

The Influence of Cultural Factors on Cancer Patients: A Study of Treatment Choices, Health Beliefs, and Recovery Processes in East Asian Countries

Yafei Du^{1*}

¹Nanjing Foreign Language School Xianlin Campus, Nanjing, China, 210000.

ORCID iD: <https://orcid.org/0009-0001-1018-2069>

Email: harbour19890927@gmail.com

Abstract

This study aims to investigate the impact of cultural factors on cancer patients in East Asian countries, focusing on how these factors influence treatment choices, health beliefs, and recovery processes. East Asia, with its rich cultural heritage and diverse traditions, presents a unique context where cultural beliefs and practices significantly shape health behaviors and medical decision-making. Through qualitative and quantitative analyses, this research explores the ways in which cultural values, social norms, and traditional medicine practices affect the choices cancer patients make regarding their treatment, their perceptions of illness, and their overall recovery journey. The findings highlight the critical role of cultural understanding in enhancing patient care and improving health outcomes, offering valuable insights for healthcare providers and policymakers aiming to deliver culturally sensitive cancer care in East Asian settings.

Keywords: Cultural Factors, Cancer Patients, East Asian Countries, Treatment Choices, Health Beliefs, Recovery Processes, Cultural Heritage, Diverse Traditions, Health Behaviors, Medical Decision-Making

INTRODUCTION

Globally, the cancer incidences have been rapidly increasing, and this common disease is likely to affect more individuals in the today's and the future's society. Forecasted for 2022 and based on the current population distribution, there were about 20 million new cancer cases and 9.7 million deaths. This is likely to be the case as the projection of new cancer cases circulate around 35 million in the year 2050 based on an estimated increase of 77%. This has been occasioned by elements such as population aging, growth, and conduct exposed to such risky factors as tobacco smoking, unhealthy foods, and environmental pollution.^[1]

Cultural beliefs in East Asia often shape how diagnoses and prognoses are communicated. In China, for example, health professionals may avoid openly discussing terminal diagnoses with patients, preferring to communicate through family members instead. This method, which originated from the desire to relieve suffering in patients who might be dying, can either negatively or favorably

impact patients' readiness for death and dying as well as the foundation of their experience receiving care.^[2] It may provide protection and beneficial support, but it can also make the patient feel inferior and that they have little control over their care. It has been shown that cultural differences may exist in how people around the world perceive health-related quality of life (HRQOL). East Asians, on the other hand, are known for their obedience, collectivism, and commitment to preserving peace and order. These cultural patterns have an impact on how patients view their illness and treatment.^[3] Regarding cultural values, patients may choose to ignore their discomfort in order to protect the interests of the entire tribe. Their perspective of health and healing is influenced by their culture, which frequently links illness to obligations to one's family and society.

Enhancing the variables impacting cancer patients' quality

Address for Correspondence: Nanjing Foreign Language School Xianlin Campus, Nanjing, China, 210000
Email: harbour19890927@gmail.com

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of life requires personalized healthcare interventions that take into account their cultural demands. This involves taking social culture into account so that medical professionals, including nurses, know how to interact with patients who are Asians. Healthcare providers are more likely to welcome patients in accordance with their cultural customs when culture is integrated into patient care.^[4] This approach not only enhances patient satisfaction but also improves adherence to treatment plans and overall health outcomes.

Problem Statement

Despite the increasing global cancer rates, there is a notable research gap in studies focusing specifically on East Asian countries. This gap is significant due to the unique cultural diversity and socio-economic factors in the regions. East Asia encompasses a wide range of cultures, languages, and traditions. Aggregating data from this region without considering these differences can lead to generalized conclusions that may not be applicable to specific subgroups.^[5] For instance, due to cultural and healthcare environment changes, the observations of cancer patients in Singapore may differ from those of patients in Malaysia or Thailand. These distinctions should be respected in order to avoid oversimplification and ensure that the research findings are appropriate and relevant for the specific cultural groups to which they apply.

