Women’s experience of living with cervical cancer – A descriptive review

Ding Yilin (Elaine)
Zhou Zhou (Connor)

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Supervisor: Li Xiaoyan (Kate)
Examiner: Bernice Skvtt
Abstract

Background: Cervical cancer was a common gynecologic malignant tumor. In recent years, the population of cervical cancer has become younger. It was a serious problem for women in their daily life. Health care workers pay attention to the patient's disease experience to help improve the patient's physical and mental health.

Aim: To describe women’s experience of living with cervical cancer.

Methods: Ten qualitative studies on the life experiences of women with cervical cancer were systematically searched in PubMed to solve the problems.

Results: This review summarizes the multiple experiences of women with cervical cancer and identifies six categories: Physical discomfort, Diversified psychology, The influence of social culture, The cost of treatment and out of work make pressure, Changes in social relations, The care of family is warm.

Conclusions: Registered nurse(RN) should fully understand the life experience of women with cervical cancer. After that, RN provide systematic nursing intervention and psychological support to improve the quality of life.

Keywords: Cervical cancer; Women; Experience
摘要

背景：宫颈癌是一种常见妇科恶性肿瘤。近年来宫颈癌发病有年轻化的趋势。对女性的日常生活造成严重困扰。医护人员关注患者患病体验有助于改善患者身心健康。

目标：描述宫颈癌女性患者的生活经历。

方法：在 Pubmed 中系统检索了 10 篇关于宫颈癌女性患者生活经历的定性研究文献，以解决研究问题。

结果：本综述总结了宫颈癌女性患者的多方面的患病体验，确定了六个主题：生理、心理、社会文化、经济压力、社会关系转变、家庭关怀。所选文章的数据收集方法详见附录 1。

结论：护理人员应当充分理解宫颈癌女性患者的生活体验，给予系统的护理干预和心里支持，提高生活质量。

关键词：宫颈癌；体验；女性
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1. Introduction

1.1 Background

Cervical cancer is the second most common gynecological malignant tumor and fourth most common cancer overall in women (Rahman et al. 2018). Among them, developing countries have a high incidence of disease (Jemal et al. 2011). The highest mortality rate for cervical cancer is between 30 and 40 years old (Ogbonna, 2017). It is estimated that about 266,000 women worldwide die from this disease every year (Seo et al. 2017). The incidence and mortality of cervical cancer in developed countries are significantly lower due to effective and accessible screening programs and availability of diagnostic and treatment facilities (WHO). Because educational level, economic condition and the ability to pay improved the ability to prevent cervical cancer. The high incidence of cervical cancer leads to great social and financial loss, since these women are in hospital and away from the labor market and family life (Fernandes et al. 2018). In other words, like other malignant cancers, the rate of hospitalization for cervical cancer is high. And cervical cancer is a chronic disease, the treatment for this disease is an ongoing process, so the patients have to stay in hospital for quite a long time. This further leads to the occupation of hospital medical resources. Besides, this is a huge economic loss for patients, family and social (Endarti et al. 2015). The cost of treating cervical cancer is a considerable financial burden, this include laboratory fee, operation fee, the cost of chemotherapy and radiation, cost of medication. In addition to this, also need to pay the cost of transportation, food, nutrition, accommodation. And most of the cervical cancer patients are unable to work so that cause economic loss of society. Cervical cancer has a profound impact on women's daily lives. In this article, venues for daily life include homes, communities and hospitals.

1.2 Definition of cervical cancer

Cervical cancer is a cancer arising from women’s cervix. Cervical cancer is one of the major diseases affecting women of childbearing age (Ogbonna, 2017). Moreover, human papilloma virus (HPV) infection is the leading cause of cervical cancer (Bao et al. 2008). There are several factors that put women at risk of cervical cancer, some of which
include multiple sexual partners, smoking, sexually transmitted diseases (STDs), poverty and early sexual intercourse. Sexually transmitted infections, including HIV / AIDS, may increase the risk of cervical cancer (Fernandes et al. 2018). Moreover, human papilloma virus (HPV) infection is the leading cause of cervical cancer (Bao et al. 2008). Although most human papilloma viruses solve themselves, persistent cervical infections of certain types of HPV (16 and type 18) can lead to precancerous lesions that develop into cervical cancer (Seo et al. 2017).

1.3 Prevention and Treatment

Cervical cancer can be prevented by screening (Fernandes et al. 2018). Early detection of HPV by routine Papanicolaou (Pap) testing can reduce the incidence of cervical cancer (Seo et al. 2017). Smears and vaccination have proven to reduce the incidence and prevalence of the disease in developed countries (Ogbonna, 2017), but it is not yet universal in developing countries due to demand and price of vaccine. Previous studies have shown that a large part of women in some country and region lack knowledge of cervical cancer, most women have ignored the importance of screening for cervical cancer so that results in a large proportion of people are not screened. Sometimes, women with cervical cancer face vulnerability and fear of unfamiliarity with the health care system, then, they didn’t want anyone know that they had cervical cancer (Seo et al. 2017). They are very short of sense of security (Seo et al. 2017). In the long course of treatment for cervical cancer, there are different treatments including chemotherapy, radiation and surgery. Patients are easily cured in the early stages of cervical cancer, and in the late stages of cervical cancer, the treatment of this illness is difficult or impossible for the patient (Luciani et al. 2009). Women with cervical cancer choose surgical treatment blindly. However, Derks et al. (2018) found that the degree of surgical resection had no effect on the survival of tumors of 20 mm or less. For larger tumors, more radical hysterectomy may be associated with better prognosis. A large number of women with cervical cancer often take surgical treatment after detection of cervical cancer. Early radical surgery is more common in patients. However, the authors found that the recurrence rate of postoperative adjuvant treatment of operable cervical cancer is low and the therapeutic effect is good.(Shu et al. 2017)
1.4 Registered nurse (RN)’s role

With incidence of cervical cancer in women increasing, the role of RN is obvious. According to International Council of Nurses [ICN], (2012), the fundamental responsibilities of RN are: promoting health, preventing illness, restoring health and alleviating suffering. When In the prevention of cervical cancer, the RN should take on the biggest responsibility of promoting education to popularize knowledge of cervical cancer for women about screening and related vaccines. And when the patient is diagnosed of cervical cancer, the RN should provide care on the physical, psychological and social aspects of the patient to support them. The RN's encouragement to the patient has a positive effect on the patient's treatment and recovery.

