A Behavioural Analysis Of Barriers To Treatment Engagement In Malaysian Public Radiotherapy: A Scoping Review

EP015



MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH BEHAVIOURAL RESEARCH

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INTRODUCTION

- Malaysia public radiotherapy services are highly subsidized, providing near-free care.
- Despite financial incentives (e.g., the PeKa B40 scheme), treatment default persists.
- Behavioural science suggests affordability alone cannot ensure treatment engagement.
- Decision-making is influenced by complex psychological and environmental factors.

OBJECTIVE

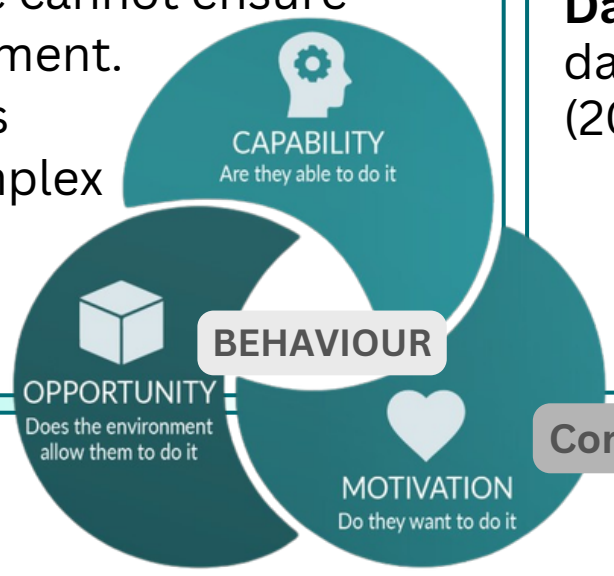
- Examine the 'friction' between policy intent and actual patient behaviour.
- Identify specific administrative, geographic, and psychological barriers.

METHODOLOGY

Databases: Literature search across key databases: (2014-2024)

PubMed · Cochrane Library · Clarivate Web of Science · Clarivate Web of Science · Scopus · Google

Framework: Data synthesized using the COM-B model.



Core Components of COM-B

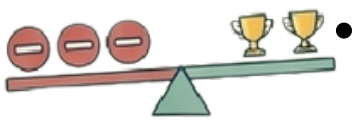
RESULT

Three **COM-B** "friction points" were identified:



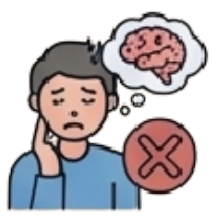
CAPABILITY

- Patients lack knowledge of financial incentives and struggle to navigate complex application procedures.



OPPORTUNITY

- Limited number of public oncology centers causing severe geographic and logistical barriers where physical distance and long travel times create 'high friction' causing opportunity barriers that drive default.



MOTIVATION

- Unaddressed psychological distress and a lack of sustained emotional support directly drive treatment default.

DISCUSSION & CONCLUSION

- **Beyond Subsidies:** Free care is insufficient if administrative, geographic, and psychological "frictions" remain unaddressed.
- **Capability Fix:** Implement low-literacy, visual checklists to simplify hospital and funding navigation.
- **Opportunity Fix:** Consolidate appointments and optimize department scheduling to minimize the travel burden.
- **Motivation Fix:** Radiation Therapists must utilize daily patient interactions for brief, structured emotional check-ins to identify distress early.
- **The Path Forward:** Improving oncology outcomes requires shifting from purely technical care delivery to active behavioural engagement.

Acknowledgement

The authors would like to thank to the staff of the Department of Radiotherapy and Oncology, Hospital Kuala Lumpur, for their continuous support, and the organizers of the 1st National Conference on Behavioural Sciences in Health 2026. Special thanks to Dr. Muthukkumaran for the financial support.

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