

RESEARCH ARTICLE

Benefit-finding experiences of cervical cancer survivors in rural Yunnan province, China: A qualitative study

Liyuan Sun  | Ke Liu | Xilin Li | Yao Zhang | Zhilan Huang

Health Science Center, Shenzhen University, Shenzhen, China

Correspondence

Liyuan Sun, Health Science Center, Shenzhen University, A1-403, 1066 Xueyue Road, Nanshan District, Shenzhen 518006, China.

Email: liyuanali@126.com

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Abstract

Aim: To explore and describe cervical cancer patients' benefit-finding experiences in rural China.

Design: The phenomenological approach was used in this qualitative study.

Methods: In-depth, semi-structured interviews were conducted with 21 patients, from July to August of 2019. The data, which were collected, were analysed using the Colaizzi analysis procedure.

Results: According to the analysis results, the four benefit-finding experience themes of the cervical cancer patients were, respectively, determined to be as follows: Health cognition and behaviour changes; reshaping of personal strength; focussing on relationships with others; and facing life positively.

Conclusions: The individual's cognition of health and their own strong qualities, and their external social support systems and information obtained and transmitted through interpersonal interactions, can promote the benefit finding. The findings suggest that medical staff should understand the traditional concepts of their patients, use their positive psychological potential, and build targeted nursing measures.

KEYWORDS

benefit finding, cervical cancer, Chinese culture, qualitative study

1 | INTRODUCTION

Cervical cancer is the most common malignancies in women. The majority of new cases and deaths occurred in low- and middle-income countries, which accounted for 86% and 88% of the new cases and deaths in the entire world, respectively (Bray et al., 2018). In recent years, the incidence and mortality rates of cervical cancer in women have sustained growth trends (Denny & Quinn, 2015; Shang-Ying et al., 2014). In China, 100,700 new cases (estimated incidence of 10.1–15.3 per 100,000 women) and 26,400 (estimated mortality rate of 2.59–2.76) deaths recorded in cancer registries (Shang-Ying et al., 2014; Shrestha et al., 2018). According to the 2018 data, which account for approximately 28% of the global new cases (National

Health Commission of The People's Republic of China, 2019). China has a relatively high cervical cancer disease burden, especially in some rural areas (Lei et al., 2011; Shi et al., 2011).

As we know, cancer has the characteristics of poor prognosis, long treatment cycles, many side effects, easy recurrence and so on, patients generally have different psychological problems. These include anxiety, dysphoria, fear, pessimism, depression, loneliness and despair (Dinkel & Herschbach, 2018; Vehling et al., 2012). The emergence of these psychological problems is often more serious than the impacts of the disease itself. Moreover, the various side effects caused by cervical cancer treatments, such as menopause symptoms, lower quality of sex life, hematuria, frequent micturition, bloody stool and pain (Jena, 2015; Shyu et al., 2019). All these side

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effects also cause psychological conditions, which also impact the prognosis and treatment of cervical cancer (Le Borgne et al., 2013). The studies showed that cervical cancer survivors have amongst the worst physical and mental health-related quality of life reported in cancer survivor populations (Ashinggiwa et al., 2009; Pfaendler et al., 2015; Weaver et al., 2012; Wenzel et al., 2005).

Even so, it was found that people would find positive and beneficial effects in adverse situations such as diseases, researchers named the positive psychological experience "benefit finding" (Affleck & Tennen, 1996). As a positively stimulating factor, benefit finding can help cancer patients to overcome disease and optimistically face life's challenges. From cancer diagnosis to end of treatment, the role of oncology nurses is essential to caring for cancer patients during the disease trajectory. Therefore, nurses should update psychological nursing concept and taking advantages of positive psychology to help patients pass through their difficult period.

1.1 | Background

Positive psychology seeks to expand the scope of psychiatry to include broader aspects of mental health and well-being with core concepts such as personal recovery, resilience, optimism and hope (Bejerholm & Roe, 2018; Eglit et al., 2018; Stoner, 2019). In this context, the potential for positive psychological changes following a negative event has gained substantial attention (Vries et al., 2019). A large literature suggests that many cancer patients perceive positive changes related to their illness experience (Dunn et al., 2006; Kolokotroni et al., 2014; Rinaldis et al., 2010; Salsman et al., 2010; Shand et al., 2015). The qualitative studies also found that positive psychological changes could be an important phenomenon, which contributes to overall psychological growth (Ching et al., 2012; Hefferon et al., 2010; Horgan et al., 2011; Leung & Chan, 2010). It may assist patients treat the disease correctly, gradually adapt to the disease, and actively cooperate with rehabilitation treatments.