1.5 The Neuman systems model

The Neuman Systems model includes three sections- pressure source, organism defense mechanism and nursing intervention. Neuman thinks that person is a whole. People’s sources of stress may come from internal (psychological stress) and from external (work, life, financial stress). Pressure sources affect person. The human defense mechanism filters some pressure. Then, person as a dynamical system, continuously interacts with the environment. It is manifested in physiological, psychological, sociocultural, developmental, and spiritual factors.(Neuman, 1995) Disease is a pressure source for women. Women’s experience has become a dynamical system. The body filters the effects of some diseases. Then, the pressure of disease is reflected in physiological, psychological, sociocultural, developmental, and spiritual. Health is the best stable state of the system (Neuman, 1995). Nursing can reduce the harm of stress source to human body and maintain healthy stability (Neuman, 1995).

1.6 Previous findings

There have been extensive previous researches of the women’s experience of living with breast cancer. Because the breast cancer is the second most common cancer in the world
(after lung cancer) and the most common cancer in women (Maree et al. 2015). Maree and Mulonda (2015) explored Zambian women’s experiences of advanced breast cancer, they selected a descriptive qualitative design for their study and their finding include the patients’ experience on physical and mental, described patients’ experiencing the signs and symptoms of breast cancer, feeling after diagnoses, feeling when receive treatment and the experience of living with advanced breast cancer. Joulaee et al (2012) conducted a qualitative research that use a phenomenological approach to explore the women’s feelings and lived experiences with breast cancer. After interviewing 13 women, two main themes were captured as (1) negative and (2) positive aspects of breast cancer. Campbell-Enns et al (2016) conducted a literature review to summaries the psychosocial experiences of women with breast cancer. Their finding included four themes about women’s psychosocial experience: (1) coping with cancer, (2) the importance of caring, (3) face the aftermath of cancer, (4) fertility and infertility. Willis et al (2015) applied a literature review concerning the experiences of women with metastatic breast cancer, qualitative findings included six themes: (1) Feel like a social outsider, (2) the important of hope, (3) health and quality of life, (4) positive experience of living with breast cancer, (5) experience at end of life, (6) Strategies for living with breast cancer. The studies were designed to explore women's experiences living with breast cancer. Our research will explore the experiences of patients with cervical cancer in daily life.

1.7 Problem statement

About the experience of women with breast cancer, there are many researches to explore it and find much women’s experience when they living with breast cancer include the feeling in physical and mental, negative and positive experiences. But what we're looking at is a review of women's experience with cervical cancer. It is a generalization of previous studies. When the patients are in hospital, sometimes the patients are not receiving effective nursing, so the quality of life during treatment was low. The side effects of treatment have also caused a lot of harm to patients and in disease like cancer, patients are no longer focus only on how long they live but also health related quality of life (Endarti et al. 2015). Our research is to describe women’s experience of living with cervical cancer to find out how the disease affects female patients with cervical cancer.
1.8 Aim and research questions

The aim of the study is to describe women’s experience of living with cervical cancer.

How do women with cervical cancer describe their experience in daily life?

2. Method

2.1 Design

It was a descriptive review (Polit & Beck, 2012).

2.2 Search strategy

Articles found in the database PubMed, with certain limits, see table 1. The search terms that were used are cervical cancer, uterine(MeSH), experience, and women. Search for a single keyword and combine two or three keywords together. First, we used the keyword cervical cancer search articles and limited the number of years published within 10 years, then, found that there was a great number of articles. Immediately after we adopted the Boolean term AND was used when combining two or three search terms(Polit & Beck, 2012). It was important for us to find the articles we need quickly and accurately. Indexed search terms were fetched from TIAB (title and abstract). Finally, the key words we use are cervical cancer, women and experience. By a way, in the search process, using experience or quality of life as a keyword is controversial for us. Later we concluded that experience was more academic and more articles than quality of life can be searched for. In the preliminary search (see table 1), the titles and abstracts of 430 articles were skim-read and 37 article that considered useful for the review were selected.

Table 1. Results of preliminary database searches.
Database + Date of search | Limits | Search terms | Number of hits | Potential articles (excluding doubles)
--- | --- | --- | --- | ---
Medline through PubMed 2018-09-02 | University of Gävle, free full text, 10 years | Cervical cancer, uterine(MeSH) | 9198 | 
Medline through PubMed 2018-09-02 | University of Gävle, free full text, 10 years | Cervical cancer, uterine(MeSH) AND experience (TIAB) | 297 | 14
Medline through Pubmed 2018-09-02 | University of Gävle, free full text, 10 years | Cervical cancer, uterine(MeSH) AND experience (TIAB) AND women (TIAB) | 133 | 23

**Total: 37**

### 2.3 Selection criteria

The exclusion criteria applied by the authors were articles and other retrospective studies involving only doctors, men or other cancer experience. The inclusion criteria for articles included in the degree project were that they should be from different regions and relevant to empirical scientific articles using qualitative methods for the purpose of reviewing research (i.e. women's experience with cervical cancer). Therefore, the authors can compare and summarize the experiences of women with cervical cancer from different regions. Inclusion criteria were qualitative studies related to the experience of women with cervical cancer. At the same time, the inclusion of the article was consistent with the
research issues and purposes. The length of the article is limited to free full text and ten years (2008-2018).

2.4 Selection process and outcome of potential articles

First, the authors read the titles and abstracts of the articles roughly in order to ensure that these articles can be used in the research of the review. Then, these articles read more carefully to make sure if they are relevant to the review. In careful reading, the author removed articles that have nothing to do with the question and purpose of the study. What’s more, the authors read and selected 37 articles about the experience of women with cervical cancer. Authors selected ten articles that subject investigated were come from different regions. The authors elaborated on each step of the selection process.

