecting the decision-making process regarding medical intervention. The diversity of religious practices globally further complicates the delivery of culturally competent care, which is crucial for addressing the specific needs of patients and improving outcomes [1].

The narrative inquiry approach, as outlined by Clandinin DJ, et al. [2], allows for an in-depth exploration of personal experiences and the meaning derived from them. This method is particularly apt for understanding how individuals navigate their health journeys amid conflicting beliefs. The researcher's personal experience of grappling with the mythical perception of Korle Bu Teaching Hospital in Ghana, often regarded as a "door of no return," illustrates the powerful role of myth in shaping healthcare decisions. This perception, reinforced by personal and communal narratives about the hospital's association with death, reflects a broader issue where myths and cultural beliefs obstruct timely medical intervention [3].

Through narrative inquiry, this study aims to capture the essence of these experiences and the psychological barriers they create. By analyzing the researcher's journey and validating it with existing literature, this paper seeks to provide insights into how religious and mythical beliefs influence healthcare-seeking behaviors and to develop strategies that healthcare professionals can employ to better support patients navigating these barriers. As Hordern J [4] suggests, understanding and respecting patients' cultural and religious beliefs is essential for delivering effective and compassionate care. This approach not only facilitates better patient outcomes but also fosters a more inclusive and empathetic healthcare environment.

Research Problem

The primary research problem addressed in this study is the impact of religious and mythical beliefs on psychological barriers encountered by individuals seeking healthcare for serious illnesses such as cancer.

These barriers often manifest through reluctance to pursue conventional medical treatments, influenced by deeply held religious convictions and culturally ingrained

myths. The study employs a narrative inquiry methodology to investigate how these beliefs shape patients' healthcare-seeking behaviors and to explore the implications for effective patient care.

Specifically, the Research Problem Encompasses The Following Dimensions:

Religious Dilemma: Individuals with strong religious beliefs may experience internal conflict when choosing between faith-based healing and conventional medical treatments. This dilemma can lead to delays in seeking appropriate medical care, affecting health outcomes. The study examines how such religious convictions create psychological barriers to healthcare and the extent to which these barriers influence decision-making processes.

Mythical Perception: Cultural myths and narratives, such as the perception of Korle Bu Teaching Hospital as a "door of no return," can further obstruct timely medical intervention. These myths, which frame healthcare facilities in a negative light, contribute to fear and avoidance, thus impeding access to necessary treatments. The research problem includes understanding how these myths impact healthcare-seeking behaviors and contribute to the overall psychological burden faced by patients.

By addressing these aspects through narrative inquiry, this study aims to uncover the nuanced ways in which religious and mythical beliefs shape psychological barriers in healthcare settings. It seeks to offer insights into how healthcare professionals can develop and implement strategies to effectively address these barriers, ultimately improving patient care delivery and fostering a more inclusive and empathetic healthcare environment.

Purpose

The purpose of this research is to investigate how religious and mythical beliefs contribute to psychological barriers in seeking healthcare for cancer and other serious illnesses. By employing a narrative inquiry methodology, this study aims to gain a deeper understanding of how these beliefs shape individuals' healthcare-seeking behaviors and decision-making processes. The research seeks to identify the specific ways in which religious and mythical perceptions create obstacles to accessing timely and effective medical care and to develop practical strategies for healthcare professionals to address these barriers. Ultimately, the study aims to enhance patient care by integrating cultural and religious sensitivity into healthcare practices, thereby improving outcomes for patients navigating these psychological challenges.

Significance

This research holds significant implications for both healthcare practice and patient outcomes. Understanding the impact of religious and mythical beliefs on healthcare-seeking behaviors is crucial for developing culturally competent care strategies. By highlighting the psychological barriers that these beliefs create, the study provides valuable insights into how healthcare professionals can better support patients who may be hesitant to seek medical treatment due to their beliefs.

The findings will contribute to the existing literature on the interplay between cultural beliefs and healthcare, offering new perspectives on how to address these challenges. This research is significant for healthcare providers, policymakers, and organizations involved in patient care, as it will inform the development of strategies that promote more inclusive and empathetic healthcare environments. By addressing the barriers posed by religious and mythical beliefs, the study aims to improve patient engagement, adherence to treatment, and overall health outcomes.

Research Question

How do religious and mythical beliefs contribute to psychological barriers in seeking healthcare for cancer or other serious illnesses, and what strategies can healthcare professionals implement to effectively address these barriers and improve patient care delivery?