It is hard to assert that the healthcare system and related policies are standardized or uniform within or between East Asian countries. Studies that disregard these variances may miss a number of potentially important aspects influencing cancer treatment and patient outcomes. For example, even though a nation may have extensive cancer screening programs, this does not guarantee that all of the resources and accessibility for these programs are available in the nation's rural parts.^[6] To create efficient and tailored cancer care programs for the various populations in the area, it is necessary to recognize these distinctions. However, it is crucial to realize that East Asia's rising cancer incidence is being driven by changes in people's lifestyles and socioeconomic development. However, access to healthcare, early screening, and treatment outcomes are all impacted by socioeconomic disparities both within and between nations. These studies are helpful in identifying specific cancer treatment areas within these populations that necessitate additional research to improve the provision of pertinent services. Comprehending the socio-economic factors that influence health in connection to cancer would enable researchers to suggest remedies that will enhance the availability of medical care in the area and reduce health disparities that compromise patients' quality of life.^[7]

Previous study found that intra-family communication, traditional views of diseases, and cancer-related cultural issues provide unique problems for East Asian patients receiving cancer therapy.^[5] When gathered using culturally appropriate techniques, this information regarding these obstacles can enhance patient support and education

initiatives. As a result, including awareness of these cultural components into the delivery of care may improve the necessary support for the patient and family and have a favorable effect on the outcome of cancer treatment.^[8] As of right now, there are no rigorous standards for classifying or assessing the delays and obstacles in East Asian cancer treatment delivery. The development and application of standard measurements can facilitate the comparison of findings across settings and improve the application of high-caliber research in the field. In turn, standardizing measures would make it easier for researchers in one nation to identify issues that exist in other nations but have previously been effectively resolved. Therefore, it would be crucial to close the aforementioned research gaps in the cancer care strategies developed in East Asian nations. By focusing on the unique cultural and socio-economic contexts of this region, researchers can contribute to more effective and equitable cancer care globally. This comprehensive approach will ensure that cancer care strategies are not only scientifically sound but also culturally appropriate and accessible to all patients.

Research Objectives

- To explore the narratives of cancer patients regarding their treatment choices and the cultural factors influencing these decisions.
- To investigate the health beliefs and perceptions of cancer among patients from diverse East Asian cultural backgrounds.
- To examine the role of cultural practices and social support systems in the recovery processes of cancer patients in East Asian countries.

Research Questions

- What cultural factors will influence the cancer patients regarding to their treatment choices?
- How do cultural norms and values shape patients' perceptions of cancer causes, prevention, and treatment in East Asia?
- How do cultural rituals and practices influence the recovery processes of cancer patients in East Asia?

Significance of the Study

First, by expanding our understanding of the ways in which cultural factors affect cancer patients' decision-making and health-related behaviors, this study adds to the body of research on patient behavior. Understanding these factors enables the healthcare professional to anticipate the patient's or client's preference with respect to the established value, improving the quality of treatment they offer overall. Secondly, it helps build more effective methods for meeting patient-centered care requirements. Being aware of how cultural influences affect the selection of treatment options and the rehabilitation process can support the development of cultural competency. Because the patient will be more inclined to follow the prescribed treatment plan, this fosters a feeling of order by ensuring that care plans reflect the patient's beliefs about what is best for their own health.

Third, they address the dearth of research on Asian health inequity by concentrating on East Asia, which differs greatly in terms of socioeconomic development and healthcare systems. This explains how socioeconomic position and culture affect cancer care and results differently. The information in this study is helpful for government agencies and medical facilities looking to reduce discrimination in cancer treatment.

Operational Definition Cultural Factors

Cultural factors which is within the meaning of the term encompasses the cultural beliefs, cultural values, cultural practices, cultural standards and the patterns of behavior exhibited by the various cultural groups across the East Asian nations. These include cultures, religions, clans, and systems of governance among others. Defined socioculturally by patient self-reports and open-ended question writing as the perceived and actual knowledge and behaviour in the realm of health, sickness, and therapy within cultural sub-communities of East Asia.^[9] Within these cultural dimensions aspects like collectivism dimensions, respect for the authority and customary practices concerning health will be discussed.