Various terms have been used to describe these changes, including posttraumatic growth (PTG), and benefit finding (BF). Though these terms are often used interchangeably, they are conceptually different. PTG is conceptualized as an outcome, which encompasses a totally transformative experience, resulting from a pervasive cognitive shift that is undergone by relatively few of those who report positive changes following adversity (Sumalla et al., 2009). In contrast, benefit finding is conceptualized as a process trying to find positive changes or benefits through the experience of adversity (Linley & Joseph, 2010; Pascoe & Edvardsson, 2014). Benefit finding has been found to help improve endocrine and immunity abilities and having positive affects, which encourage healthy behaviours and perception of social support. As a result, steps towards disease recovery and improvements to the quality of the patients' lives are promoted (Helgeson, 2011; Wang & Hoyt, 2018; Wang et al., 2014). The results of a previous qualitative study of 26 cases of cervical cancer in the United Kingdom (Ashinggiwa et al., 2006) showed that social support had a positive correlation with the quality of life for

the cancer patients. In another related study, Clemmens (Clemmens et al., 2008) investigated 19 long-term survivors of cervical cancer in the United States. The results revealed that the support of medical service personnel, family members and friends was crucial to the quality of life of the patients.

Unfortunately, the research regarding benefit findings for cancer patients in China has just begun. In addition, the research methods are almost exclusively quantitative. In particular, very few qualitative studies have focus on patients with cervical cancer. However, as the subjective feelings of cancer patients, the benefit finding process may be difficult to express in a quantitative (data) form. Its connotation can be better interpreted by qualitative research under certain cultural backgrounds. In addition, due to the influences of special physiological characteristics, family roles and the traditional thought processes of Chinese women, cervical cancer patients are under major psychological pressure, which may easily cause many levels of problems. At the same time, the international research findings may not be applicable to cancer patients in China due to the influences of regional and cultural factors. Therefore, this study endeavoured to conduct in-depth interviews with cervical cancer patients in rural area during their convalescent periods in order to explore their true experiences with the benefit-finding process. The results of the conducted interviews will give new perspectives for future psychological rehabilitation nursing practices for cancer patients.

2 | METHODS

2.1 | Design

This study adopted a phenomenological research method. Phenomenology is used to investigate the life experiences of humans, as established by Edmund Husserl in the early 20th century. Husserl stressed that three identification processes need to be conducted in order to understand a phenomenon: (1) Bracketing; (2) Examining the phenomenon and (3) Examining the essence of the phenomenon. The purpose of using a descriptive phenomenological approach was to assess the understood experiences of the individuals in this study without interference from the researchers' interpretations of the meanings. The study collected data using a face-to-face interview process, a semi-structured interview process, and an in-depth interview process.

2.2 | Sampling and recruitment processes

In this study, from July to August of 2019, women with cervical cancer who had undergone outpatient reviews were selected in a county hospital and a prefecture hospital in rural Yunnan Province, located in southwestern China. Yunnan Province spans approximately 394,000 square kilometres (152,000 square miles) and has a population of 45.7 million (2009). The capital of the province is

Kunming. The province borders Myanmar, Laos, and Vietnam (People's Government of Yunnan Province, 2020).

The potential participants were identified by the oncologist involved in the study through a review of clinic lists and medical records. The interested participants were introduced to the first author for the purpose of further discussing the study. The study participants were selected based on an objective-oriented approach. A sampling process was conducted until data saturation when the number of participants rose to twenty-one.

The inclusion criteria were as follows: patients with pathological diagnoses of cervical cancer; no obvious development of the disease following surgery and/or radiotherapy and chemotherapy; ranging between 18 and 65 years of age; no serious mental disorders, central nervous system diseases, brain tumours or brain metastasis tumours, no unconsciousness disorders, and undergoing no other psychological therapy and psychotropic drug therapy.

2.3 | Data collection

All of the researchers participating in this study had received training in qualitative research. Four of the researchers were Registered Nurses and one was an undergraduate student. The interviews were conducted by the first author (LYS), who had a doctor's degree and more than 15 years of experience in the fields of gynaecological nursing.