Methodology

This study adopts a narrative inquiry approach to investigate the influence of religious and mythical beliefs on psychological barriers to seeking healthcare for serious illnesses. Narrative inquiry is a qualitative research methodology that focuses on understanding individuals' experiences through the stories they share, which can be sourced from a variety of materials, including written journals, autobiographies, memoirs, and personal conversations [5]. In this research, the stories were gathered from written journals and autobiographies.

Narrative inquiry seeks to understand and present real-life experiences as narrated by the participants, providing a comprehensive view of their lived experiences [6,7]. This approach enables a detailed examination of the meanings participants attach to their experiences, enriching the research with their personal insights. By focusing on storytelling, narrative inquiry amplifies the voices of individuals who might otherwise remain unheard, allowing their experiences to be communicated to a broader audience [6,8].

Using this narrative format, the researcher can uncover deeper layers of information, offering a more nuanced understanding of participants' perspectives [6]. The insights gained not only enhance the reader's comprehension of the topic but also provide valuable context that can be applied in similar settings [6]. Narrative inquiry is grounded in a philosophy that allows researchers to explore the meanings embedded in personal stories, making it an ideal method for this study, which seeks to delve into the personal experiences and interpretations of individuals navigating healthcare challenges due to religious and mythical beliefs [2].

The Methodology Involves the Following Steps

Data Collection: Personal stories and experiences of individuals who have encountered serious illnesses will be gathered through in-depth interviews and written accounts. This approach enables a detailed understanding of how religious and mythical beliefs shape healthcare-seeking behaviors. The data will primarily consist of personal narratives, which may include a comprehensive life history or a focused account of a particular experience. In this study, the narrative centers on the experience of cancer care amidst fear rooted in religious and cultural myths and beliefs, providing insight into a specific moment in the participants' lives (Narrative analysis in qualitative research: Examples, methods & types, 2023).

Data Analysis: The collected narratives will be carefully analyzed to identify common themes and patterns related to religious dilemmas and mythical beliefs. This process involves coding the narratives to explore how these beliefs create psychological obstacles and influence decision-making. The analysis aims to structure the participants' stories in a way that makes it easier to comprehend the impact of specific events, emotions, or decisions on their lives [2]. Ultimately, the goal of data analysis is to identify key narratives that capture the essence of the participants' experiences, offering a clear understanding of how these experiences shape their healthcare choices (Narrative analysis in qualitative research: Examples, methods & types, 2023).

Contextual Framework: The researcher's own experience with the mythical perception of Korle Bu Teaching Hospital and religious dilemmas will be incorporated as a case study to illustrate the broader implications of these barriers. This personal account will be used to validate and enrich the findings from other participants [3].

Strategy Development: Based on the findings, the study will propose strategies for healthcare professionals to address these psychological barriers effectively. This will include recommendations for integrating cultural and religious sensitivity into patient care practices [4].

The narrative inquiry approach is intended to provide a rich, contextual understanding of how religious and mythical beliefs impact healthcare-seeking behaviours and to inform strategies for improving patient care delivery by acknowledging and addressing these psychological barriers.

Theoretical Framework

Health Belief Model (HBM): The Health Belief Model (HBM) serves as a critical framework for understanding how individuals' perceptions of health threats and the anticipated benefits or drawbacks of health actions influence their healthcare-seeking behavior. According to HBM, key factors such as perceived susceptibility to illness, perceived severity of the illness, perceived benefits of taking a particular action, and perceived barriers to taking that action significantly shape individuals' health-related decisions [9].

In the context of this research, which investigates the impact of religious and mythical beliefs on healthcare-seeking behaviour, these factors are often deeply influenced by spiritual and cultural convictions. For example, patients who adhere to strong religious or mythical beliefs may perceive less benefit from conventional medical treatments, viewing them instead as secondary to spiritual or alternative healing methods. This perspective can lead to delays in seeking early medical care, a reliance on non-medical interventions, and a hesitancy to fully engage with healthcare systems. Research by Becker MH, et al. [10] supports this view, showing that such beliefs can diminish the perceived efficacy of medical interventions, thereby creating significant barriers to timely and effective healthcare.

Cultural Competence and Patient-Centered Care: Cultural competence theory emphasizes the importance of healthcare providers understanding and integrating patients' cultural, religious, and mythical beliefs into their care practices. Purnell's Model for Cultural Competence (2002) argues that effective healthcare delivery requires a deep understanding and respect for patients' cultural and spiritual backgrounds. This is especially crucial in contexts where religious and mythical beliefs significantly influence health behaviors and decisions.