Cancer Patients

Patients having been diagnosed with any type of cancer such as breast, lung, stomach, liver, and or colorectal cancer. Ascertained from the previous literature data which are clients who are being treated in different healthcare facilities in East Asian countries.^[10]

Treatment Choices

Inclusion of options which cancer patients choose in curing their disease or which is the treatment they prefer; for example, surgery, chemotherapy, radiotherapy, traditional medicine, or other treatments usually considered complementary.^[11] Approved by previous literature data obtained during the study, by reviewing patients' files concerning the types of treatment selected, the reasons for such a selection and the impact of cultural factors on the process.

Health Beliefs

Individual beliefs and beliefs about health and illness, mechanisms of cancer development and etiology, as well as the effectiveness of various treatments.^[12] Evaluated using previous literature data focusing on patients' knowledge about cancer, the possible causes, ways of protection and management employing scientific and folk remedies.

Recovery Processes

The physical, psychological, and social journey that cancer patients undergo from diagnosis through treatment and beyond, aiming for remission or managing chronic conditions. Evaluated through longitudinal studies tracking patients' physical health outcomes, psychological well-being, social support systems, and adherence to recovery protocols over time.^[13] Recovery processes

previous literature data will be analyzed for their cultural components, such as the use of traditional healing practices, family involvement, and community support.

Summary

Chapter 1 presents the rationale for the study by focusing on cultural factors in East Asian countries affecting cancer patients' treatment, beliefs and healing. It underlines importance of culture and identity in determining health attitudes and choices concerning treatment. Thus, the problem statement is presented in the chapter with the focus on the research gap in identifying the specific cultural and socioeconomic factors in East Asia affecting cancer care. This paper argues that when collecting data from various East Asian societies, one should not assume that the different cultures are identical. Thus, the chapter emphasizes on the need to promote cultural safety in healthcare approaches to improve patient services, satisfaction and compliance. This information is vital while designing cancer care programs and in eliminating the socio-economic factors that influence health results.

LITERATURE REVIEW

With the purpose of providing answers to the research questions, the literature review will be broken up into three primary sections. Furthermore, theoretical analysis would be incorporated into the research field of literature review.

Theoretical Foundations of Culture and Health

The intersection of culture and health has increasingly gained attention in academic and policy-making circles, highlighting the importance of understanding how cultural factors influence health outcomes and health-related behaviors. This part aims to explore the theoretical foundations that underpin the relationship between culture and health, focusing on two key clusters: Fundamentals of Physical and Health Improvement, and Health Promotion Conception in Special Groups. In the same regard, this review aims at establishing an understanding of the current state of theoretical know-how on these clusters in order to find out the existing research gaps. After a critical evaluation of each cluster of literature, this paper will synthesis the findings by reviewing the strengths and limitations of existing research. This synthesis will therefore create a foundation for proposing other research ideas that may help in providing more directed research on how culture affects health and well-being among different populace. The cluster of literature on the theoretical foundations of physical culture and health provides a comprehensive overview of various aspects related to the promotion and maintenance of health through physical activities. Suspo^[14] stress the necessity of establishing the culture of manifestation of Value Perspective towards physical health especially in perspective officers. They describe such a culture in terms of structural dimensions of motives, cognitive-activity, and personal: they stress the requirement of entraining specific motives and values within an individual to promote a healthy way of living.

This idea corresponds to the general landscape described by Nikolaevich and Aleksandrovna^[15] when they define the theoretical underpinnings of human health formation through the prism of physical culture and sports. They elaborate on the holistic concept of health and investigate its physiological, social and constructive aspects and being active in promoting efficient tools and technologies to stabilize health and performance.

