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When Knowledge Isn't Enough — Rethinking Breast Cancer Screening Among Ghanaian Nurses

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The study by Nsaful et al. in this issue of the HSI Journal offers both a sobering and illuminating lens into the complex dynamics of breast cancer screening among health professionals. This reveals a dissonance that is as startling as it is instructive: while knowledge about breast cancer among female nurses in a Ghanaian tertiary hospital was found to be generally adequate, actual screening practices were inconsistent. Even more striking is the reported resistance to mastectomy, with 60% of the participants indicating that they would not accept this life-saving procedure if diagnosed. This paradox speaks volumes about the nature of cancer care in low- and middle-income countries, not just the limitations of access or training, but also the deep psychosocial and cultural barriers that persist even among the most medically informed segments of the population.

Why does this matter?

Nurses are not just caregivers. In many African settings, they are the primary source of health education, particularly for women. If nurses are hesitant to engage in screening or reluctant to accept definitive treatment, the ripple effects on public health messaging and community behavior are significant. This undermines national screening goals and can contribute to Ghana's high rate of late-stage breast cancer presentation, a problem that the study indirectly echoes. The

fear of mastectomy reported in this study is particularly revealing. This suggests that education alone is insufficient when it fails to address the emotional, cultural, and body image dimensions of treatment. This insight should reframe how we approach both patient and provider education, not just emphasizing facts, but also building understanding around survivorship, reconstructive options, psychological support, and destigmatization. There is also a broader system-level insight. Despite the significant burden of breast cancer in the Ghanaian population, no national cancer screening program currently exists. Moreover, the assumption that health professionals will independently adopt best practices does not hold if institutional reinforcement is absent. Training modules, workplace screening policies, and peer engagement must be embedded in the health sector culture to ensure continuity between knowledge and practice. Ultimately, this study challenges us to think beyond information and about transformation. If health workers, our most informed citizens, harbor fear, stigma, and uncertainty, then a more holistic, culturally grounded, and psychologically attuned approach to cancer education is overdue.

Nsaful et al. did more than report statistics. They challenge our assumptions about health literacy and compel us to ask a deeper question: What is the value of knowledge if it fails to drive behavior change?"

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