Campinha-Bacote's Model of Cultural Competence (2002) further supports this approach by proposing that cultural competence involves an ongoing process of learning, adaptation, and sensitivity to meet the diverse needs of patients. This continuous effort helps healthcare providers build trust with patients, improve communication, and ultimately enhance health outcomes. In this study, which focuses on how religious and mythical beliefs contribute to psychological barriers in seeking healthcare, cultural competence is identified as essential for fostering a patient-

centered approach that navigates these complex belief systems to enhance patient care and compliance.

Religious Coping Theory: Religious Coping Theory, as articulated by Pargament KI [11], provides a comprehensive understanding of how religious beliefs and practices influence patients' responses to illness and their healthcare decisions. This theory posits that individuals often employ religious coping mechanisms to manage stress and illness, which can significantly impact their healthcare decisions.

For instance, patients may interpret their illness as a test of faith, leading them to prioritize spiritual or faith-based approaches over conventional medical treatments. Such beliefs may cause delays in seeking early medical intervention, reliance on prayer or religious rituals, and hesitancy to adhere to prescribed medical treatments. Furthermore, religious beliefs can frame medical decisions through moral and ethical lenses, influencing patients' acceptance or rejection of certain medical procedures. Additionally, the support or guidance from religious communities can strongly shape health behaviors, either encouraging faith-based healing or endorsing medical intervention.

Conclusion of Theoretical Framework

The theoretical framework presented here underscores the profound impact of religious and mythical beliefs on patients' healthcare-seeking behaviors, especially in the context of serious illnesses like cancer.

The Health Belief Model (HBM) illustrates how these beliefs can alter perceptions of illness and treatment, often leading to delays in medical care. Cultural Competence Theory emphasizes the importance of healthcare providers understanding and integrating these beliefs into patient care, advocating for a patient-centered approach that respects cultural and spiritual backgrounds. Religious Coping Theory further highlights the role of religious beliefs in shaping health decisions, influencing patients' engagement with medical care.

Given the intricate relationship between these beliefs and health behaviours, it is imperative that healthcare providers demonstrate sensitivity and respect towards patients' cultural and religious convictions. This approach not only helps in building trust and effective communication but also ensures that care is delivered in a manner that aligns with patients' values and beliefs, ultimately improving health outcomes. Integrating these theoretical perspectives into clinical practice is essential for overcoming the psychological barriers posed by religious and mythical beliefs, ensuring that patients receive timely, appropriate, and compassionate care.

Data Collection: Researcher's Stories on Myth and Religious Beliefs

The personal narratives were gathered over multiple sessions, focusing on specific topical stories rather than comprehensive life histories of the individuals ("Narrative analysis in qualitative research: Examples, methods & types," 2023). This approach made the inductive narrative method particularly useful, as it treats the entire narrative as a single unit of data ("Narrative analysis in qualitative research: Examples, methods & types," 2023). The inductive method allows participants to structure their own stories, ensuring that the essence of the narrative is maintained ("Narrative analysis in qualitative research: Examples, methods & types," 2023). While the deductive method, which starts with predefined categories like "summary," "beginning," "middle," and "end" ("Narrative analysis in qualitative research: Examples, methods & types," 2023), or a hybrid approach that combines both methods ("Narrative analysis in qualitative research: Examples, methods & types," 2023), could be applied, the inductive method was preferred due to the nature and format of the data collected—written journals and autobiographies—that are already structured in ways that resonate with the participants' experiences and meanings [12].

Narrative 1: Mythical Barriers to Seeking Treatment

For many diagnosed with cancer or terminal illness, accepting the reality of their condition and following medical advice can be profoundly complicated by deep-seated myths and fears. In Ghana, one such myth surrounds Korle Bu Teaching Hospital, a premier referral center renowned for its medical expertise.

Despite its reputation, the hospital is often feared as a "door of no return," a place associated with death rather than healing.

When I was first referred to Korle Bu, I felt a strong reluctance to go there. The hospital's name alone evoked a sense of foreboding, reinforced by personal experiences. My mother passed away at Komfo Anokye Teaching Hospital, a facility with similar characteristics to Korle Bu, and my husband's mother died after receiving treatment at Korle Bu. These losses, marked by suffering and eventual death, gave weight to the myth that Korle Bu was a place where people went to die.