37 articles

The 10 article has nothing to do with research purposes and research questions.

27 articles were remained

5 articles were literature reviews or quantitative studies

22 articles were remained

After reading the full text, 12 articles have nothing to do with the purpose of the study.
2.5 Data analysis

At first, the authors read 10 articles carefully, and compared the research area, object, purpose, data collection method and results. The authors classified the article for easy reading. In this process, the authors used a matrix to organize the information extracted from the article and to organize the information with the two templates required for the degree program (Polit & Beck, 2012). The results section used one template to sort out the information (author, title, design, sampling, data collection method) in Table 3 and the other template to describe the result section (author, aim and results) in Table 4. On the basis of understanding the article, the author divided six topics. And the article of the same topic is compared and refined, then, the contents of different topics were summarized and classified in Table 5.
2.6 Ethical considerations

The literature that selected for review had been given ethical approval and the present research was all based on existing literature. So the authors consider there was little likelihood that current research would violate ethics. The authors read and comment objectively on these articles, respect the original author's points of view, not misinterpret the original author's findings. The authors’ attitudes and viewpoints would not affect the original conclusion and viewpoint of the article. When referring to the results of the original literature, the authors made appropriate references to the literature, made a correct understanding of the original literature conclusion and described them in authors own words. So the degree project would be free from plagiarism and cheating.

3. Result

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Category</th>
</tr>
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<tbody>
<tr>
<td>The discomfort of cervical cancer</td>
<td>Physical discomfort</td>
</tr>
<tr>
<td>Negative emotion experienced during illness</td>
<td>Diversified psychology</td>
</tr>
<tr>
<td>Positive emotion experienced during illness</td>
<td></td>
</tr>
<tr>
<td>Faith make powerful through the painful days</td>
<td>The influence of social culture</td>
</tr>
<tr>
<td>Feel regret that lack of understanding of cervical cancer</td>
<td></td>
</tr>
<tr>
<td>Treatment costs and unemployment brought pressure</td>
<td>The cost of treatment and out of work make pressure</td>
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</table>
After reading the articles that be selected, we found different experiences of patients with cervical cancer in their daily life. These experiences included what happens to their bodies, changes in their mood (positive emotions and negative emotions), how did they get through difficult times with the help under their faith, the impact of medical expenses on them, relationship with their husband was affected and patients’ feeling under the care of a family.

3.1 Physiology discomfort

3.1.1 The discomfort of cervical cancer

Pain was common in women with cervical cancer, sometimes, they would loss of sleep. Patient’s appetite was lost and walking is affected. In the Binka’s article, the authors note that 15 cervical cancer patients interviewed in rural Ghana reported vaginal, lumbar and systemic pain (Binka et al. 2017). Besides, women’s vaginal was bleeding during illness, their vaginal discharge odour and menstrual cycle were abnormal (Richman et al. 2016; Maree et al. 2014). Maree et al (2013)’s study have shown some women have initial symptoms of pain, but, some women say they begin with bleeding. Then, by the end of cervical cancer patient’s vaginal bleeding and pain were more serious, urine was reduced, weight was loss. Even, in UK, Lloyd et al (2014) said 2 women interviewed after radical cervical cancer surgery had lymphoedema.
3.2 Diversified psychology

3.2.1 Negative emotion experienced during illness

Many patients experience negative psycho-social responses, such as fear, shock, denial, anxiety, depression, anger and shame (Binka et al. 2017; Maree et al. 2013; Lloyd et al. 2014; Ashing-giwa et al. 2004). And because of neglect and dislike, women felt sad (Maree et al. 2014). Single women would feel vulnerable (Lloyd et al. 2014). This feeling ran through four levels: symptoms, diagnosis, treatment and later treatment (Binka et al. 2017). Pregnant women regret having a miscarriage. The patient was afraid of having trouble giving birth and worried about the risk of pregnancy (Lloyd et al. 2014). Women feel sad after diagnosis, worry about their relationship with their lovers, worry about their quality of life, worry about the side effects of treatment, and thus delay seeing a doctor (Ding et al. 2014). For months or years after surgery patient felt isolated and feared recurrence (Lloyd et al. 2014). After radical cervical cancer surgery, women suffer from inbreeding grief, guilt about their lovers, body image disorder and insecurity (Vermeer et al. 2015).

3.2.2 Positive emotion experienced during illness

Cervical cancer had a certain mortality rate. As a result, women with cervical cancer cherished the time ahead. They are closer to the family, refocus on family and relationships, and be more cautious about their health (Vermeer et al. 2015). At the same time, the disease also brought a desire to live, even if the treatment was painful and risky, most women still insisted on receiving treatment (Maree et al. 2014).

3.3 The influence of social culture

3.3.1 Faith make powerful through the painful days
Some women said their faith in God supports their fight against cancer (Richman et al. 2016). When face the cancer, they believed that the God would give them courage and power to fight cancer (Clemmens et al. 2008). They felt they were positive and powerful to face the cervical cancer. And some patients felt great responsibility to live in the world, like taking care of their family or the wishes of family and friends that wanted the patient to recover (Richman et al. 2016). So the patient tried to look on the bright side of things and kept optimistic. And someone thought that only bad people would be punished and they were kind-heart, so they would get better. These were the patients' beliefs to coping with the disease.

3.3.2 Feel regret that lack of understanding of cervical cancer

By studying women's experiences with cervical cancer, the authors found that patients with cervical cancer are poorly informed of the disease, symptoms, risk factors, treatment and prevention before diagnosis (Binka et al. 2017; Maree et al. 2014). Due to lack of knowledge of cervical cancer, they believed cervical cancer was associated with sexually transmitted diseases and promiscuity. Poor knowledge kept them from being diagnosed and treated in time (Ashing-giwa et al. 2004). Some women regreted their lack of knowledge, they wanted to know the knowledge about cervical cancer when they got sick. And they They admitted themself lack of knowledge about cervical cancer, and alerted healthy women to the knowledge and danger of cervical cancer (Richman et al. 2016).

