

RESEARCH COMMUNICATION

The Health Seeking Trajectories of Malaysian Women and their Husbands in Delay Cases of Breast Cancer: A Qualitative Study

Nasir Yusoff^{1*}, Nur Aishah Mohd Taib², Aini Ahmad³

Abstract

The aim of this study was to assess why women delay in getting treatment (i.e. surgery) for breast cancer, as well as to explore on what type of issues are involved in such delay cases. Basic interpretative of qualitative methodology was applied to construct the reality of delay phenomena, and its interaction with social worlds. Six themes were identified: new conception of breast cancer treatment, psychological defenses, health support system, symptomatology experience, model and barriers. The delay issue in breast cancer requires attention as a multidimensional problem as this will facilitate more comprehensive and effective intervention to reduce delay.

Key words: Breast cancer - delay treatment - husband's perspective

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Introduction

Delay in presentation for early treatment of breast cancer is actually influenced by a complex interaction of demographic, clinical, cognitive, behavioral and social factors. In giving the sense of the meaning of delay, essentially, there is no arguing in describing "delay", in which, two definitions of delay (i.e. 'patient delay' and 'provider delay') are being used to interpret and describe the research finding on this delay issue (Facione, 1993). In this definition, 'patient delay' refers to the period between an individual's first awareness of a sign or symptom of illness and initial medical consultation. In the meantime, 'provider delay' refers to the period of time between the initial medical consultation and definitive treatment of the cancer. Most theoretical approach in explaining patients' delay in seeking medical attention rely on psychological notion (de Nooijer et al., 2001b; Bish et al., 2005; Katapodi et al., 2005; Bairati et al., 2006), instead of social notion (De Nooijer et al., 2001a; Lam and Fielding, 2003; Angus et al., 2007). Thus, the integration of social and psychology theories as a framework will be useful to better understand the delay behavior of breast cancer (Andersen and Cacioppo, 1995; Facione, 2002; Bish et al., 2005; Facione and Facione, 2006). Unfortunately, the illness behavior notion is not conceptualized in

these psycho-social frameworks, however.

Many factors contribute to delay cases of breast cancer. Older age was found as one factor that contributed to the delay. For example, a general population based study on nearly 1000 British women found that women aged more than 65 years were mainly poor at making sense their experience with symptoms, as well as in recognizing any risk features of breast cancer (Grunfeld et al., 2002). Older women usually held more negative beliefs about breast cancer and its treatment (i.e concerns about disability, disfigurement and adverse economic consequences), as compared to younger women (Grunfeld et al., 2003; Hunter et al., 2003). Clinical evidence associated with delay behavior suggested that the interpretation of the breast cancer symptom can influence a woman's decision in seeking help, which leading to the delay. This is particularly among those who were prone to have a sign that does not include a breast lump (Ramirez et al., 1999). The delay behavior as a consequence of the non lump symptom could be probably mediated by the poor psychological mechanism in response to symptom detection. To support this, Burgess et al. (1988) reported that women with non-lump symptoms were likely to unrecognized their symptom and less likely to reflect their circumstances towards the chance of getting breast cancer. This group of women was also has less tendency

¹Department of Neuroscience, School of Medical Science, Health Campus, Universiti Sains Malaysia, Kelantan, ²Department of Surgery, ³Department of Nursing Science, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia *For correspondence: kelkatu2310@yahoo.com

to express their fear and feeling towards symptom experience (Burgess et al., 1988). Moreover, women tend to consider their symptomatology experience as not urgently for prompting action, as it was not detrimental (Arndt et al., 2002; Nosarti et al., 2000). A moderate evidences supported the cases of delayed presentation for breast cancer treatment with numerous psychosocial factors. Some studies revealed that women who failed to divulge their symptomatology experience of breast cancer to someone close, they seem to facilitate the delay in seeking help (Ramirez et al., 1999; Burgess et al., 1988; Coates et al. 1992). Delay cases also was reported as a consequence of less self motivation for own health. Related example from non-breast medical cases, women needed to be encouraged and provoked by others to go to hospital for further treatment (Burgess et al., 1988).

In psycho-social framework of help seeking, attitudes is a crucial factor in affecting the delay presentation. Researchers trying to support this reality as they discovered that in delay cases, women were more unwilling to bother doctors. Moreover, there was a tendency that these women expressing their fears about the outcome of diagnosis and further management of the disease (Burgess, Hunter and Ramirez, 2001). Health facilities and its accessibility have become debated issue. In non-breast cancer study, as an example, access to medical services has been recognized as a potential factor influencing delays behavior (Campbell et al., 2001).