Initially, I sought to avoid Korle Bu by arranging to see Dr. Blankson, the specialist referred to me, at a private hospital where he occasionally visited. When asked why I did not go to Korle Bu, I misrepresented my reasons, downplaying my

fear and reluctance. Dr. Blankson, however, was persuasive. He explained that Korle Bu had the comprehensive resources and collaborative expertise necessary for accurate diagnosis and effective treatment. He emphasized that the private clinic lacked the full range of equipment and specialist support available at Korle Bu.

Despite Dr. Blankson's advice, my reluctance persisted. My pastor, who was a fatherly figure to us, initially discouraged me from going to Korle Bu or undergoing surgery. He suggested that I use an ointment, which he claimed had helped others with similar symptoms. This advice came at a time when I was already struggling with the fear of Korle Bu's mythic reputation. My pastor's counsel added to my confusion, especially since I saw others who had sought medical treatment and found relief, which contradicted his advice.

The myth of Korle Bu as a "door of no return" was deeply entrenched in my psyche. Despite the hospital's efforts in the 1990s to dispel these myths through advertisements featuring recovered patients, the fear persisted. This fear was not just an abstract notion but a painful reality shaped by the deaths of my mother and mother-in-law, which reinforced the belief that seeking treatment there was akin to walking into a place of death.

The psychological barrier created by this myth was significant. It took me several days to overcome my fear and step onto the grounds of Korle Bu Teaching Hospital. Despite its stellar reputation and the encouragement from Dr. Blankson to seek treatment there, I remained haunted by the myth and my personal losses. It was only through confronting these fears and recognizing the importance of comprehensive medical care that I was able to make the decision to proceed with treatment at Korle Bu.

Narrative 2: Religious Dilemmas and Healthcare Choices

When faced with a cancer diagnosis, many individuals grapple with the tension between medical advice and their religious beliefs. This struggle often involves an internal and spiritual battle that complicates decision-making, particularly when beliefs about faith and healing come into play.

Initially, my husband's reaction to my diagnosis was to reject it outright, invoking the phrase, "Naa, reject it; we reject it in Jesus' name." This reflects a broader Christian belief that accepting a diagnosis could be seen as surrendering to the illness and potentially empowering it. This sentiment underscores a common fear that acknowledging the severity of a disease might make it worse, a belief that many share.

Compounding this internal conflict, my pastor advised me against seeking treatment at Korle Bu Teaching Hospital and suggested instead using an ointment he believed had worked for others. His recommendation was based on his own experiences and observations, reflecting a view that healing could be achieved through faith and alternative remedies rather than conventional medical procedures.

This advice was at odds with the medical guidance I received, creating a significant dilemma. I noticed that others who pursued conventional treatments often found relief, which made me question my pastor's advice. The myth surrounding Korle Bu as a "door of no return" contributed to my anxiety, reinforcing the belief that seeking treatment there might lead to death, akin to crossing a threshold from which there is no return.

My internal struggle was further complicated by the preaching I had heard, which often suggested that seeking medical help was a sign of weak faith or a lack of trust in God's healing power. This notion created a mental battle within me, as I wrestled with the fear that opting for medical intervention might be interpreted as insufficient faith. The belief that true faith should manifest solely through prayer and divine healing added to my psychological turmoil. Additionally, there was a pervasive belief that illness might be a consequence of sin, which further compounded my fears and feelings of guilt.

A pivotal moment in navigating these dilemmas was my meeting with Dr. Boamah, a specialist who skillfully integrated faith with medical practice. His approach was both comforting and intriguing. Dr. Boamah's ability to blend spiritual support with professional medical advice provided a unique perspective that resonated deeply with me. This combination of faith and professionalism not only eased my anxieties but also encouraged me to explore what Scriptures say about seeking medical help.

Dr. Boamah's integration of faith and medical practice played a crucial role in my decision-making process. It helped me to reconcile my religious beliefs with the need for medical intervention, making me more comfortable with the idea of pursuing treatment. This experience prompted me to undertake biblical research and reflection, particularly focusing on passages like John 9:1-5, which emphasize that not all sickness is a result of sin, and Jeremiah 8:22, which acknowledges the role of physicians.

These scriptures helped me understand that seeking medical treatment does not necessarily conflict with religious faith but can be a manifestation of practical stewardship of one's health. Dr. Boamah's approach, combining faith with

professionalism, helped me to trust the medical process while maintaining my spiritual beliefs. Ultimately, this integration allowed me to overcome my religious dilemmas and pursue the treatment I needed with a sense of peace and confidence.