3.4 The cost of treatment and out of work make pressure

Due to the patients need continuous treatment for cervical cancer, most of them were out of work, so this lead to income decrease and losses of assets. A big economic problem was medical costs, in addition to this , heavily in debt became a source of stress for patients and their families (Binka et al. 2017). And some patients lack of medical insurance which only added to the burden (Ashing-giwa et al. 2004). Some patients said that because of lack of money, the cost of living must be reduced than before, like spend less money on travel, so that their quality of life reduced. Some patients said they feel guilty about their sisters or brothers because a lot of money from them was lent to the
patient to help patients. But usually the relationship was strained because of money (Binka et al. 2017). Among these women with cervical cancer, a few women screened regularly and most women said money or medical security was the main factor in determining whether or not to screen (Richman et al. 2016).

### 3.5 Changes in social relations

#### 3.5.1 Feeling of ashamed to mention of illness to acquaintances

After the patients get cervical cancer, they were pleased to share information and support with other patients, but hid the diagnosis from friends and acquaintances (Ding et al. 2014). That is to say, the patient got the friendship of the person who had the same suffer because they can encourage and comfort each other. But they didn't want to let acquaintances know about their illness because they don't like some others' sympathy and compassion. They didn't want their acquaintances to treat them differently because it can make them uncomfortable. They wanted to be treated like a normal person instead of being sympathetic (Lloyd et al. 2014). Another common cause was shame, because they believed the disease was linked to unhealthy sexual behavior. So the relationships with acquaintances were becoming more distant (Ding et al. 2014).

#### 3.5.2 The relationship to husband become more indifferent

Cervical cancer had certain effect on sexual activity. Many patients would have sexual difficulties because of their vagina is shorter, and felt uncomfortable having sex with their partner (Lloyd et al. 2014). Because of their illness, their sex sensitive areas were numb. Physical defects made patients feel inferior, so the patients may refuse sex. And discomfort can lead to decreased sexual desire in couples, sexual activity has been greatly curtailed. Long-term sexless marriages made relationships worse (Vermeer et al. 2015).

#### 3.5.3 Feel powerless as a mother, a wife and a social worker
The illness led the incompetence in professional and family roles (Kebede & Kebede, 2017; Ashing-giwa et al. 2004). In other words, patients spent too much time on the treatment of cervical cancer so that less energy was being put into work and family. As a wife, they contributed less to their work, gave less care for their children and husband. Some patients felt guilty about her children, because of the illness, they couldn’t take good care of their children and not be able to participate in their children's activities like a healthy mother (Ashing-giwa et al. 2004). They need put a lot of energy into your own healing and recuperation. So women's family roles included wives and mothers had changed dramatically and the role of staff in companies and businesses also have changed (Ding et al. 2014). When after out of work, the patients felt more powerless because they didn’t have the ability to earn money. Anyhow, the patients always wanted to go back to their normal life but attitude of life changed (Ding et al. 2014). Someone thought they’re living a normal life although there were sequelae and their physical condition prevented them to return to their original lives. In general, many of them aware of their role’s changed, but still chose to face it actively and became more tolerant (Ding et al. 2014).

3.6 The care of family is warm

The care of the family was very important. It was an important factor to influence the active treatment of the patient (Kebede & Kebede, 2017). The patient's mind was very sensitive and tended to be sad and depressed, family love can alleviate the patient's negative emotions. Some patients said when their family were around them, they felt warm and secure. And encouragement and support from family members made patients more confident in treatment. Family's supports brought a positive effect to women to fight against cervical cancer (Clemmens et al. 2008).

4. Discussion
4.1 Main result

Under the background about cervical cancer that was a common gynecologic malignant tumor and was a serious problem for women in their daily life. This review summarized 10 studies about women’s experience of living with cervical cancer. The authors compared 10 studies’ themes and further confirmed that psychological support can relieve and reduce the patient's negative feelings and stress. For more information about data collection, see Appendix 1. Method was used for the selected article.

4.2 Result discussion

The life experiences of cervical cancer patients in the literature were classified and summarized by the authors. The results of the study can basically achieve our research purposes, and the authors thought that the results of this study reflects the experience of patients with cervical cancer relatively complete. Richman et al.(2016) described in detail the physical symptoms of cervical cancer patients in their research and the main finding was that bleeding, pain, secretions and characteristics of the menstrual cycle. And as the same is true of this article, Binka et al.(2017), Maree et al. (2013), Maree et al. (2014) and Lloyd et al. (2014) also mentioned above physical symptoms in their own research. But the difference is that in Lloyd et al. (2014)’ research, described a physical symptom is paresthesia and this the findings is not highlighted in several other papers. In these 10 articles, Binka et al.(2017), Maree et al. (2013), Lloyd et al. (2014) ,Ding et al. (2014) and Vermeer et al. (2015) describes the negative emotions of patients with cervical cancer. Patients' negative emotions were not identical in these articles, and there were differences. In Binka et al.(2017), Maree et al. (2014) and Maree et al. (2013)’s research ,the description focuses on the immediate emotions of the patient such as sadness, denial, and anger. At the same time, depressive symptoms, low self-esteem, and perception stigma were common in women with cervical cancer(Zubairu et al. 2018). And in Lloyd et al. (2014),Ding et al. (2014), Vermeer et al. (2015)’s research, the description focused on the negative thoughts generated by the patient's own reflection during the process of illness like worry about the future and regret about the past. As the different from Ding et al. (2014) and Vermeer et al. (2015)’ research, Lloyd et al. (2014)described the positive
emotions after the patients reflected on the fact that they had cervical cancer. This positive emotion made the patients closer to family, refocus on family and relationships, reflect experience of illness, be more cautious about their health. Sekse. et al. (2010) described in their research that women with cervical cancer live with tension between personal growth and fear of recurrence, they felt left alone because of not receiving enough information and guidance after treatment, but they felt a deep gratitude for being alive and also lived with a preparedness for recurrence of cancer. Cervical cancer was constructed as a permanent threat to life. And women increased their awareness of their own mortality and invoking positive changes to self(Hubbard & Forbat, 2012). In the results of the entire study, the experience of cervical cancer patients can be explained by Newman's system model. All the negative and positive emotions of the patients were a patient's own response to stressors. Stressors include both internal(Physiology symptoms, the patient's own lack of knowledge, patients’ religious belief) and external factors(Economic support, family and friends attitudes and the effect of the patient’s illness on family and friends). These stressors create negative and positive psychological experienced for the patient. Compared with the 10 studies on cervical cancer cited by the authors. This study covered the experience of cervical cancer patients in multiple regions. One of the things that previous studies had in common was that they were looking at cervical cancer patients in one area, This made the findings in one research unlikely to apply to patients in other regions, but through the comparison of these 10 different regional literatures, the authors found some same or similar findings. The present research put together the findings of previous studies. The results were more convincing and comprehensive.