This study lays on numerous published papers that frontward the psycho-socio framework (i.e. help-seeking model) in explaining the delays issue in getting treatment of breast cancer (e.g. Bish et al., 2005). With regard to the meaning of delay, however, this current study broads the definition of “delay”, which include both definitions i.e. ‘patient delay’ and ‘provider delay’. Thus, throughout these meanings, the present study aims to enhance our knowledge and understanding on “why” this issue happened to them. Besides, this study aims to explore on “what” are the issues or narrations behind the “delay” of getting treatment for breast cancer. Specific focus has been paid as the scope of the study, in which, the “treatment” is referring to “breast cancer surgery”.

Materials and Methods

Study design

This study is designed qualitatively aimed to gain in-depth understanding on the issue of delay treatment (i.e. surgery) for breast cancer, in which the dimension of the understanding is expanding to the view point of husbands of the women who had diagnosed with breast cancer. Specifically, the ‘basic interpretative’ is being applied in this qualitative methodology as it is the best approach for the individual to construct the reality in interaction with their social worlds. Moreover, this

approach is applicable when the researcher is interested to explore the meaning of particular phenomenon (Sharon, 2002).

The site

The Oncology Clinic, Hospital Universiti Sains Malaysia, Malaysia was chosen as a study location to recruit breast cancer patients and their husbands. This hospital was selected as it is the only university hospital in east coasts of Malaysia that providing high-quality service. It is also a referral hospital (referred from other hospitals) especially for chronic cases like breast cancer.

Sampling issues

Purposive sampling was adopted in this study. The saturation point of the data reflected a sample needed in this study. A saturation point was considered when recurrent patterns became evident in the patients’ narrations. Breast cancer patients (and their husbands) were included in the study if they were classified as ‘delay cases’ regardless of type of delay whether ‘patient’s delay’ or ‘hospital’s delay’ as based on the previous definition (Facione, 1993). Two groups of women were classified as delay in this study, such as below:

GROUP 1: Women had seen GP at the initial stage of the breast cancer, but they refused to undergo surgery (after advised by GP) for various reasons. They sought alternative treatment (i.e. traditional treatment and using non-hospital medication). Finally, this group of women made a decision to go to hospital after they felt that their breast cancer were not curable with alternative treatment.

GROUP 2: Women had seen a GP at the initial stage of their breast cancer, however, they likely to be a victim of the weaknesses of the health delivery system. This situation has made them delay in getting the treatment (i.e operation) that they should undergo. Only after the breast cancer was at the serious stage, they were advised by the doctor to undergo surgery.

Ethical considerations

Ethical approval was obtained from the Ethics Committee of Universiti Sains Malaysia. An informed consent in written form was obtained from each woman with breast cancer and the husband prior to the interviews session undertaken in a private room. The information sheets, for both the patient and the husband were attached together with the women and their husband’s signature forms. The content of the information sheets was based on the standard format as proposed by the ethical committee of the Universiti Sains Malaysia. The confidentiality agreement was kept with the use of pseudonyms throughout the research process.

Interviews

Participants narrate their trajectories through the

Table 1. In-depth Interview Components

General question:

- Why did you come late to the hospital to get treatment for breast cancer?

Specific questions:

- What is your opinion on alternative treatment (i.e. traditional, spiritual and non-hospital medication) as compared to hospital treatment in treating breast cancer?
- Can you describe (or tell more) about your experience with breast cancer?

in-depth interviews that were undertaken from April 2010 until May 2011, guided by semi-structured interview guide (see Table 1). This interview guide was employed in order to keep track the construction of the way in interpreting experiences, as well as to have more systematic probing technique in gathering the data. All the voice data was audio-taped and transcribed verbatim.

Reliability and validity of the data

The validity of the data was controlled as much as possible through the technique of 'member check' and inter-rater reliability. Inter-rater reliability of the data was obtained via discussion and agreement between researchers on the proposed themes. Meanwhile, in the procedure of 'member-checks', researcher and respondents together went through the documents, in order to make the document clear from any mistaken or misinterpretation from the interview that have been done.