The interview questions were initially prepared by consulting the available research results and acquiring expert advice. The questions were pre-tested for language clarity and cultural acceptability. The interviews were conducted in quiet and undisturbed environments following the re-examination or rehabilitation treatments of the patients. Each interview lasted approximately 40–50 min. During the interviews, the researcher involved used open-ended questions, with the goal of assisting participants to express their feelings and experiences freely by listening carefully, asking appropriate questions and repeating questions when necessary. The researchers did not dominate the content of the interviews or imply that the interviewee would be given specific answers. The data were collected via audio recordings and the on-site notes taken by the interviewers. In addition, the facial expressions, body language and emotional changes of the interviewees were carefully observed and recorded. Following each interview, the interview contents were independently transcribed verbatim by two researchers in 24 hr. The interview outline mainly include the following questions (Table 1).

2.4 | Data analysis

In 24 hr after the completion of the interviews, the audio recordings were transcribed into text, and the interview data were improved by referencing the recorded notes about the observed emotions, intonations, actions and so on of the interviewees. The data analysis

TABLE 1 Interview schedule

Interview schedule

1. What has changed in your life since your illness?
2. In the face of this disease, what is your current psychological state?
3. When and what makes you feel good changes have taken place? Please give an example to explain in detail.
4. What is it that supports you and influences you to persevere step by step?
5. If you were to meet a patient facing similar challenges, how would you enlighten him or her?
6. What are your plans for the future?

process employed in this study followed the steps described by Colaizzi (Colaizzi, 1978) as follows: (1) After each interview, the interviewer repeatedly listened to the audio files, transcribed them verbatim, and read the written files several times; (2) After reading the written interviews, the meaningfully related statements were highlighted; (3) A concept representative of each statement was then identified; (4) The researcher then categorized the concepts based on their similarities; (5) The results were subsequently incorporated into larger category groups; (6) Attempts were made to comprehensively describe the various concepts; (7) The trustworthiness of the obtained data was verified.

2.5 | Rigour

The rigour of this study was based on Lincoln and Guba four criteria: credibility, confirmability, dependability and transferability (Lincoln & Guba, 1985). In order to address the credibility, in-depth and lengthy interviews were conducted and the repeated questions were used to resolve any uncertainties and ensure the participants' responses. The collected text data were then returned to the interviewees for verification purposes. In addition, member checks were undertaken during the course of the data collection and data analysis processes in order to enhance the accuracy of the data. In regard to dependability, throughout the research process, the researchers attempted to put aside their personal views as much as possible during the data collection and analysis processes. Since the coding and data analysis processes were completed in groups that included the entire research team, individuals could not interpret their personal biases in the study results. With regard to conformability, the researchers asked several participants to determine whether our findings conformed to their experiences and viewpoints. Moreover, the text of the interviews and the extracted codes were given to two experts who were specialized in qualitative research in order to confirm the accuracy of the coding. Furthermore, for the purpose of the transferability of the obtained results, this study reported the participants' characteristics and described the study procedures in detail. The results of the study were given to three cervical cancer patients who had not participated in the study, and their personal experiences were compared with the results obtained in the study.

2.6 | Ethical considerations

The study was conformed to the principles outlined in the Declaration of Helsinki. Research ethical committee approval is obtained by the Research Ethics Committee of Health Science Center in a University of China. Participants were informed about their voluntary participation and that they can drop out from the study at any time without penalty. Furthermore, it was clearly explained that the interview data would be maintained as completely anonymous and coded in order to protect their privacy. At the same time, it was clarified that the interviews would not have any impacts on their treatments and medical expenses, in order to eliminate any concerns the interviewees may have had in that regard.

3 | RESULTS

In this study, 21 interviewees with the age of 32–65 years old were enrolled. Table 2 details the socio-demographic characteristics of the interviewees. After analysing the qualitative content of the interviews, four main categories and seven subcategories were extracted. The main categories included; “Health cognition and behavioural changes,” “Reshaping of personal strength,” “Focussing on relationships with others” and “Facing life actively.” Seven subcategories were also resulted from the data analysis, including “Self-attribution of disease,” “Increases in disease knowledge acquisition,” “Rethinking personal attitude towards health,” “Building a strong character,” “Increase of social support,” “Alertness and help from others” and “Improvements in interpersonal relationship”(Table 3).

TABLE 2 Socio-demographic characteristics of cervical cancer patients ($N = 21$)

Characteristic	Mean \pm SD or N
Age	
Average age	51.5 \pm 9.80
Age range	32–65
Education	
Middle school or lower	5
High school	9
University/college or higher	7
Occupation	
Professional	3
Skilled	8
Unskilled	4
Unemployed	6
Family income (RMB per month, per person)	
<3,000 yuan	6
3001–5000 yuan	11
>5,000yuan	4

3.1 | Health cognition and behavioural changes

3.1.1 | Self-attribution of disease

After accepting the state of disease, the patients will reflect upon the possible causes thereof, so as to reduce the uncertainty of its occurrence and development.