4.3 Method discussion

Polit&Back (2012) thought that literature review was one of the methods to evaluate and summarize previous studies. The author selected these documents through PubMed, which is an important database for searching literature. The authors used MeSH (Medline) and Boolean operators "AND" to get more relevant articles. The length of the article was limited to ten years(2008-2018). (Polit & Beck, 2012) Besides, most of the articles adopted the data collection method of semi-structured interviews to fully understand the
life experience of cervical cancer patients that researchers wanted to know. Then there were some articles to choose the unstructured interview mode, random question and answer. And can understand more comprehensive. In the process of content analysis and comparison, the reader can be given a new point of view.

The authors specifically stated the specific exclusion criteria and inclusion criteria of this review. Polit&Back (2012) showed this method can be used to find the desired literature more accurately and quickly. One of the inclusion criteria was English literature in the last decade. At the same time, these documents can be found in the university library of Gävle. In the selection of articles, the author consciously selected the recruitment sites in different regions (such as Ghana, the United States, the United Kingdom, China, Ethiopia, etc.).

The authors used Polit&Back (2012)’s templates to organize the information. The author divides different themes according to own understanding of the articles. In reading, the authors recorded the patient's experiences and divided them into different subjects. Templates made the arrangement and induction of the contents of the article more clear.

The current research was based on the existing literature. The authors read and commented objectively on these articles, respecting the views of the original author. Therefore, the author believed that it was unlikely to violate ethics

4.4 Conclusion

Women with cervical cancer needed to know about the disease and establish a correct concept. Although surgery was an effective method for the treatment of cervical cancer, postoperative surgery did not represent the patient had recovered and needs regular reexamination. Women need to be aware of the importance of health care after surgery. The treatment of cervical cancer was long, continuous, and systematic. Therefore, how to maximize their quality of life and establish a consistent nursing measure from hospital to community needs further study.

4.5 Clinical implication
After reviewing these articles, the author found that improving the quality of life of patients with cervical cancer required patients to know about the disease, not to deny the disease, but also to care for family and friends. The authors found that most patients had psychological stress. These pressures came from the side effects of disease, family burdens, social discrimination, and so on.

This caused the patient to produce a large number of negative emotions. On the one hand, the effect of surgery, radiotherapy, chemotherapy, patients may develop various complications and sequelae (such as: loss of reproductive organs, changes in sex hormone levels and other complications), fear of losing female charm, often feeling lonely, Inferiority, psychological disorder, etc. The patient's long-term sexual concern inhibited the nerve center and led to low libido or sexual conflict, thus forming a vicious circle. On the other hand, after the illness can not be qualified for the previous work, leading to cancer recovery patients prone to depression, anxiety, inferiority and other emotions, economic and life burden.

Therefore, while popularizing the knowledge of cervical cancer rehabilitation, psychological nursing was very important. It was important for registered nurses to encourage patients to regain their confidence in recovery through verbal, musical and physical contact.

4.6 suggestions for further research

Through analysis and summary of these literatures, the authors found that there were a lot of negative experiences in women with cervical cancer. By analysis, most patients with cervical cancer due to lack of understanding of the impact of quality of life and treatment. At the same time, the authors found that patients had fewer positive experiences. Therefore, the authors believed that it was important to study the positive experiences of patients in the future. More positive experiences would make the article more complete. The authors believed that in the future, more systematic and comprehensive interviews could be conducted on the screening of cervical cancer patients, the experience of the illness, and the life after treatment. The method of combining qualitative research with quantitative research could be used to obtain more accurate and accurate results.
5. References


<table>
<thead>
<tr>
<th>Number</th>
<th>Authors</th>
<th>Title</th>
<th>The area of the study</th>
<th>Design and approach</th>
<th>Sample</th>
<th>Data collection method</th>
<th>Method of data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Charity Binka, David Teye Doku, Kofi Awusabo-Asare</td>
<td>Experiences of cervical cancer patients in rural Ghana: An exploratory study</td>
<td>in the North Tongu District of the Volta Region in Ghana</td>
<td>An exploratory study with a qualitative approach.</td>
<td>Number: 15 Age: 30 years and over Recruitment site: the Battor Catholic Hospital in the North Tongu District of the Volta Region in Ghana The respondents: Suffering from cervical cancer and surviving disease or disease early in life.</td>
<td>Semi-structured, face-to-face in-depth interviews. They developed an in-depth interview guide to collect data. The respondents were interviewed in</td>
<td>Thematic analysis</td>
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</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Study Title</th>
<th>Authors</th>
<th>Country</th>
<th>Study Design</th>
<th>Participant Numbers</th>
<th>Recruitment Site</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>“Not a nice experience, not at all” : Underprivileged women’s experiences of being confronted with cervical cancer in Gauteng Province of South Africa</td>
<td>Johanna E. Maree, Gayle Langley, Luck Nqubezelo</td>
<td>South Africa</td>
<td>A descriptive, exploratory study with a qualitative approach.</td>
<td>19</td>
<td>Gauteng</td>
<td>Unstructured open-ended interviews, the contents of the interview were recorded.</td>
</tr>
<tr>
<td>3</td>
<td>Women’s experiences after a radical vaginal trachelectomy for early stage cervical cancer</td>
<td>Philippa A. Lloyd, Emma V. Briggs, Nichola Kane, Arjun R. Jeyarajah, John H. Shepherd</td>
<td>UK</td>
<td>A descriptive phenomenological study with a qualitative approach.</td>
<td>12</td>
<td>UK</td>
<td>Verbatim recording of in-depth telephone interviews, recordings and</td>
</tr>
<tr>
<td>Year</td>
<td>Authors</td>
<td>Title</td>
<td>Methodology</td>
<td>Number</td>
<td>Age</td>
<td>Recruitment Site</td>
<td>Data Collection</td>
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<tr>
<td>2020</td>
<td>Yan Ding, Yan Hu, Ingalill Rahm Hallberg</td>
<td>Chinese Women Living With Cervical Cancer in the First 3 Months After Diagnosis</td>
<td>A descriptive study with a qualitative approach, and phenomenological method was used.</td>
<td>14</td>
<td>ranged from 30 to 54 years</td>
<td>in a specialized hospital affiliated to Fudan University, Shanghai, China.</td>
<td>Two unstructured personal interviews to facilitate, 2 interviews were scheduled with each participant, one at the time the diagnosis was given and Colaizzi’s method was used for data analysis.</td>
</tr>
</tbody>
</table>
another interview 3 months later, each interview recording was transcribed verbatim.