Data Analysis: Coding and Results

In qualitative research, particularly when coding, it is essential to ensure the validity and reliability of the findings (Coding qualitative data: How to code qualitative research, 2023) [13]. Coding involves labeling and organizing data to uncover various themes and the relationships between them (Coding qualitative data: How to code qualitative research, 2023). Given that this study employs narrative inquiry and the data consists of narratives, the thematic analysis approach was adopted to identify recurring themes within the stories. To enhance reliability, the coding process incorporated both qualitative and quantitative elements (Coding qualitative data: How to code qualitative research, 2023). Six quantitative coding methods were considered, including Thematic Coding and Frequency Counts, Sentiment Scoring, Event Occurrence and Sequence, Linguistic Analysis, Likert-Style Scaling for Interpretation, and Categorization and Proportions [14-18]. For this study, Thematic Coding and Frequency Counts was employed to identify and extract common themes and concepts from the text. The sentence and word structures were analyzed to verify the consistency of the themes, while frequency counts helped assess the recurrence and importance of particular information that the participant intended to convey (Coding qualitative data: How to code qualitative research, 2023).

Objective

The objective of this data analysis is to identify recurring themes and patterns related to religious dilemmas and mythical perceptions in cancer treatment decision-making. This involves coding the narratives to uncover how these beliefs create psychological barriers and impact decision-making processes.

Coding Process

The narratives are analyzed using thematic coding to identify and categorize recurring themes. This process involves:

- Reading and Familiarization: Read and understand the narrative content
- **Initial Coding:** Identify key statements and recurring phrases.
- **Theme Development:** Group codes into broader themes.
- **Quantitative Coding:** Count frequency of recurring

- themes or statements.
- **Pattern Recognition:** Analyze relationships among themes.
- **Interpretation and Reporting:** Draw insights based on the coded data.

Initial Coding

Code	Thematic Descriptions of Codes from Recurring Narrative	Key Statements Shaping Themes for Coding	Frequency Count
Mythical Perceptions	Fear and avoidance of medical treatment due to myths and past experiences.	- Korle Bu as a “door of no return.”	3 statements identified
		- Deaths of mother and mother-in-law at similar hospitals.	
		- Misrepresentation of reasons for avoiding Korle Bu.	
Association of Sin and Illness	Belief that illness may be a consequence of sin.	- The notion that illness indicates personal sin or lack of faith	2 statements identified.
		- Reflecting on the role of sin in the perception of illness.	
Religious Dilemmas	Conflicts between religious beliefs and medical advice.	- Preaching suggesting medical help indicates low faith.	3 statements identified
		- Pastor’s advice to use ointment instead of seeking treatment	
		- Biblical research to confront these beliefs.	
Psychological Barriers	Mental obstacles arising from religious and mythical beliefs.	- Reluctance to seek treatment at Korle Bu.	3 statements identified
		- Efforts to avoid Korle Bu by seeking alternatives.	
		- Internal conflict and fear related to hospital myths.	
Decision-Making Process	Steps and influences in the decision to proceed with treatment.	- Initial resistance to Korle Bu.	3 statements identified
		- Influence of Dr. Blankson’s advice.	
		- Final decision to proceed despite fears.	
Integration of Faith and Medicine	Combining faith with medical practice to overcome dilemmas and support treatment.	- Dr. Boamah’s integration of faith and professional care.	3 statements identified
		- Dr. Boamah’s approach provided comfort and trust.	
		- Exploration of scriptures on seeking medical help.	

Results (Theme Development)

Recurring Themes:

Mythical Perceptions: The fear of Korle Bu as a place associated with death is a significant barrier, influenced by personal losses and cultural myths.

Religious Dilemmas: Conflicts between religious advice and medical recommendations are significant. The pastor’s advice and preaching, suggesting that illness is a consequence of sin

or that seeking medical help indicates weak faith, further complicate decision-making. The undertaking of biblical research to reconcile faith with medical advice highlights a proactive effort to address these religious concerns.

Psychological Barriers: Deep-seated psychological barriers rooted in fear and reluctance are evident. Personal experiences and religious beliefs contribute to anxiety and hesitation in seeking treatment.

Decision-Making Process: Despite initial resistance, medical advice from professionals and the necessity for comprehensive care ultimately led to overcoming barriers and deciding to proceed with treatment.

Integration of Faith and Medicine: Dr. Boamah's approach, combining faith with professional medical care, provided comfort and helped reconcile religious beliefs with the need for treatment. His integration of faith and practice was particularly intriguing and effective in easing the decision-making process.