In the work of Locust and Griban^[16], theoretical and methodological guidelines for the organization of students' activities in out-of-school physical culture in general education schools are considered. They emphasize the extension of physical education outside classrooms, and systematic participation in sports activities for the purpose of carrying out the health-enhancing mission of schoolchildren. This perspective supplements Yesnazarovich's^[17] discussion regarding the theoretical underpinnings of partnership with parents in the process of educating physical and ecological culture at school. Yesnazarovich also underlines parents' responsibilities for children's physical cultures, for developing the abilities of students with reference to physical education and correlation of GEA with other forms of education and development. Consolidating these studies, positive findings towards explaining the theoretical framework of physical culture and health can be obtained. However, certain shortcomings and gaps can also be identified. For example, while there is plenty of evidence for the effectiveness of particular treatments and the methods suggested by Suspo^[14] and Locust and Griban^[16], it is still rather limited. Moreover, in line with Yesnazarovich^[17], the incorporation of ecological and environmental dimensions is still rather limited in the other works, which indicates the imperative of the future expanded theoretical frameworks that include a socio-ecological perspective. Thus, further research on the given issues should be conducted through more rigorous empirical evidence to support the effectiveness of the proposed interventions as well as through the creation of a more comprehensive theoretical framework that encompasses the ecological and environmental aspects of physical culture and health. Further, there is also a gap in the literature regarding the implementation of these theoretical foundations in another culture and other socio-economic settings to increase the external validity of the research.

The literature discussed in the present cluster presents a more profound analysis of the strategies related to the improvement of health in specific populations, which have the purpose of advancing the latter's quality of life. Lipkovich *et al.*^[18] discuss the approaches to use of Industrial physical culture for cattle farm personnel so as to establish the physical exercise regime that will well suit their work call for. The professionals involved in animal husbandry have been classified and the types of exercise complexes assuring against fatigue and increasing working capacity have been described in detail with reference to self-massage. The authors' approach is logical, based

on understanding of what particular work with concern to the physical demand of such a work entails and has realistic solutions on how to maintain health in a stroked manual workplace.

On the other hand, Darnell *et al.*^[19] aim at providing a theoretical thinking about the concept of adaptive disclosure which is a therapeutic model intended for application with military clients who have undergone through trauma. Even though the abstract offered does not include the authors' conclusions or research methods, its potential subject of a psychological intervention for a given population emphasizes the necessity of context-sensitive health initiatives. It probably encompasses a certain dosage of both psychological and possibly physical treatment based on the needs of individuals from the service who have been through a traumatic experience. Thus, both works emphasise the role of context in the interventions aimed at people's health, be it children's physically strenuous work in agriculture or soldiers' psychological traumatization. However, the methods used plus the results which are obtained in these interventions show a big disparity that is due to the differences in demands involving the various population bunches. Lipkovich *et al.*^[18] might consider physical exercises and self-care practices, and Darnell *et al.*^[19] probably cover mental and probably medication approaches.

The value of these studies is in their focus on the fact that all the strategies of health enhancement are context-bound. It shows how the interventions depend on the characteristics and contexts that are general to the targeted populations. However, both these studies could have dalied a comparative study with other populations to look at the variation of such results. For instance, the physical exercises developed by Lipkovich *et al.*^[18] could be tested in other labor-intensive industries to determine their applicability and effectiveness.

Among the common issues noted across the clusters, it was difficult to find research that substantiates the efficacy of the suggested interventions. For instance, Suspo^[14] and Locust and Griban^[16] describe theoretical approaches to physical culture improvement; however, few scientific works can be found that support these approaches in practice. Thus, Lipkovich *et al.*^[18] and Darnell *et al.*^[19] offer interventions that are tailored to specific populations, but they do not offer broader comparative reviews to inform the generalizability of the findings. The final area where the current health strategies seem to have considerable weaknesses is the lack of attention paid to ecological and environmental aspects. Yesnazarovich^[17] points out the significance of the ecological culture; however, this approach is not adequately reflected in other works, which indicates the necessity for the development of more extensive models that include the socio-ecological environment.