Interviewee D: “I thought I was too young to get cancer. I had not gone to the hospital for physical examinations. Now I know that regular examinations are very important;”

Interviewee P: “My living habits were not very healthy in the past. I often ate fast food, stayed up late, and never exercised...”

Interviewee H: “I used to have a little bleeding during sexual activities. I thought it was normal and I did not pay attention to it. I blame myself for being careless.”

3.1.2 | Increases in disease knowledge acquisition

The understanding of disease knowledge can aid patients in improving their self-care awareness, produce a sense of satisfaction about their own disease awareness, enhance their confidence in overcoming the disease and improve the treatment effects. All of the interviewees in the interview had the need to acquire rehabilitation knowledge, and some believed that the current health knowledge was not able to meet their own rehabilitation needs. Patients with high education level chose to obtain postoperative rehabilitation knowledge about cervical cancer through expert consultation, reading relevant materials, searching on the Internet and through other means. During the interview process, 86% of the patients were observed to think that their acquisition of knowledge about their disease had increased during the course of receiving treatment.

Interviewee A: “My original thoughts were that cancer was equivalent to death. Later, the doctors and nurses let me know that I can actually recover through treatment. Also, XX in the same ward also told me the same thing, and shared with me the entire process of the operation experience.”

Interviewee G: “Now I will pay attention to the health information presented on TV and radio. I also gained a lot of knowledge from other patients.”

Interviewee R: “I searched on the Internet for information regarding cervical cancer and learned the

TABLE 3 Categories and themes from the interviews

Category	Themes
Health cognition and behavioural changes	1. Self-attribution of disease 2. Increases in disease knowledge acquisition 3. Rethinking personal attitude towards health
Reshaping personal power	1. Building a strong character 2. Increase of social support
Focussing on relationships with others	1. Alertness and help from others 2. Improvements in interpersonal relationship
Facing life positively	

importance of physical exercise, a regular lifestyle, and an optimistic attitude."

Interviewee B: "I am paying special attention to my diet now. I have heard that a balanced diet is very important during the process of disease recovery."

3.1.3 | Rethinking personal attitude towards health

After having experienced the double trauma of surgery and chemotherapy, patients are deeply aware of the physical and mental pain caused by the loss of health and threats to their lives, thus their attitudes towards health have changed greatly.

Interviewee K: "With this disease, I also know that health is the most important thing. It is of no use to make more money when you are in bad health. Only healthy people can do what they want to do. Now I do not want to think of anything, I just want to keep fit!"

Interviewee H: "My husband and I have agreed to have a physical examination once a year. If there is something wrong with our bodies, we will come to the hospital at once. We must maintain good bodily health."

Interviewee I: "My health comes first, and nothing else matters without good health."

3.2 | Reshaping personal power

3.2.1 | Building a strong character

In interview, results revealed that the patients had re-examined the disease and their personal abilities. For example, they had started to show their stronger sides, learned to affirm themselves, and firmly believed that they could overcome the disease.

Interviewee J: "Since I have had this disease, I have come to accept it. I have to be strong in my heart and encourage myself in order to raise my spirit and treat my illness well."

Interviewee I: "It is said that some people have cured cervical cancer, but some have died because of cervical cancer. When the two possibilities of life and death were put in front of me at the same time, I also wondered what I should do. I still need to actively accept treatment, fight tenaciously, and make a way for myself. I do not wish to sigh in despair, because crying will not cure the disease."

Interviewee A: "You should not be discouraged in any way. You must persist and keep an optimistic attitude."

Interviewee N: "Even though I was a little pessimistic about the previous operations, I was fearless and ready to fight cancer. Only by fighting can I live and have hope."

3.2.2 | Increase of social support

The majority of the patients said that they felt the care and support from their families, and that which was expected by their families, had enhanced their desire for survival and recovery.

Interviewee P: "After I became ill, my family has always been taking care of me, staying around me, and doing everything for me, which has caused a lot of trouble for them. They all wish me to be well, and I cannot disappoint them."

Interviewee M: "Family is the most important. I rely on my family for any problems I have. My husband is very kind to me. I just want to get well and do something for him, so I am willing to cooperate with the chemotherapy no matter how difficult it may be."

