Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

Understanding The Coping Strategies Among Women with Gynecologic Long-Term Cancer: Importance of Finding the Positive and Maintaining Optimism

Du Jiayuan[1], & Paramjit Singh Jamir Singh[1*]

[1]Social Work Programme, School of Social Sciences, Universiti Sains Malaysia, 11800 Penang, Malaysia

*Corresponding authors: Paramjit Singh Jamir Singh (paramjit@usm.my)

Abstract

Gynecologic long-term cancer patients have to navigate various challenges in many aspects of their lives after recovering from the disease. Empirical research indicates that identifying benefits and maintaining an optimistic outlook are highly helpful in reconstructing the meaning of life for gynecologic long-term cancer patients. This qualitative study aimed to explore the impact of searching for positive meaning and an optimistic mindset on the life changes experienced by women with gynecologic long-term cancer in Chongqing, China. Interviews were conducted with 12 women with gynecologic long-term cancer to understand their views on and use of coping strategies and optimism. These strategies would strengthen individuals' coping and positive thinking, support their development across personal growth, interpersonal relationships, and emotional well-being, and further strengthen their overall positive cognitive framework. Accordingly, policymakers and relevant stakeholders should implement targeted intervention strategies to encourage gynecologic long-term cancer survivors to fully embrace an optimistic mindset during their post-cancer journey, thereby enhancing their ability to adapt to various life challenges.

Keywords: coping strategies, gynecologic cancer, long-term cancer survivors, meaning in life, optimism, post-cancer adjustment, qualitative research

1. Introduction

Cancer is characterized by uncontrolled proliferation of malignant cells that invade surrounding tissues and disrupt normal organ function (Roy & Saikia, 2016). Treatment options, including surgery, chemotherapy, and radiotherapy are determined by cancer type, stage, and patient condition (Seino et al., 2024). For patients, undergoing cancer treatment is a highly stressful experience. In addition to the physical pain caused by the disease and its treatment, the possibility of death places them under immense psychological strain. Common physical symptoms experienced by cancer patients include fatigue, malaise and nausea. Furthermore, following the ordeal of treatment, they must face a lengthy process of recovery and readjustment (Woopen et al., 2022). In 2022, nearly 20 million new cancer cases were reported globally, with approximately one in five women expected to develop cancer in their lifetime (Bray et al., 2024; Wei et al., 2020). Gynecologic cancers (e.g., cervical, ovarian, and uterine) have crude mortality rates of 7.66, 4.17, and 2.42 per 100,000, respectively, and generally show slightly higher five-year survival rates (38%–50%) compared to major cancers such as lung and liver cancer. Long-

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

term survival is defined as survival of at least five years from initial diagnosis, regardless of recurrence or progression.

Although family support is often viewed as a means to alleviate suffering, reduce financial burdens, and enhance patient resilience, its actual effectiveness is constrained by contextual factors such as family structure, economic resources, and caregiving capacity. Under the influence of traditional Chinese values, while family members take the lead in basic care and treatment decisions and provide emotional and practical support, they may also undermine patient autonomy and exacerbate psychological burdens and decision-making pressures (Björg et al., 2023; You & Badertscher, 2024).

Patients' coping strategies vary depending on disease stage, resources, and educational background, ranging from active to passive and from problem-focused to emotion-focused approaches (Biney et al., 2024). Because China's employee health insurance is closely tied to employment status, being forced to resign after falling ill often results in patients losing their health insurance, income, and becoming highly dependent on their families (Qin et al., 2019). Furthermore, family members of gynecologic cancer patients also face severe stress and a heavy burden resulting from treatment toxicity, the patient's emotional fluctuations, poor prognosis, and the prolonged treatment course (Rebekah et al., 2016; Woopen et al., 2023).

Despite these complexities, systematic research within social work on accessible social support for this population remains limited. Addressing this gap is essential not only for tackling gendered health inequalities but also for developing life-course-oriented support systems. This study moves beyond a purely biomedical perspective by conceptualizing long-term gynecologic cancer survivorship as a social process shaped by risks of exclusion and disrupted support networks, and it explores how social work can identify, rebuild, and strengthen these networks within healthcare settings.

2. Long-term Gynecologic Cancer Patients in China

China faces a structural imbalance between a large female population and a shortage of gynecologists, with one gynecologist serving approximately 1,850 women in 2022 (Yang & Qiu, 2024). Influenced by traditional norms of modesty and taboos surrounding sexual health, women often delay seeking care until gynecologic conditions threaten fertility or survival (Liu & Zou, 2024). Combined with conservative cultural values and historical family planning policies, women's autonomy and reproductive health have long been undervalued, contributing to reduced self-efficacy, social withdrawal, and self-devaluation among patients (Zhao & Basnyat, 2021).