Cancer and Culture: A Global Perspective

Cancer Epidemiology and Socioeconomic Factors, Cancer Research and Cultural Perspectives in Cancer Care will be the mainly parts of this cluster. The following will be

done for each cluster to establish the current knowledge and trends; A critical appraisal will then be done on the current literature to determine the gaps and limitations. This part will not only provide a critical analysis of the current state of research in cancer but also recommend future research avenues that should consider cultural factors in cancer research and practice across the globe. Crawford-Williams *et al.*^[20] explore the perspectives of health professionals in regional Australia, highlighting the positive factors that influence clinical care and outcomes for cancer patients. The authors focus the attention on the issue of attracting health care providers to the regions and establishing supportive communities for cancer patients. Thus, the findings of this research highlight the importance of community and professional support in the management of the problems associated with regional cancer patients. On the other hand, Budianto *et al.*^[21] looks into the determinants of CRC in East Java with emphasis on smoking status and economic status. Thus, poor smoking habits and unfavourable economic conditions can hinder the prediction of CRC, indicating that smoking cessation and socioeconomic enhancement may help avert the undesirable CRC outcomes. Thus, this study brings attention to the importance of considering socioeconomic variables in cancer research, especially in areas with significant income inequalities.

Therefore, both studies enrich the knowledge on how cultural and socioeconomic determinants affect the cancer epidemiology. Crawford-Williams *et al.*^[20] is centred on healthcare delivery system where they support community based interventions while Budianto *et al.*^[21] is on risk factors of CRC and tells on need for socioeconomic intervention. As a result, while focusing on different aspects, both papers provide a Call for Culture and Socioeconomic Status in Cancer Research and Policy. However, there are some limitations and suggestions for the further study as follows. Crawford-Williams *et al.*^[20] mainly used the statement of health professionals and this tend to limit their understanding of what a cancer patient goes through. Subsequent research may include patient's input to have a better view of the barriers and issues in regional cancer treatments. Likewise, there is a need to expand the geographical domain of the research of Budianto *et al.*^[21] to other regions apart from East Java to make generalization of the result possible. Additionally, both studies could integrate qualitative methods to deepen the understanding of the cultural and socioeconomic factors influencing cancer outcomes.

Silbermann and Berger^[22] present a comprehensive overview of the psychological, social, and spiritual dimensions of health and healing in the context of cancer care. It is beneficial for healthcare professionals and the authorities since the authors stress the need to consider the cultural diversity on the global scale. This approach goes further in improving the understanding as well as the formulation of better and more efficient healthcare plans. Consequently, instead of focusing on the subject's overall

quality of life, Warren and Manderson^[23] shift the focus slightly to examine how the US and Guatemala government policies affect people with disabilities, including cancer patients. Their analysis also includes the post-injury soldier's representation, which, albeit indirectly, raises issues of disability and well-being in cancer care contexts. This is important because it brings focus on the need to alter certain policies in a way that can easily enhance the lives of cancer patients especially those with disabilities. Looking at these two works, it is possible to note that while Silbermann and Berger^[22] pay attention to cultural and psychological factors of cancer care, Warren and Manderson^[23] discuss how the policy changes may contribute to the improvement of the quality of life for cancer patients with disabilities. Thus, both approaches are quite compatible, pointing to the fact that, while cultural awareness is a valuable tool, sound policy is also needed for quality cancer care.

The findings of this cluster are useful as they link the cultural awareness to the real policy application in cancer care. Also, the literature identifies a missing link on the comparison of the effects of culture on cancer care results in different regions. Future research might be useful to perform a more precise comparison of cultural factors that impact the effectiveness of cancer care and the patients' outcomes. Also, there is a need for more cohort studies that can establish the outcomes of cultural and policy changes in cancer care over time. Such studies would provide deeper insights into the sustainability and scalability of these interventions, thereby informing more effective and culturally sensitive cancer care policies and practices globally.

Culture factors and Cancer in East Asia

Cancer remains a significant public health challenge in East Asia, with regional variations in incidence and mortality rates reflecting unique socio-demographic and environmental factors.

The literature review on the epidemiology and trends of cancer in East Asia is a good source of information on the developing patterns and causes of certain cancers in the region. Zhu and his colleagues^[24] look into the patterns of prostate cancer incidence over the past ten years and stressed the significance of enhanced prevention and control measures in East Asia. Thus, their work highlights the importance of studying prostate cancer incidence as a chronically evolving process that requires further observation and specific measures in the sphere of public health.