Secondly, medical staffs are an important channel for patients to understand their disease, and to also give hope for patients during their disease treatments. The guidance and help from medical staff give irreplaceable support for patients.

Interviewee E: "I spent my most depressing times chatting with doctors via WeChat. The doctors gave me a lot of suggestions and encouragement, which made me confident to continue the treatment program."

Interviewee L: "Having knowledge regarding my medicine was helpful to me. I feel I will gain more knowledge when the doctors tell me more, and I would have more confidence."

The mutual support and encouragement amongst the patients were found to be the driving force to advance together.

Interviewee B: "We have also joined a WeChat group together. We can talk about anything together and guide each other, which is more energetic than when we are alone."

These phenomena illustrate the fact that social support functions are different. The encouragement from their families enables them to face the disease directly and to begin reconsidering their understanding of family responsibility, actively cooperate with the treatment, and increase their motivation to return to their family as soon as possible. In addition, peers can encourage each other, due to the resonance of emotional experience, and thus they will be more inclined to pour out their inner pain to patients who have had the same experience, as a means to vent their negative emotions and reduce their fears and concerns about the treatment. At the same time, when patients share their weal and woe with one another, this may also promote the improvement of the patients' recovery. Secondly, interviewees preferred to disclose their physical discomfort to medical staff, hoping to obtain professional answers, which can significantly reduce their uncertainties about the prognosis of the disease.

3.3 | Focussing on relationships with others

Almost all of the patients stated that they were aware of the care of their family and friends after their illness, which helped them to understand the importance of helping each other and maintaining good interpersonal relationships. This reveals that the patients exhibited some positive changes in their relationship with others, their philosophy of life, and other aspects. These changes can help encourage patients to explore personal positive energy and face the future with confidence.

3.3.1 | Alertness and help from others

The patient's awareness of the compassion and help offered by others was enhanced, especially for those who had undergone similar experiences and destinies as themselves.

Interviewee N: "I have a friend who has cancer, so I use my experiences to encourage her."

Interviewee C: "I am a different person now. I was not very enthusiastic before, but now I almost always take the initiative to help others, which is a great change for me."

In addition, the patients commented that they now take the initiative to alert family and friends of the importance of health.

Interviewee J: "Since I became ill, I have been paying closer attention to the health of my family and have asked them to have regular physical examinations."

3.3.2 | Improvements in interpersonal relationship

In this study, 17 interviewees indicated that they had closer relationships with family and friends after the disease, and their interpersonal relationships had improved to some extent.

Interviewee P: "I now think of everything positively since I became sick. Previously, I had a major conflict with a neighbor, but I wanted to be more open after I became sick. Now both of us do not care about conflict (smile).... She has helped me a lot during my treatment."

Interviewee R: "I used to think that my parents were too nagging. I was too impatient to listen to them. Now it is different. I have much better communication with my parents."

3.4 | Facing life positively

During the processes of fighting a disease and reflecting on life, it was revealed that the patients began to recognize, arrange, and prioritize events in their lives, and actively plan their futures.

Interviewee A: "If there is nothing wrong after this review, I will travel abroad with my husband."

Interviewee F: "I want to live well. After all, my child is still young, my family needs me, and my husband needs me."

Interviewee E: "I just want to stay alive and help my daughter take care of her children. Both of them are too busy with their work. I can be of some help."

Interviewee M: "I also have my husband and children. For them, I must try to live happily and meaningfully."

4 | DISCUSSION

Benefit-finding experiences are an individual's perceptions of positive changes in the face of adverse events. These are not the direct results of the disease but are produced by the patients during the process of coping with their disease. First of all, this study found that after suffering from cancer, patients were more aware of the importance of bodily healthy and had learned to pay closer attention to their own body changes, thereby enhancing their awareness of disease prevention. Some patients emphasized the importance of health knowledge acquisition, while others emphasized health-related behavioural changes. Therefore, it was suggested in this study that patients should be encouraged to pay closer attention to changes during clinical examinations, improve their disease understanding and develop behaviours for disease prevention.