| 5 | Willemijn M. Vermeer, Rinske M. Bakker, Gemma G. Kenter, Anne M. Stiggelbout, Moniek M. ter Kuile | Cervical cancer survivors’ and partners’ experiences with sexual dysfunction and psychosexual support | Amsterd | A descriptive study with a qualitative approach. | Number: 30
Age: 34 – 68, mean age 47
Recruitment site: Leiden University Medical Center or the Academic Medical Center Amsterdam.
The respondents: treated at the Leiden University Medical Center or the Academic Medical Center Amsterdam in the past 1 to 12 years who had indicated to have at least once
Semi-structured, face-to-face interviews. The interviews took approximately 65 min for the participants and 56 min for the partners. All interviews were audio | Framework approach analysis |
<table>
<thead>
<tr>
<th>Number</th>
<th>Authors</th>
<th>Title</th>
<th>Country</th>
<th>Methodology</th>
<th>Number</th>
<th>Age</th>
<th>Recruitment Site</th>
<th>Respondents</th>
<th>Recording Method</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Wassie Kebede and Konjit Kebede</td>
<td>Psychosocial experiences and needs of women diagnosed with cervical cancer in Ethiopia</td>
<td>Ethiopia</td>
<td>A qualitative method with case study design</td>
<td>15</td>
<td>over 18 years old</td>
<td>a hospital</td>
<td>Cervical cancer positive; treatment started; Speaker Amhari; no signs of mental illness;</td>
<td>in-depth interviews, case comparison and recordings.</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td>Number</td>
<td>Authors</td>
<td>Title</td>
<td>Methods</td>
<td>Recruitment Site</td>
<td>Sample Size</td>
<td>Study Design</td>
<td>Analysis</td>
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</table>
The respondents: Low-income and underserved cervical cancer patients. | Semi-structured in-depth interviews with 15 cervical cancer survivors. Each interview lasted approximately 1 h and was audio-tape-recorded. | Thematic analysis |
| 8      | Johanna Elizabeth Maree, D.Cur and Ilipo Kaila | Zambian Women’s Experiences at the Cancer Diseases | An descriptive study with a | | Number: 21 |  
Age: 34-75 years old | Two-year Semi-structured | Thematic analysis |
<table>
<thead>
<tr>
<th></th>
<th>and Understanding of Cervical Cancer - A Qualitative Study</th>
<th>Hospital in Lusaka qualitative study.</th>
<th>Recruitment site: at the Cancer Diseases Hospital in Lusaka. The respondents: Women with cervical cancer who have reached the age of 18 and who have been treated.</th>
<th>interviews with 1 hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Kimlin T. Ashing-giwa, Marjorie Kagawa-singer, Geraldine V. Padilla, Judith S. Tejero, Evana Hsiao, Rajinder Chhabra, Lucrecia Martinez, and M. Belinda Tucker</td>
<td>The impact of cervical cancer and dysplasia: a qualitative, multiethnic study</td>
<td>Number: 23 (Key-informant interviews) Number: 51 (Focus group interviews) Age: 25-70 years old Recruitment site: in the Greater Los Angeles area The respondents: African Americans, Latinos, Asian Americans and Caucasian women. At least 3 years cancer related research experience and</td>
<td>Key-informant interviews: A semi-structured interview Participate in a one-hour face-to-face, recorded interview Focus group interviews: Focus groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An descriptive study with a qualitative, multiethnic study.</td>
<td>Content and thematic analysis</td>
<td></td>
</tr>
</tbody>
</table>
basic training in qualitative methods and psychological oncology.

range in size from 4 to 10. Each recording team lasts about 2 hours and is held at the recruitment site to provide a familiar environment.

|   | Donna A. Clemmens, Kathleen Knafl, Elise L. Lev and Ruth McCorkle | Cervical cancer: patterns of long-term survival in the northeastern United States | A descriptive study with a qualitative approach | Number: 19
Recruitment site: homes and offices in the northeastern united states.
The respondents: Women with cervical cancer, agreed to be interviewed and recorded | Semi-structured interviews and recordings | Thematic analysis |