Likewise, Mubarik *et al.*^[25] investigate the shift in socioeconomic and life style in relation to breast cancer and DALYs in East Asia from 1990 to 2019. The authors have put the incidence down to westernised life styles and improved diagnostic facilities, and the increase in DALYs to factors such as BMI, fasting plasma glucose levels, alcohol consumption, and red meat intake. This study demonstrates the global changes in cancer risk factors and outcomes and calls for specific intervention research to address these complications.

Among the systematic scoping review on the dietary factors and cancer risk in East Asian region, a study by Jung *et al.*^[26] is quite significant in providing a detailed analysis on the relationship between consumption of processed meats and cancer risk. This paper is a systematic review which incorporates the findings from several observational studies hence capturing a general perspective of the literature. The authors use a systematic approach to search, include, and synthesize the studies, which helps to uncover the possible relationships between the diet and cancer rate, focusing on the processed meats in East Asia.

The literature review by Jung *et al.*^[26] reveals the following findings. First of all, it emphasizes the rather stable link between high consumption of processed meat and high risk of some cancers, including colorectal and stomach ones. This is consistent with other studies done across the globe, which points to the effect of diet on the health status of individuals. The review also reveals certain variations concerning regional differences that exist in the dietary habits and cultural practices within East Asia. Despite its thoroughness, the review by Jung *et al.*^[26] faces limitations that are common in observational studies.

The major limitation of the study is that dietary data was self-reported which can lead to bias and measurement errors. Further, there was the variation in the study approach, participants, and the tool used to assess diet in the included studies and this makes it difficult to come up with a summary of the findings. This variation calls for more consistency in the approach used in future research so as to boost validity of results and comparison. For the future studies, it would be useful to conduct more controlled and long term investigations which are directed at particular subgroups of East Asia, taking into consideration their diet and genetic makeup. However, the combination of molecular and genetic data with the dietary data might help to explain the biological pathways that link the mentioned associations. This approach would not only increase the accuracy of the dietary risk assessments but also would create the basis for the individualized dietary guidelines for cancer prevention.

Summary

In the light of the research questions of this study, Chapter 2 gives a detailed review of the literature on cultural factors in relation to cancer patients in East Asia. It is broadly classified into three main parts. The first part of the literature review, 'Theoretical Frameworks for Culture and Health', sets the stage by explaining the impact of culture on health results and practices, and theoretical frameworks including adaptive disclosure and approaches to enhancing health. The second section, focuses on cancer epidemiology, socioeconomic determinants, and cultural approaches and differences with a special focus on East Asia and the role of SES in cancer care. The third section is the conclusion and discussion, which includes the analysis of the findings and the identification of the further research opportunities, including the necessity of more culturally and socioeconomically sensitive studies.

In conclusion, the chapter shows how cultural competency should be incorporated into cancer research and treatment for better health outcomes.

METHODOLOGY

The qualitative documentary analysis approach is the one used in the study. This makes a systematic review and critical synthesis approach suitable given the nature of the current research issue and the body of literature that is available. This calls for a methodical approach to performing a literature search, evaluation, and information assimilation. To improve the comprehensiveness of the literature search, start by doing electronic searches on databases to find research on the cultural factors impacting cancer care and outcome in East Asia based on a predetermined set of criteria.^[27]

After identifying the studies, exclude those that, in light of the theoretical framework, methodological quality, and findings, do not meet the quality and relevance requirements. Point out the flaws in earlier studies, such as dietary confounding or the exclusion of contextual elements. Highlight the significance of the results to provide a comprehensive comprehension of the patterns in the studies, together with their advantages and disadvantages, and propose additional research questions based on these findings. In this manner, the systematic and thorough examination of the research highlights the gaps in the literature as well as the complex roles that culture plays in cancer care.

Documentary Selection

To identify the documentaries to include in this qualitative analysis, an electronic search was conducted using the databases; PubMed, MEDLINE, Scopus, and Web of Science. To identify the studies concerning cultural factors affecting cancer care and outcomes in the East Asia, the keywords and Boolean operators were applied. The search produced a large number of papers, and the most stringent criteria were applied to the selection of papers for the analysis.