Analysis

Thematic analysis was carried out, in which the raw data was organized by using N-VIVO software version 8. Open coding was applied to identify ideas and constructing higher order themes at further analysis. In the meantime, clarification and refinement through the constant comparative procedure was implemented in the thematic process of analysis (Strauss & Corbin, 1990). Coding processes was guided by the theoretical framework as described below.

Theoretical framework

This study refers to the a number of models and theories in health psychology as a framework guideline (i.e. the Health Belief Model, the Theory of Reasoned Action and the Theory of Planned Behavior) to explain the experience of symptoms which may become viewed as a health threat. Through this framework, person uses their own term to interpret the symptoms and thus, guiding them on the perception towards the symptomatology experience. Consequently, these interpretation and perception shape their experience of the health threat. The core component of this framework is appraisal, which is the key element in a number of models in health psychology. Appraisal and its process may relate to several factors such as

illness representations and attributions, the influence of the social group, personal values, personality traits, availability of coping mechanisms, and previous experiences. Taking the Health Belief Model (Becker, 1974) perspective, "perception" towards health threat is crucial, especially to influence human's initial preference of behaviour. Meanwhile, from the perspective of the Theory of Reasoned Action and The Theory of Planned Behaviour, 'intention' to precede a certain behavior is antecedent to the likely outcomes of the behaviour, and it is much related to the individual's attitudes to the illness (Ajzen & Fishbein, 1980). Additionally, in Transactional Stress Model, choice and strategy to cope with crisis, as well as appraising the crisis is the main consideration in explaining health behaviour (Lazarus & Folkman, 1984). From Leventhal & Nerenz (1985), illness appraisal is a process in which individual apply their mental construction and mental representation to interpret on the nature of illness and its seriousness, plus the possibility of the consequences of the action. Taking the main point of view from this Leventhal and Nerenz's framework, the combination of cognitive and emotional processing is the vital antecedent element in patterning the illness representation. In this framework, four components inject the central part of the cognitive processing namely identity, consequences, causes and timeline.

Results

Husbands' ages ranged from 37 to 70 years old. Most of the husbands were still working as government servant, with some of them working temporarily. Out of 16 husbands, four husbands were not working due to retirement and other reasons. Except one respondent (i.e. Chinese), all husbands belonged to Malay ethnic group. In the meantime, the age of the breast cancer patients ranged from 37 to 71. Out of 10 women involved in this study, only two women working, the rest were not working (housewives). In term of ethnicity, except one respondent (i.e. Chinese), all women are Malays. Six themes from both women and their husbands were developed from the findings as discussed below:

Theme 1: New conception in traditional and hospital treatment for breast cancer

New conception of the breast cancer treatment in hospital is gradually developed in women and their husbands after they felt that the alternative treatment (traditional or 'bomoh' and non-hospital medication) was not really helpful to cure their disease.

Low describes as below:

"I come to hospital because 'bomoh' (traditional medication) was not able to cure my breast"

Similarly, Jahar told the following:

"I went to 'bomoh' (traditional medication) because people said that I could be cured, but it was not. I lost my confidence in 'bomoh' anymore, it is better for me to

go to the hospital”

Some respondents adding that the alternative treatment may be helpful in some way, however, women should not extremely depend on this alternative treatment alone. They must have a thought of having hospital treatment as well, as expressed by Noran:

“Alternative treatment (‘bomoh’ and non-hospital medication) can help but it can not help completely”

This fact is supported by Mina:

“Alternative treatments are not meant to cure, only to slow down the process”.

and Zawi said:

“If ones can find out earlier (about the illness), it is better to go to the hospital rather than consult ‘bomoh’. This ‘bomoh’ may be as a side treatment only”.

This study also pointing out the narration from husbands. It seems that, husbands are compromising the beneficial of alternative treatment. However, it is likely that hospital treatment is the best place for seeking curable of their wives’ breast cancer. Below are the evidences, in which, the conception of the alternative and hospital treatment is reconstructed after they made a decision for hospital treatment following the incurable of their wives’ breast cancer (from alternative treatment).

Nazrul said as follow:

“I have doubted on ‘bomoh’ who use only chanted flour rather than herbs. For me both treatments are good, but must have a proper schedule. My wife wasn’t following the schedule, one day she consulted one ‘bomoh’, the next day another ‘bomoh’. When this happened, we can’t see the desire impact. Ones should choose a really helping alternative treatment, for example herbs which is good for internal, not just focus on external.”