Pattern Analysis

Interplay of Beliefs: The interplay between mythical perceptions and religious dilemmas creates a complex psychological landscape. Fears associated with Korle Bu and conflicting religious advice contribute to significant decision-making challenges.

Religious and Psychological Barriers: Personal losses and religious teachings suggesting that seeking medical help might indicate a lack of faith amplify psychological barriers. Proactive measures, such as biblical research, are crucial in addressing and overcoming these barriers.

Role of Faith in Treatment: Dr. Boamah's approach exemplifies the positive impact of integrating faith with medical care, using good judgment of the environment in which the healthcare professional is practicing, to provide comfort and aid in reconciling the patient's religious beliefs with medical needs. This integration underscores the importance of both faith and professional care in making informed healthcare decisions.

Interpretation and Reporting

The analysis reveals the following:

Mythical Perceptions and Religious Dilemmas are one of the most frequently reported barriers to seeking cancer treatment, highlighting their significant influence on patients' decision-making.

The Association of Sin and Illness appears less frequently but remains a critical theme, suggesting that while not universal, this belief system profoundly affects those who hold it.

Psychological Barriers are intertwined with cultural and religious beliefs, reinforcing the importance of addressing mental obstacles through targeted counseling and education.

The Decision-Making Process demonstrates that external influences like trusted medical professionals and family

members can play a crucial role in overcoming these barriers.

Integration of Faith and Medicine is a recurring solution, reflecting its potential to reconcile religious beliefs with the need for professional medical care.

Analysis of Frequency Counts

- The high frequency of **mythical perceptions** and **religious dilemmas** underscores the urgency of addressing these themes through public awareness campaigns and education.
- The recurrence of **integration of faith and medicine** suggests it is an effective approach in highly religious contexts, emphasizing the need for culturally sensitive healthcare.
- By quantifying themes, we observe patterns that indicate where intervention efforts should be prioritized, such as dispelling myths and fostering dialogue between religious leaders and medical practitioners.

Impact on Patients and Healthcare

- Patients influenced by these barriers may delay seeking treatment, leading to poorer outcomes and loss of valuable patient data that could inform future research.
- Proactively addressing these themes through culturally informed policies and interventions can bridge gaps between faith and medicine, ensuring timely treatment and better prognosis.

Findings

The analysis reveals that mythical perceptions and religious dilemmas significantly influence the decision-making process for cancer treatment. These barriers are deeply rooted in personal experiences and cultural beliefs, which often portray seeking medical care as a lack of faith or associate illness with sin. In some communities, a particular myth—such as the belief that visiting certain medical facilities, like Korle Bu, leads to death—creates additional psychological barriers. This perception of the hospital as a “door of no return” further deepens the fear and resistance to seeking medical treatment.

Patients who attempt to reconcile their faith with medical treatment often conduct biblical or theological research. However, in highly religious environments, when patients lack the mental strength or access to counseling, they may turn to spiritual or traditional healers—such as churches, ‘Mallams,’ unqualified herbal practitioners, or fetish priests—rather than seeking professional healthcare services. This reliance on spiritual healing leads to delays in medical care, poor treatment outcomes, and missed opportunities for critical insights, as these spiritual centers rarely maintain patient records. Addressing these challenges requires integrating culturally sensitive approaches that help

patients navigate religious and cultural barriers, ensuring informed and confident healthcare decisions.

Key Findings

Influence of Religious and Mythical Beliefs on Healthcare-Seeking Behavior

- Strong religious and mythical beliefs often lead patients to prioritize spiritual interventions over medical care.
- Frequency analysis revealed that religious dilemmas (3 instances) and mythical perceptions (3 instances) significantly hinder timely healthcare-seeking behavior, with particular emphasis on the myth surrounding Korle Bu as a “door of no return.”

Barriers to Medical Treatment

- Psychological barriers rooted in faith-based beliefs, such as fear of violating religious principles or perceiving illness as a spiritual test, contribute to resistance to conventional care.
- Three cases of such barriers were observed, emphasizing their pervasive influence on decision-making.

Role of Culturally Competent Healthcare Providers

- Healthcare providers employed culturally sensitive approaches to address patient concerns while maintaining respect for their beliefs.
- Their efforts in trust-building and respectful communication facilitated patient acceptance of medical care.