The following criteria were set to make the study relevant: the articles from peer-reviewed journals and both qualitative and quantitative researches conducted in the last decade were used. A meta-synthesis of the identified findings pointed out emergent trends and issues, as well as areas of triumphs and drawbacks. Some weaknesses of the previous works have been outlined, including the problem of dietary confounding and the lack of contextualization. Thus, the importance of the findings was underlined, and the state of cultural factors influencing cancer care in East Asia was discussed in detail. In light of these conclusions, the following research questions were generated to build on existing literature and examine the multifaceted nature of culture in cancer care. This holistic and rigorous review of the literature provides a good basis for examining how culture affects the cancer patients' decision making, beliefs, and recovery process.

RESULTS

Due to the research objectives and research questions,

the documentary analysis results will be answered in this chapter.

Objective 1: To explore the narratives of cancer patients regarding their treatment choices and the cultural factors influencing these decisions.

The data from Wang *et al.*^[4], the individual interviews disclosed the impact of those cultural factors in the treatment taken by cancer patients. Some patients showed a cultural perception toward the efficacy of herbs and acupuncture since the ancient practices are believed by many patients. This preference often resulted in patient's decision to delay visiting orthodox doctors or going for tests. Regarding the choice of treatment, some patients used both traditional and Western treatment methods, explaining that the application of both would increase the efficiency of the treatment. Antecedents were not exclusively determined by the patient, but rather engendered largely with the input of a family members, a characteristic of East Asian culture, hierarchical and esteeming the elderly. Moreover, it emerged that people made decisions about their ailments based on such knowledge acquired from other members of the community who had undergone similar ailments, which defines people's perspective and option on the treatment of some diseases.^[28] Beliefs that cancer is punishment or test of fate was also reported to influence patients' behavior about their treatment, which meant accepting their illness instead of fighting it.

Objective 2: To investigate the health beliefs and perceptions of cancer among patients from diverse East Asian cultural backgrounds.

The research revealed various prognostic and symptomatic connotations of cancer as perceived by patients from different East Asian cultures. Cancer is also viewed as a shameful disease, and that means patients with such diagnosis social exclude themselves and are even afraid to share their condition. This stigma reduced the patients' willingness to seek early treatment for the ailment. For example, a high percentage of patients displayed kind of fatalism and consider cancer as their unavoidable lot in life. It caused them to make such decisions as to stall illnesses or injuries instead of seeking treatment since the ordeal was inevitable.^[7] Several cultural groups emphasized the use of preventive services through behavioral practices, including their diets and health check-ups, conferred from their cultural worldviews. On the other hand, other groups also presented a delayed health seeking behaviour because of equal native made fears of diagnosis, distrust within the healthcare systems and or reliance on traditional remedies. The culture of the specific countries influenced their behaviour and decision making; individuals from cultures where they respect doctors, they agreed to the treatments without fully understanding them or questioning the doctor's word.^[29] On the other hand some patients were quite skeptical about western treatments could be due to the fact that some regarded traditional healers whom they felt could be trusted more because fell in line with their cultural background.

Objective 3: To examine the role of cultural practices and social support systems in the recovery processes of cancer patients in East Asian countries.

Culture and support systems were vital components of the tasks focused on the care of persons with cancer. Consumption of culturally appropriate food prepared for patient's healing and enhancing their immune system was widely practiced, some of the common foods included herbal soup and teas. Therefore, concepts, beliefs, and practices all tied to the patients' cultural and religious experiences, comforted the patients and strengthened their minds in their recovery experiences. People's roles of supporters were underlined by the patients since the family is mostly involved in the caregiving, in compliance to treatments, and companionship.^[15] Prosocial activities including church groups or caregiver support groups were important to establish social connection, and basic tangible support which included providing assistance such as providing transport to hospital appointments or doctor's visit and validation through encouragement or storytelling. Several patients reported to have received healthcare from models that combine traditional/ cultural treatments endorsed by the health organizations as a sign of recognition of cultural probity and the need to expand medical treatment.^[30] Due to appreciation of the psychological impacts held with cancer recovery, culturally competent guidance and therapy help was valuable in controlling anxiety, depression, and stress experienced by the patients.