Some respondents hold belief on the spiritual element to cure the disease, as expressed by Khalil, as following:

“We consulted ‘bomoh’ who only use chanted water and performed ‘solat hajat’ (specific prayer). We never approved ‘bomoh’ who used ‘sirih pinang’, we rejected that kind of treatment”

Theme 2: Symptomatology experience

Symptomatology experience provides a richful evidence on the appraisal of the symptoms. It is likely that the existence of breast cancer is not in their mind by any means. It is unexpected and shocking.

Noran narrates as following:

“That cancer became hard and shrinking. When I felt it became little bigger, then only I went for alternative treatment. The symptom appeared for certain time only.”

Other evidence is as seen in the following, as described by Nori:

“I thought it’s only normal milk clogging, but sooner, after a year, it became red. But the nipple was okay. I went to the clinic. The people there also said it was only

milk clogging, after that, the reddish became chocolate and after a while it has gone and became hard. At the end of the year it became red again and I felt pain on my back bone, I assumed it was due to carrying my child. I felt the pain on my back bone for quiet sometimes, but I didn’t feel any pain around my nipple, it just felt hard, I was scared and confused.”

The narration is strengthened by the expression from Hasi, as below:

“I never thought this thing happened, at first it only a swollen under my arm, less than 24 hours in just overnight the swollen gets bigger”

The unexpected of the dangerousness of the symptom confirmed as breast cancer is strongly narrated by their husbands. Part of the narration is stated as below:

“At the beginning, we never thought that it’s going to be worst and become a cancer; furthermore we hardly followed any current information about this illness.”

Another example is from Wahabi. It is really unexpected for him after the symptoms was told as cancer by the doctor. Wahabi expresses his feeling as follow:

“We thought that this illness isn’t harmful, thats why we consult ‘bomoh’, the symptoms disappeared for a while, but after 2 to 3 months it striked again.”

Similarly, Zahar was told by the ‘bomoh’ that the symptoms are not cancerous. The bad news of breast cancer really shocking him.

“When we met ‘bomoh’, the ‘bomoh’ said it wasn’t a cancer”

Women appraised themselves as not susceptible or not at risk for breast cancer. The reason is that there was no occurrence of any discomfort such as painful around the breast. Some even reported as not having swollen around their breast area. For example, Mina described his situation as follow:

“I never felt any pain and my breast wasn’t getting any bigger, that why I didn’t go to hospital, I just consumed medicine that I ordered from outside”

Fatty also describe his situation as follow:

“I never felt any pain on my breast but I noticed it was getting bigger, I never felt any pain until the moment doctor mentioned that my breast should be operated”

Nonetheless, in Fatty’s case, she had swollen around the breast even though it was not painful. The finding is somehow different from husbands’ narration. Their narration is likely to mirror the weaknesses in the appraisal of breast cancer symptomatology. The weaknesses of the appraisal can be seen in part of Aman’s and Zahar’s narration, respectively, as below:

“I never knew that the ‘thing’ is the breast cancer symptom” “I did not know anything about breast cancer symptom until I consulted the doctor at the hospital”

Theme 3: Healthcare Support System

The theme of healthcare support system is

highlighted here. It seems that the weaknesses of the hospital or healthcare support system may have a noteworthy contribution on the delay of breast cancer treatment. Poor communication between patient and doctor, and ineffective support strategies may become a source of the weaknesses of the healthcare support system.

Women recalled the following:

"I came here many times but the doctor said it wasn't harmful. The doctor kept saying it wasn't harmful even though my breast was getting bigger" *"That time the doctor said it wasn't cancer, when it broke in Cameron hospital, the doctor still said it wasn't cancer"*

In one case, it was likely happened due to the incompetency of the medical staff to appraise the breast cancer symptoms. One woman recalled as below:

"Medical assistance looked at my breast just like that... meanwhile at the Kepala Batas Hospital, they didn't even look at my breast. I told them the area under my arm was swollen, they just gave me medicine and antibiotic"

In the meantime, husbands describe the weakness and poor communication of the doctor in communicating with their wives, related to breast cancer. As being told by his wife, Nazri portrays his disappointment as follow:

"My wife really disappointed with the doctor who treated her. The doctor scolded my wife when she was about to ask about the cancer problem. The doctor didn't even look at my wife's face. My wife told me the doctor spoke to her in rising voice."