Since 2009, China has implemented a national 'two-cancer' (cervical and breast cancer) screening program within the basic public health system, improving early detection and treatment accessibility. Although HPV vaccination has expanded rapidly, free vaccination remains limited to selected regions. Persistent disparities in urban–rural access, primary care capacity, and screening coverage continue to constrain effectiveness (Zhang et al., 2025; Wang & Zhao, 2018).

Long-term cancer survivors often experience reduced social participation due to stigma, shame, and physical limitations, leading to shrinking social networks. Evidence suggests that cancer-

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

related impairments can reduce work capacity, thereby affecting career trajectories and income (Nekhlyudov et al., 2022). This social isolation weakens external support systems; potentially diminishing patients' influence within the family. At the same time, survivorship is often accompanied by shifts in both familial and social roles (Kroenke et al., 2013; Tang, 2019).

2.1. Benefit finding and optimism

Optimism, as a stable cognitive-affective personality trait, reflects an individual's general expectation of positive outcomes. It serves as a vital psychological resource for coping with cancer, significantly enhancing quality of life and reducing negative emotions such as anxiety and depression. Individuals with higher levels of optimism often gain stronger perceived social support through expanding their interpersonal relationships. The latter has been demonstrated to be a key mediating factor linking optimism and psychological adaptation (Mo et al.,2022). At the same time, optimism also positively predicts benefit finding, a cognitive reappraisal strategy whereby individuals perceive positive changes arising from stressful events, thereby transforming threatening situations into favourable ones. Benefit finding not only directly alleviates distress and enhances self-esteem and life satisfaction but also forms a virtuous cycle with optimism: optimism promotes benefit finding, whilst the resulting positive emotions further reinforce levels of optimism. Liu et al.'s research indicates that benefit finding serves as a crucial positive resource for psychological adaptation among gynaecological cancer patients, manifesting as the rediscovery of life's meaning, enhanced self-worth, and improved interpersonal relationships during the course of the illness. Its level is associated with stronger self-management and psychological adaptation, and exhibits a dynamic developmental trajectory (Liu et al., 2025). In this process, social support plays a moderating and facilitating role, both directly enhancing patients' optimism and indirectly boosting psychological resilience and adaptive capacity by promoting benefit finding. In summary, benefit finding and optimism do not exist in isolation, but rather evolve dynamically through the interaction of individual resources and social support. Together, they constitute a synergistic pathway of 'personality disposition to cognitive reappraisal and environmental resources to psychological adaptation', thereby promoting long-term psychological recovery and improved quality of life among gynaecological cancer patients.

3. Methods

3.1. Design

This study is a qualitative analysis that employs a phenomenology approach to facilitate a deeper understanding of the research participants, with the aim of identifying the coping strategies they employ and the social support they receive (Dukes, 1984; Qutoshi, 2018). Twelve (12) participants were selected through purposive sampling, and the study was conducted using semi-structured interviews and thematic analysis. The personal experiences of women with gynaecological cancer are a highly sensitive and private matter, as they involve discussing their personal medical histories, perspectives, experiences, views and feelings. This characteristic highlights the appropriateness and necessity of using open-ended and semi-structured questions in research (Karatsareas, 2022).

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

3.2. Study informants

The subjects of this study were patients living in Chongqing, China, who had been diagnosed with gynaecological cancer. Participants were recruited via public social media platforms; those who expressed an interest in taking part were informed of the study's objectives and provided with an informed consent form.

Due to data saturation, 12 participants were selected. According to the study by Yang et al., data collection ceases when the data reaches a point of saturation or when no further information can be obtained from the informants (Yang et al. 2022). Participants were aged between their 30s and 50s and had been living with cancer for five (5) to sixteen (16) years. Most were married and had one child. The sample included patients with ovarian, corpus uteri, and cervical cancer, all of whom had undergone hysterectomy. One participant with early-stage cervical cancer did not receive chemotherapy. At the time of the study, half of the participants were unemployed or working part-time, with monthly incomes below USD 500.

3.3. Data Collection

This study employed semi-structured interviews to gather information on the experiences, difficulties and coping strategies of gynecologic long-term cancer patients. Prior to the interviews, participants were clearly informed of the study's objectives and scope, and the informed consent form was explained to them point by point, covering the interview process, data usage and research details. The researchers respected the participants' right to interrupt or withdraw from the interview at any time, and all participants signed an informed consent form. Data was stored securely and presented in aggregated or anonymised form in reports and publications to protect privacy. The interviews covered topics ranging from background information and experiences of cancer to social support and coping strategies, multi-level physical and psychological needs and their implications, and the positive findings. The researchers employed active listening techniques to encourage participants to fully express their personal experiences and feelings. All interviews were audio-recorded by the researchers and transcribed verbatim to ensure the objectivity and accuracy of data processing.