In addition, the obtained results indicated that during the treatment processes, the patients perceived that their mentality and emotions had changed from despair, inferiority, and self-denial at the beginning to a "desire for openness," active cooperation and trust in themselves. Subsequently, their strength of character had been revealed. In addition, social support was found to play a crucial role in the patients' ability to reshape their personal power. Therefore, social support had contributed to the generation of their benefit-finding experiences (Brand et al., 2016). It was shown from the interview results that family was the focus, which is the case for most Chinese women. The previous study also showed that spouses and children held irreplaceable positions in the hearts of the women, and their families had affected the individual patients' attitudes towards their disease and themselves (Huang et al., 2020). Secondly, as the professionals in disease treatments and nursing operational tasks, the medical staff involved in their treatments were considered to have high authority in the patients' minds. This study found that patients with cervical cancer tend to have psychological dependence on their doctors and nurses. Therefore, medical staff can give more appropriate treatment programmes and exercise methods for patients in order to improve patients' confidence in facing diseases and returning to active lives. In addition, the support offered by friends can be considered as part of the social support process, especially those who are "in the same boat" who may have common goals and hopes. Therefore, it is necessary to mobilize the family strength of the patients, encourage family members to support patients from multiple perspectives, and guide patients to acquire and maintain good

communications, including exercising or joining other patients in activities. Furthermore, full play should be given to the professionalism of medical staff in order to give patients with appropriate disease knowledge and treatment opinions (Chen et al., 2019). Through the aforementioned actions, patients' positive attitudes will be enhanced and their beliefs in their personal power, or their ability to reshape their personal power, will be promoted.

It was found in this study that after experiencing illness, the interviewed cervical cancer patients began to reflect on their previous life attitudes and interpersonal relationships, and had new experiences and understandings of their emotions and life goals. They were not only more willing to seek help, but also felt pity for others and were more willing to help them too (Morris et al., 2012). This also tends to be reflected in the concept of "a friend in need is a friend indeed" in traditional Chinese culture. The patients stated that after feeling the care of relatives, friends and medical staff, they had acquired a deeper understanding of the essence of emotion, began to taste every warmth in life, and had the idea of "gratitude" in their hearts. These findings suggested that patients can be assisted in improving their positive psychology by intervening in their interpersonal relationships (Zheng, 2012). At the same time, close attention should be paid to the positive qualities and potential positive energy of cancer patients.

Active planning for the future is a type of behaviour, which occurs after positive psychology and correct cognition (Pat-Horenczyk et al., 2015), which is beneficial for patients in their return to society and reconstruction of social functions. Therefore, with the responsibilities of providing for their families and taking care of children and parents, the patients should be encouraged to bravely cooperate with treatment processes, face life actively and have hope for the future. In accordance with these positive psychological characteristics, medical staff should give guidance for convalescent cervical cancer patients as they reasonably plan their future life. Following treatment, patients should be encouraged to do whatever work and home affairs they can in order to improve their benefit-finding experiences.

Owing to financial and time limitations, the research object of this study covers only one province in China, it is subject to bias due to region selection and research conditions. Additionally, since this study was conducted on a limited number of patients with cervical cancer in rural china, the results cannot necessarily be generalized to all patients with cervical cancer in China. However, the obtained results may potentially also be applicable to cervical cancer patients in other areas of southwestern China, in which the economic and cultural characteristics are similar to Yunnan Province. Further studies will be required in order to verify the results.

5 | IMPLICATIONS FOR NURSING

The study results reflected the inherent qualities and needs of Chinese cervical cancer patients. For example, they demonstrated good self-reflection skills, strong personal qualities and a strong

family concept. The patient had paid close attention to the support and encouragement offered by family members, medical staff and hospital ward mates. These results showed the influence of Chinese culture on benefit finding. In that regard, Chinese medical staff should strive to understand the traditional concepts of patients; actively explore the inherent positive qualities of patients; promote their correct understanding of the disease and encourage them to learn to fully mobilize, integrate and use the social resources around them while learning from the experiences of others. In addition, the medical staff should mobilize all types of social support around patients in order to play positive roles in helping and encouraging patients.

6 | CONCLUSIONS

It is found through this study that the individual's cognition of health and their own strong qualities, and their external social support systems and information obtained and transmitted through interpersonal interactions can promote benefit finding. This study added new insight into the growing body of research on benefit finding by cancer survivors, in particular, Chinese cervical cancer survivors. It was considered that improving the understanding of benefit finding could subsequently facilitate the development of relevant supportive care services, such as educational and counselling services, thereby improving the benefit finding in women diagnosed with cervical cancer.

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CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

AUTHOR CONTRIBUTIONS

Study design: LYS, KL; data collection: LYS, KL, XLL, YZ, ZLH; data analysis: KL, XLL, YZ, ZLH; manuscript preparation: LYS.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Liyuan Sun  <https://orcid.org/0000-0003-2043-2911>

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