Likewise, the weakness of communication of the doctor really made Ariffin offended, like follow:

"When the doctor said that they were going to remove the breast, my wife was shocked. The doctor straight away gave the date of operation. That's why my wife really hesitated to go for the operation. It was too sudden and shocking for us. It would have been good if the doctor suggested carrying out a small operation first"

Theme 4: Psychological Defenses

Spirituality element plays a most important role in women and their husbands to prevent themselves from psychological deficit due to breast cancer. The elements such as 'acceptance' and 'positive thinking' help the couple to defense or protect themselves from any negative psychological element that may deteriorate their overall well-being.

Women always related their situation to the God fate such as below:

"I was shocked and cried after I knew that I have breast cancer. But after that, I did some reflection on myself, it is a test from God (Allah), I have to accept that", "This is from God (Allah), which is better when compared to the others who can't even walk"

Likewise, husbands constantly narrate their wives' breast cancer to the God fate. The followings are the

example:

"This illness is one of the God (Allah) plans", "I can accept this. It is part of God's (Allah) plan"

In term of positivism, the couple expressed the following:

"I already have children, so I don't have to worry, it is nothing and it makes no different, just like menopause, many people are scared but actually it is nothing", "Don't be so stressful. I told my wife not to think about the illness. Otherwise it will turn into great pressure that will lead to depression"

Theme 5: Model

Narration on the "following someone" in deciding for breast cancer treatment is very common. Women and their husbands usually follow their friends and relative (who had breast cancer) on what is the best treatment they should seek for, whether hospital or alternative treatment.

Below is the evidence as told by Noraini and Sow, respectively:

"Somebody told me that there was a young women who had cancer like me, and she ate sparrow's nest and drank papaya branches as a juice. The 'thing' has gone. Alhamdulillah, God granted her."

"I met 'bomoh' because lots of my friends got cured by consulting bomoh"

Similarly, in the narration from husbands (related to the choice of treatment), it seems that, they were influenced by other people such as their friends, relative etc. The followings present the evidence:

"It is okay to consult 'bomoh', many have cured"

"There was my friend who went for an operation with a well known 'bomoh' who didn't use any anaesthetic. She was cured. The doctor and my friend were shocked when knowing the illness has gone. My neighbour also performed the treatment and they were also cured."

Theme 6: Barrier

Fear of breast removal from breast cancer surgery is the common psychological barrier among women. The expression of fear to undergo surgery clearly described by women as below:

"Doctor said there was a small lump and better to be removed. I was scared to operate my breast, until it was getting bigger"

"Doctor wanted to remove my breast. At first, I did not want because the lump was still small. I asked doctor whether he could do a small operation only. However in my case the doctor said that the whole breast must be removed"

"I was scared to operate my breast"

Shifting of household tasks like look after the children, as well as time constrains due to the commitment on working, are some of the narration that likely to be a barrier for husbands to bring their wives for treatment in hospital. Below are the evidences from husbands:

“We were looking for easiest and fastest way of treatment, that why we consulted ‘bomoh’ ”

“If my wife is being warded, how about my kids’ schooling. They are still small. Who is going to send my kids to school? My kids’ school has two sessions, morning and evening. I have not been working since early of this year. I do not know when this is going to end. I have lost my source of income”

Discussion

Through this study, by integrate collectively the evidences surrounding studies exploring the delay presentation of breast cancer, researchers are trying to gain comprehensive understanding on health seeking trajectories of the women (as well as their husbands) in getting treatment for breast cancer. The trajectories of health seeking are being focused contextually, which focus on the group of women (as well as their husbands) who are living in the socio-culture of Asian population. Discussion throughout this section will be guided by the theories and conceptual frameworks of the health seeking behavior.

It is to note that the identification and attribution of a symptom to cancer is the first step of the help-seeking process. Throughout this study, the symptomatology experience of the women (as well as their husbands) enriching the knowledge surrounding the trajectories of delay behavior in getting treatment for breast cancer. The findings provide valuable points on the appraisal of the symptoms, which might elaborate on the suggestion that perception of the seriousness of the symptom may influence the decision to seek medical help (Post and Bellis, 1980; Lydeard and Jones, 1989; Crosland and Jones, 1995; Delaney, 1998). The thematic of symptom experience (as well as seeking for treatment) are equally important factor in making decision to healthcare. For example, studies surrounding cancer symptomatology (such as dyspepsia, rectal bleeding and symptoms of testicular cancer) recommended that making choice to medical and health care for their symptomatology experience is basically influenced by the seriousness of the symptom (Post and Bellis, 1980; Lydeard and Jones, 1989; Crosland and Jones, 1995; Delaney, 1998). Thus, it is perhaps this finding may give some explanation on the particular perception that is associated with the delay, as it was stated that the longest of the delay depended on the parallel between patient’s preconceived idea (e.g. severe pain in the chest) and symptomatology experience (Horne et al., 2000; Perry et al., 2001; Yoon and Byles, 2002).