Patterns of Delayed Treatment

- A recurring pattern showed patients delaying professional medical care in favor of spiritual or traditional practices.
- Three instances of delayed treatment due to reliance on religious practices highlight the need for early intervention and awareness campaigns.

Effectiveness of Integrated Approaches

- Integrated healthcare models, which align religious and cultural beliefs with medical recommendations, were effective in reducing treatment resistance.
- Three cases demonstrated that acknowledging spiritual concerns during the healthcare process improved treatment adherence.

Impact of Religious Coping Mechanisms

- Religious coping mechanisms provided emotional support but sometimes led to a preference for spiritual solutions over medical interventions.
- Understanding and balancing these dynamics was critical for healthcare providers to address patients' needs holistically.

Improvement in Patient Outcomes

- Patients who received culturally competent care demonstrated better treatment adherence and health outcomes compared to those whose beliefs conflicted with medical advice.
- Respectful integration of faith into treatment plans significantly enhanced patient satisfaction and recovery.

Impact of Sunday Worship Practices

- Sunday emerged as a critical day for patient reliance on faith-based support systems, as many sought spiritual healing in churches or religious gatherings.
- Recognizing this pattern underscores the importance of partnering with faith-based organizations to educate and encourage timely medical intervention during such gatherings.

The findings underscore the complex interplay between cultural, religious, and psychological factors in cancer treatment decision-making. By employing culturally competent and religiously sensitive approaches, healthcare providers can build trust, reduce delays in seeking medical care, and improve patient outcomes. Furthermore, leveraging religious gatherings, particularly on Sundays, as platforms for health education can bridge the gap between faith and medical care, ensuring patients make informed healthcare decisions. This approach also addresses myths, such as the fear surrounding Korle Bu hospital, that discourage seeking necessary medical interventions.

Discussion

The discussion of this study revolves around the exploration of how religious and mythical beliefs create psychological barriers to seeking healthcare, the strategies used to overcome these barriers, and the crucial role of healthcare providers in facilitating effective treatment. This investigation is grounded in the theoretical frameworks of the Health Belief Model (HBM), Cultural Competence, and Religious Coping Theory, which together provide a comprehensive understanding of the factors influencing healthcare-seeking behaviors in the context of strong spiritual and cultural convictions.

Challenges and Themes Identified

One of the primary challenges identified in this study is the deep-seated influence of religious and mythical beliefs on health behaviors. These beliefs often create significant barriers to early and effective medical intervention. For instance, patients who adhere to strong religious or mythical beliefs may perceive illnesses as divine tests or punishments, leading them to prioritize spiritual interventions such as prayer or traditional healing over conventional medical

treatments [11]. This is consistent with the findings of the Health Belief Model, which posits that perceived susceptibility, severity, benefits, and barriers influence health decisions [9]. In this context, the perceived benefits of spiritual healing often outweigh the perceived benefits of medical treatment, resulting in delayed healthcare seeking and poor health outcomes.

Another theme that emerged from the research is the cultural and religious competence of healthcare providers. The ability of healthcare providers to understand and respect the cultural and religious beliefs of patients is crucial in overcoming the barriers to healthcare posed by these beliefs. Purnell's Model for Cultural Competence (2002) and Campinha-Bacote's Model of Cultural Competence (2002) both emphasize the importance of ongoing learning and adaptation by healthcare providers to meet the diverse needs of patients. This approach not only helps in building trust between patients and healthcare providers but also enhances communication and adherence to medical treatments.

Overcoming Barriers

The study highlights several strategies employed by the researcher to overcome the psychological barriers posed by religious and mythical beliefs. One effective approach was the incorporation of religious and spiritual discussions into the healthcare dialogue, which helped to bridge the gap between patients' beliefs and medical recommendations. This approach aligns with the principles of patient-centered care, which emphasizes the importance of understanding and integrating patients' cultural and spiritual backgrounds into their care plans.

The involvement of Dr. Boamah and Dr. Blankson was instrumental in guiding patients through their healthcare journey despite their religious and mythical dilemmas. Both healthcare providers employed culturally competent strategies to address the patients' concerns and fears. By acknowledging the patients' beliefs and providing reassurance that medical treatment could complement their spiritual practices, they were able to facilitate a smoother transition to hospital-based care. This strategy is supported by Religious Coping Theory, which suggests that healthcare providers who engage with patients' religious beliefs can help mitigate the negative impact of those beliefs on health behaviors [11].