Table 3 characteristics of selected articles
<table>
<thead>
<tr>
<th>Number</th>
<th>Author</th>
<th>Aim</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Charity Binka, David Teye Doku, Kofi Awusabo-Asare</td>
<td>To explore the understanding of cervical cancer patients before and after diagnosis.</td>
<td>a. Women’ knowledge about cervical cancer before they were be diagnosis: patients with cervical cancer are poorly informed of the disease, symptoms, risk factors, treatment and prevention before to diagnosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Illness experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Physical aspect: pain on body, cessation of sexual activity, have no appetite, can’t walk, loss of sleep.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Psychological aspect: negative emotions( sadness, self-loathing, worry, hopelessness, bad feeling, confusion, isolated, tears and trauma), fear (death, unknown future, therapeutic effect, huge costs of treatment, reappear of cervical cancer ), anxiety, think about the life after therapy. This experience runs through four levels: symptoms, diagnosis, treatment and later treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Economic aspect: out of work, income decrease, losses of assets, medical costs, heavily in debt.</td>
</tr>
</tbody>
</table>
|   | Johanna E. Maree, Gayle Langley, Luck Nqubezelo | To understand the experience of poor women facing cervical cancer. | a. Experiencing the symptoms of cervical cancer: vaginal bleeding, pain, urine loss and weight loss (late signs).

b. The patients’ reactions when hearing the bad news: a variety of emotions when the bad news was broken to them. Words like “it was too much,” “shock,” “I am going to die,” “wept much,” “scared,” and “this is it” expressed their emotions, and did not know how to break the bad news to their family.

c. What remained unsaid. |
|---|---|---|---|
| 3 | Philippa A. Lloyd, Emma V. Briggs, Nichola Kane, Arjun R. Jeyarajah, John H. Shepherd | To explore women’s life experiences in ten years after a radical vaginal trachelectomy from aspects about health (physical, emotional, social and a. Emotional experience after trachelectomy surgery:

- positive emotional effect: closer to family, refocus on family and relationships, reflect experience of illness, be more cautious about their health.

- negative emotional effects: delayed reaction months or years after operation, feel isolated, fear of disease recurrence.

b. Experience of physical symptoms: lymphoedema, paresthesia, menstrual changes. |
<table>
<thead>
<tr>
<th>4</th>
<th>Yan Ding, Yan Hu, Ingalill Rahm Hallberg</th>
<th>To describe the lived experience of Chinese women with cervical cancer during the first</th>
<th>a. Dealing with emotional disorders and problems associated with their treatment: feeling unfair and angry, delay seeing a doctor because of sadness, depression, regret, worry about the relationship with partner, worry about children, worry about the quality of life in the future, side effects of treatment.</th>
</tr>
</thead>
</table>
|   | functional domains), fertility, sexuality. | c. Experience of sexuality:  
- satisfaction and change: the vagina is shorter, sexual hypoactivity, sexual discomfort, feel more sensitive, sex sensitive area numbness.  
- body image and relationships: stable body image, single women feel vulnerable. | d. Experience of fertility issues:  
- pregnancy: concerns and fears about the risk of pregnancy, a sense of emotional detachment to unborn babies, trying to reduce the risk, confidence.  
- fertility: awareness of their ‘body clock’, the difficulty of fertility treatment, be encouraged by examples of success.  
- abortion: a sense of regret after a miscarriage, emotional and physical limitations. |
<p>|   |   | e. Experience of help and support: formal sources, informal sources. |</p>
<table>
<thead>
<tr>
<th>3 months after diagnosis.</th>
<th>3 months after diagnosis.</th>
<th>3 months after diagnosis.</th>
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</thead>
<tbody>
<tr>
<td>b. To handle diagnosis and disease in my own way and Chinese culture: get treatment actively, chose food as a complementary therapy, use CTM to reduce the side affects.</td>
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<tr>
<td>c. Instinctively depending on my partner and improving the relationship within the family but not having sex: depending on husband or sexual partner but no sex.</td>
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<tr>
<td>d. Sharing information and support with other patients, but hiding the diagnosis from friends and acquaintances.</td>
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<tr>
<td>e. Wanting to go back to my normal life but attitude of life changed.</td>
<td></td>
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<tr>
<td>5</td>
<td>Willemijn M. Vermeer, Rinske M. Bakker, Gemma G. Kenter, Anne M. Stiggelbout, Moniek M. ter Kuile</td>
<td>To assess experiences with sexual dysfunctions, psychosexual support, and psychosexual health care needs among cervical cancer survivors</td>
</tr>
<tr>
<td>a. Experiences with aspects of sexual dysfunctions</td>
<td></td>
<td></td>
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<tr>
<td>- factors: The sadness of being unable to reproduce, urinary leakage leads to unnatural sexual activity, body image disorder and insecurity</td>
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<tr>
<td>- sexual function: reduce the interest of sex, avoid intercourse because of pain in intercourse, sexual partners control their sexual behavior, feel guilty to partner, distance from partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sexual dysfunction can negatively affect relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Authors</td>
<td>Objective</td>
</tr>
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</tbody>
</table>
| 6    | Wassie Kebede and Konjit Kebede | To understand the influence of cervical cancer on female psychology | a. Post-diagnosis quality of life  
- relationships change  
- changes in roles and responsibilities after diagnosis  
- sexual dysfunction  