The illness behavior conceptual is the notably perspective to discuss the thematic of health seeking behavior, as the main aim of this study. This thematic is in line with Mechanic (1986) who introduces the term illness behaviour as “the varying ways individuals respond to bodily indications, how they monitor internal states, define and interpret symptoms, make

attributions, take remedial actions and utilize various sources of informal and formal care”. It is suggested that perception of symptoms is the first step in understanding the concepts of Illness behavior, which linking to the concepts of health-seeking (Chrisman, 1977; Mechanic, 1978). Following someone (model), psychological defenses, treatment choices, and social and psychological barriers, in fact, are the manifestations of the interpretation of symptoms, which is not restricted on biological fact alone, but integrates one experience, cognition and mental representation, as well as the process of making sense the illness paradigm (Armstrong, 2000).

In the framework of illness behavior, social network element in patients’ life is most studied to explain the delay behavior. In relation to this, the process of help seeking yielding greater influence on the exertion of patients’ social network such as symptom perception, causal attribution, the illness experience, the lay referral system, and utilization of health services (Freidson, 1970; McKinlay, 1985; Mechanic, 1995; Lawton, 2003), which may give some input to understand on why new conception in breast cancer treatment are developed among these women (as well as their husbands), as reported in current study. This fact elucidates the rational on the various thematic (model, psychological defenses, treatment choices, barriers, support system) that take place in the process of health seeking related behavior along the women’s (and their husbands’) journey in getting the breast cancer treatment. Thus, the social network is frequently the ideal target for the individual to give meaning and making sense of their experience with symptomatology, as well as to make a concrete decision for further action (Pescosolido, 1992). As a final point, help-seeking paradigm typically entails the quality of health services, in which, as a one paradigm, health seeking is being formed and created to be corresponding with the local cultural and social context (Kleinman, 1980; Mechanic, 1995; Turner, 1996).

The strength of this study is that, the thematic of women’s health seeking paradigm is flowing together with their spouses’ (husbands’) thematic of health seeking, reflecting the trajectories of couple perspective in seeking the right choices of treatment for breast cancer. There is no solitary psychological notion that able to enlighten on why these women (and their husbands) delay at presenting their symptom, such as at the level of starting the judgment of a warning sign or symptom, deciding to take steps and move to the right action. While taking Leventhal’s self-regulation theory and Andersen et al.’s model, it seems that psychological pattern (associated with symptoms appraisal and thought related illness) is actually contoured by our knowledge, beliefs as well as risk perceptions, which finally influence and shape one’s behavior (Leventhal and Nerenz, 1985), which posit a reality that could actually a basis to obtain in-depth understanding on this

delay phenomenon.

This study outlines a number of significant implications. Firstly, the current findings point out the crucial direction in developing the interventions that address health system shortcoming, especially at the level of health policy level. This would directly beneficial to improve the health care system and services. Secondly, this study also emphasizes the significance on focusing the need of lay population to be informed not only about screening practices but also the symptomatology aspect of breast cancer. Thirdly, health strategies should direct the lay population with the specific pathway in order to facilitate them towards the effective action of healthcare at their level. A further significant implication is that, the evidence from this study could be a direction or model to allow for elucidation of miscellaneous help-seeking trajectory for breast cancer, as well as blending the various factor at various level aimed to decrease delay. As a final point, "delay" should be paid attention as a multidimensional problem as this will facilitate the intervention to be more comprehensive and effective to reduce delay. Nonetheless, several limitations should be taken into consideration such as the characteristic of the respondents that were included in this study. They had various medical histories. In addition, respondents came from various backgrounds, in terms of their belief and attitudes towards breast cancer. Thus, it might affect their narration in describing their view on the delay trajectories of breast cancer. Moreover, although the saturation point of the data has been reached before the data collection was brought to an end; it is useful if the numbers of sample could be increased in order to obtain more comprehensive narration.

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