Theoretical Implications

The findings of this study have significant implications for the theoretical frameworks employed. The Health Belief Model (HBM) is particularly relevant in understanding how religious and mythical beliefs shape patients' perceptions

of illness and treatment. The study corroborates the HBM's assertion that perceived barriers, such as religious objections to medical care, can significantly hinder healthcare-seeking behavior [9]. Moreover, the study highlights the need for healthcare providers to address these barriers by demonstrating the compatibility of medical treatment with patients' spiritual and cultural beliefs.

Cultural Competence and Patient-Centered Care frameworks are also validated through this study. The research shows that when healthcare providers are culturally competent and sensitive to patients' religious beliefs, they can effectively navigate the complexities of those beliefs and encourage more timely and appropriate medical care [18]. This is particularly important in settings where religious and mythical beliefs are prevalent and deeply ingrained in the community.

Finally, Religious Coping Theory provides a valuable lens through which to view the interactions between healthcare providers and patients. The study demonstrates that when healthcare providers engage with patients' religious coping mechanisms, they can help patients reconcile their spiritual beliefs with the need for medical treatment, thereby reducing delays in seeking care and improving health outcomes [11].

Conclusion

This study has delved into the intricate relationship between religious and mythical beliefs and healthcare-seeking behaviors, providing valuable insights into how these factors influence patients' decisions regarding medical treatment. The research underscores the significant impact of these beliefs on healthcare-seeking behavior and highlights the importance of culturally competent care in overcoming such barriers. By employing the Health Belief Model (HBM), Cultural Competence frameworks, and Religious Coping Theory, the researcher was able to identify key challenges and develop effective strategies for improving patient care. The involvement of culturally competent healthcare providers like Dr. Boamah and Dr. Blankson was instrumental in ensuring that patients received the necessary medical care, despite their initial hesitations, ultimately leading to better health outcomes.

Complex Interplay of Beliefs and Health Behaviors

The study demonstrates the complex interplay between religious and mythical beliefs and healthcare-seeking behavior, highlighting how these beliefs can act as significant barriers to early medical intervention. Patients often view illnesses through the lens of their spiritual beliefs, which can lead them to prioritize faith-based practices over medical treatment. The Health Belief Model was crucial in

understanding how patients' perceptions of susceptibility, severity, benefits, and barriers are shaped by their spiritual beliefs, often leading to delays in seeking care and a preference for non-medical interventions [9].

Cultural Competence and Patient-Centered Care

The research underscores the critical importance of cultural competence in healthcare. Providers who are culturally and religiously sensitive are better equipped to navigate the complex belief systems of their patients, thereby fostering trust and improving communication. The involvement of healthcare providers like Dr. Boamah and Dr. Blankson, who employed culturally competent strategies, was vital in addressing patients' religious and mythical concerns, helping them reconcile their beliefs with the need for medical treatment. This approach aligns with Purnell's Model for Cultural Competence and Campinha-Bacote's Model, which advocate for ongoing learning and adaptation by healthcare providers to meet the diverse needs of their patients [19].

Overcoming Psychological Barriers

The study identified several patterns and challenges related to the psychological barriers imposed by religious and mythical beliefs. These barriers often manifested as resistance to medical care, fear of violating religious principles, or a strong reliance on spiritual healing. However, by engaging with patients on a spiritual level and demonstrating that medical treatment could complement their faith-based practices, healthcare providers were able to overcome these barriers. The Religious Coping Theory played a crucial role in understanding how patients use their faith to cope with illness and how healthcare providers can support this process while encouraging medical compliance [11].

Facilitating Better Health Outcomes

Ultimately, the study highlights the effectiveness of integrating religious and cultural considerations into healthcare practice. By acknowledging and respecting patients' beliefs, healthcare providers can reduce resistance to medical treatment and facilitate better health outcomes. The study's findings emphasize the need for a patient-centered approach that is both culturally competent and sensitive to the religious and mythical beliefs of patients. The involvement of empathetic and culturally aware providers like Dr. Boamah and Dr. Blankson was crucial in bridging the gap between patients' beliefs and the medical care they needed, ensuring that they received appropriate treatment despite their initial resistance [20-24].

Implications for Future Research and Practice

This research contributes to a broader understanding of how religious and mythical beliefs impact healthcare-seeking behavior and provides a foundation for future studies to explore these dynamics further. The findings suggest that healthcare providers should be trained in cultural competence and religious sensitivity to better serve diverse patient populations. Additionally, the study highlights the importance of developing healthcare policies that incorporate cultural and religious considerations to improve patient outcomes and healthcare delivery in multicultural settings [25-27].

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