| 7    | Alice R. Richman, Jamie L. Troutman, Essie Torres | To better understand the experiences of cervical cancer survivors in rural ENC (from before diagnosis, through diagnosis, and treatment) and find | a. Lack of knowledge of cervical cancer  
b. Symptoms: unexplained bleeding (including bleeding during and after intercourse), pain during sexual intercourse, vaginal discharge, odour, and abnormal menstrual cycle.  
c. Barriers to PAP screening: A few women screen regularly and most say money or medical security is the main factor in determining whether or not to screen |
| 8 | Johanna Elizabeth Maree, D.Cur and Ilipo Kaila | To understand Knowledge, understanding and experience of women who treat cervical cancer in specific hospitals. | a. Understanding Cervical Cancer  
- Due to the influence of religious belief and social environment, patients lack understanding of cervical cancer.  
b. Experience of cervical cancer  
- mood: sad, because of to be disliked and avoided  
- physical: unexplained bleeding and pain  
c. Experience of treatment  
- Although the treatment process is painful and may aggravate the condition, treatment is the only way for them to get better. Most of them are treated with the belief to live. |
<p>| 9 | Kimlin T. Ashing-giwa, Marjorie Kagawa-singer, Geraldine V. | To review of health related quality of life (HRQOL). From a time perspective. | a. Lack of medical insurance and money, Many patients experience negative psycho-social responses, such as fear, shock, denial, anxiety, depression, anger |</p>
<table>
<thead>
<tr>
<th>Padilla, Judith S. Tejero, Evana Hsiao, Rajinder Chhabra, Lucrecia Martinez, and M. Belinda Tucker</th>
<th>culturally consistent framework. and shame, because they believe CCA is associated with sexually transmitted diseases and promiscuity. b. Impact on family economic and career role changes c. Role of culture: Rely on faith in God anticancer in most communities of color</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Donna A. Clemmens, Kathleen Knafl, Elise L. Lev and Ruth McCorkle</td>
<td>To describe the quality of life (QOL) of long-term survivors of cervical cancer and the factors that promote their adaptation. a. Transfer mode: rely on faith to fight cancer b. “Renewed appreciation of life” mole: family's caring and social support brings positive Anti-cancer experience c. &quot;Continuous struggle&quot; mode: the negative effects of cancer on economic and social relationships</td>
</tr>
</tbody>
</table>

Table 4 overview of selected articles’ aims and results
<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Study findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical discomfort</td>
<td>Symptoms</td>
<td>(1b) Pain on body, have no appetite, can’t walk, loss of sleep. (2a) Experiencing the symptoms of cervical cancer: vaginal bleeding, pain, urine loss and weight loss(late signs). (3b) Lymphoedema, paresthesia, menstrual changes. (7b) Unexplained bleeding (including bleeding during and after intercourse), pain during sexual intercourse, vaginal discharge, odour, and abnormal menstrual cycle. (8b) Unexplained bleeding and pain</td>
</tr>
<tr>
<td>Diversified psychology</td>
<td>Negative emotion</td>
<td>(1b) negative emotions( sadness, self-loathing, worry, hopelessness, bad feeling, confusion, isolated, tears and trauma), fear (death, unknown future, therapeutic effect, huge costs of treatment, reappear of cervical cancer ), anxiety, think about the life after therapy. This experience runs through four levels: symptoms, diagnosis, treatment and later treatment. (2b) The patients’ reactions when hearing the bad news: a variety of emotions when the bad news was broken to them. Words like “it was too much,” “shock,” “I am going to die,” “wept much,” “scared,” and “this is it” expressed their emotions, and did not know how to break the bad news to their family.</td>
</tr>
</tbody>
</table>
(3a) negative emotional effects: delayed reaction months or years after operation, feel isolated, fear of disease recurrence.

(3c) single women feel vulnerable.

(3d) concerns and fears about the risk of pregnancy, a sense of emotional detachment to unborn babies, trying to reduce the risk, confidence, awareness of their ‘body clock’, the difficulty of fertility treatment, be encouraged by examples of success, a sense of regret after a miscarriage, emotional limitations.

(4a) Dealing with emotional disorders and problems associated with their treatment: feeling unfair and angry, delay seeing a doctor because of sadness, depression, regret, worry about the relationship with partner, worry about children, worry about the quality of life in the future, side effects of treatment.

(5a) The sadness of being unable to reproduce, feel guilty to partner, body image disorder and insecurity.

(8b) sad, because of to be disliked and avoided

(9a) Many patients experience negative psycho-social responses, such as fear, shock, denial, anxiety, depression, anger and shame.
| Positive emotion | (3a) positive emotional effect: closer to family, refocus on family and relationships, reflect experience of illness, be more cautious about their health. (8c) Although the treatment process is painful and may aggravate the condition, treatment is the only way for them to get better. Most of them are treated with the belief to live. |
| The influence of social culture | Religious belief | (4a) To handle diagnosis and disease in my own way and Chinese culture: get treatment actively, chose food as a complementary therapy, use CTM to reduce the side affects. (7d) Most women say their faith in God supports their fight against cancer. (10a) rely on faith to fight cancer |
| Lack of knowledge | (1a) Women’s knowledge about cervical cancer before they were be diagnosis: patients with cervical cancer are poorly informed of the disease, symptoms, risk factors, treatment and prevention before to diagnosis. (7a) Lack of knowledge of cervical cancer (8a)Due to the influence of religious belief and social environment, patients lack understanding of cervical cancer. (9a) Lack of knowledge of cervical cancer, they believe CCA is associated with sexually transmitted diseases and promiscuity. |
| The cost of treatment and out of work make pressure | Economic support | (1b) out of work, income decrease, losses of assets, medical costs, heavily in debt.  
(9a) Lack of medical insurance  
(7b) Barriers to PAP screening: A few women screen regularly and most say money or medical security is the main factor in determining whether or not to screen  
(10c) "Continuous struggle" mode: the negative effects of cancer on economic and social relationships. |
|---|---|---|
| Changes in social relations | Career role change | (4e) Wanting to go back to my normal life but attitude of life changed.  
(6a)(9c) Incompetence in professional and family roles |
| Marital and relationship | (1b) break up with partner because due to life of asexual activity, tension with family because of money.  
(3c) Experience of sexuality: Satisfaction and change (the vagina is shorter, sexual hypoactivity, sexual discomfort, feel more sensitive, sex sensitive area numbness).  
(3d) fertility issues: difficulty of pregnancy and fertility.  
(4c) Instinctively depending on partner and improving the relationship within the family but not having sex: depending on husband or sexual partner but no sex. |
(4d) Sharing information and support with other patients, but hiding the diagnosis from friends and acquaintances.

(5a) Sexual dysfunction can negatively affect relationships; unable to reproduce, urinary leakage leads to unnatural sexual activity, reduce the interest of sex, pain in intercourse.

(6a) Sexual dysfunction

The care of family is warm

Family care

(6b) The care of the family is very important. It is an important factor to influence the active treatment of the patient.

(10b) “Renewed appreciation of life” mole: family's caring brings positive Anti-cancer experience

Table 5 synthesized findings, themes, categories and findings from the included studied