DISCUSSION

This analysis highlighted cultural impacts on patients' choices of treatments, beliefs regarding the illness, and their process of healing in East Asian countries. Specifically, the understanding of cancer treatment pathways was informed by patients' own experiences in their treatment-seeking processes, and owning adopted traditional therapies, most therapy-seeking delays were toward conventional cancer treatment. Most of the respondents considered family and community input to be an appropriate model in treatment decision making; this is a clear indication of the collectivist culture found among the East Asian people. Peculiar cultural perceptions of cancer as a deserving punishment or a fate predetermined also influenced patients' demeanor towards their treatment and as such, some accepted fates instead of fighting them through various treatment procedures.

The understanding of health and perceptions towards cancer was a subject of contradicting beliefs based on the various East Asia cultures. It is also important to add that in numerous cultures, cancer was viewed as a shameful disease and the diagnosis was considered shameful, which always resulted in exclusion and the patient avoiding sharing this information. She also noted that this stigma mean that people adopted fatalistic attitudes, which arose to the situation where patients were reluctant to seek treatment early. Contemporary cultural beliefs played out in preventive health measures whereby some cultural groups

encouraged preventive measures attached to traditional health beliefs, and the health-seeking behaviors demonstrated by other groups were delayed because of fear of diagnosis because of lack of trust in the healthcare system or resort to traditional healers. In particular, patients of the collectivistic culture expect their physicians to know the best course of treatment and will not oppose their decisions; patients of the individualistic culture do not believe in the white coat syndrome and want to turn to traditional healers instead of following doctors' advice.

Culture and social structures played a vital role in the recovery activities of patients diagnosed with cancer. Most followed culturally appropriate diets and offered themselves up for prayers and other related acts that gave them the strength they needed emotionally and mentally. Sometimes, members of the immediate family gave their best care by reminding their sick kin to adhere to doctor's orders or simply encouraging them. Several organizations and support groups offered concrete and moral support to the patients so that the patients or clients would not feel alone in their struggles. It was found that comprehensive models of health-care that incorporated cultural practices or paradigms together with the medical ones were effective since the patients' cultural selves were valued during the treatment sessions. Most patients required cross-cultural competent counseling and therapy for their mental issues like anxiety, depression and stress.

In conclusion, the need to appreciate and include the cultural factors in care to improve the quality of cancer care was revealed by this research. That is why, further investigations should progress in the peculiarities of those cultures and in possible means of overcoming the gap between culture and medicine.

CONCLUSION

The analysis of the literature review on cultural aspects of cancer patient sufferings, especially for the populations of East Asia, only strengthen this evidence regarding the crucial influence of cultural and socio-economic factors on treatment options, treatment perceptions and rehabilitation. Nevertheless, analysis of the literature reveals several gaps and limitations which outline the further research imperatives.

Preceding research also have several limitations like dietary confounding and lack of contextualization which can contribute to the studies' limitations. For instance, self-reported dietary intake data may have some bias; differences in study design can complicate the comparability of the findings. Furthermore, most works fail to examine socio-ecological factors in relation to cancer treatment with destiny on cultures, a necessity when assessing wellness consequences.

Thus, the necessity to integrate cultural sensitivity factors within cancer research can be defined. Delivery of culture and socio-economic specific cancer care increases treatment compliance and improves overall patients' health. Still, existing literature often does not

account for cultural peculiarities and socio-economic factors, which are crucial for creating relevant and fair health interventions. Future studies should fill these gaps by using qualitative and quantitative research methods that are more scientific, investigate the effects of the CC model over a longer duration, and use rigorous controlled designs to enhance the understanding of the CC model's role in the promotion of health. Hence, broadening the study to include cultures other than Western and different socio-economic environments will result in developing better and more culturally appropriate approaches to cancer care and support.

Therefore, cultural factors should be incorporated in cancer research and care to enhance the cancer patients' health. This way, the best results, both scientifically sound and culturally sensitive, are achieved for the patients receiving cancer treatment, and more efficient approaches are developed.

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