3.4. Data Analysis

This study employed the thematic analysis method proposed by Braun and Clarke, following a six-stage process for the systematic analysis of data: the first stage involves familiarisation with and immersion in the data, ensuring a comprehensive understanding through repeated reading of interview transcripts and the recording of observational notes and preliminary reflections; the second stage is initial coding, in which concise labels are assigned to all relevant semantic units; the third stage is thematic exploration, in which codes are categorised according to similar characteristics to identify preliminary themes; Stage four is theme review, examining the intrinsic connections and hierarchical relationships among candidate themes; stage five is theme definition and refinement, clarifying the core meanings and boundaries of each theme; stage six is report writing, presenting the analytical results through a combination of narrative and data citation(Braun &Clarke ,2006), . The coding process for the transcribed interviews employed a multi-round iterative approach to progressively refine key conceptual dimensions. The study utilised NVivo software to support continuous coding, ensuring the comprehensiveness and systematic nature of the analysis. The final report includes only verbatim quotations directly

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

relevant to the research findings, to illustrate the identified themes and sub-themes; the verbatim content has not been modified to faithfully present the participants' original views (Dhakal, 2022).

3.5. Validity & Reliability

The validity and reliability of a study are key factors in ensuring the integrity and credibility of its findings. Validity requires that the research procedures accurately achieve their intended objectives and that the analysis precisely reflects the expected relationships between variables; reliability, meanwhile, concerns the consistency and stability of measurements, with retesting employed to verify the authenticity of respondents' answers. To avoid researcher bias, the research team engaged in self-reflection by documenting every decision made. Clarification and verification procedures were implemented to address any ambiguities or contradictions arising during the interviews. During the data analysis process, the researchers cross-referenced participants' accounts of their treatment experiences and medical support with relevant government policy documents and official treatment guidelines for various gynaecological cancers to ensure data authenticity. Immediately following each interview, researchers reviewed the recordings and notes to capture fresh insights and contextual details whilst they were still vivid, incorporating these into subsequent analyses to gain a more accurate understanding of the participants' contextual frameworks, identify recurring themes, and ensure the comprehensiveness and impartiality of data interpretation (Ahmed et al,.2021).

3.6. Ethical Considerations

Approval was obtained from the Human Research Ethics Committee (JEPeM)) (Approval Number: USM/JEPeM/PP/25080683) at Universiti Sains Malaysia prior to the commencement of the study. The committee reviewed the interview semi-structured interview guideline and research protocol to ensure that the questions were aligned with the research objectives. The researchers undertook to maintain strict confidentiality regarding the participants' information and to refrain from making any judgements regarding their statements. After fully informing participants of the study's purpose and content and addressing any queries, an information sheet was provided to participants, clearly stating their right to withdraw from the study at any time without incurring any consequences. Interviews were conducted in a language with which the participants were familiar and in which they felt comfortable; the time and location were determined by the participants themselves.

4. Results

4.1. Reconstruction of Life Meaning

Participants described a profound reconstruction of life meaning following their experience with gynecologic cancer. Many reported developing a deeper appreciation for life, becoming more grateful for everyday experiences, and placing greater value on their own existence.

A woman with a family history of gynaecologic cancer insisted on regular check-ups due to long-standing concerns about missed diagnoses and the spread of the disease. Upon receiving her diagnosis, her psychological reaction was not simply one of shock or fear, but rather a complex shift: a sense of relief from her prolonged anxiety intertwined with a sense of relief at

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

the early detection, even giving rise to a feeling of 'gratitude'. This reflects a cognitive reappraisal from 'passive worry' to 'active control'; the diagnosis brought an end to the torment of uncertainty, whilst early detection restored her sense of agency over her treatment, thereby reframing the threatening event as a 'timely warning' with positive significance:

I knew before this one that the disease ran in my family, so I had regular reviews for fear of missing it, fearing that the cancer would just spread, so instead of having a strange sense of relief at having cancer, and thankfully catching it early, I felt a twinge of gratitude instead.

The psychological transition of female cancer patients clearly illustrates a process that moves from a 'devastating crisis of self-identity' to 'cognitive restructuring and the rekindling of hope', and finally to 'active adaptation and the rebuilding of a normal life'. Initially, equating cancer with death and the loss of her female identity led to profound shame and social withdrawal; upon realising that cancer patients can survive for long periods, she overcame her initial perception of the disease as a 'terminal illness'; ultimately, by adjusting her lifestyle, returning to work and maintaining her self-identity as an 'ordinary person' with her husband's support, she successfully integrated the illness into her existing life, achieving a psychological return from being a 'cancer patient' to a 'woman who continues to create value':

Remarked: *At the beginning, I thought I was going to die, do resection surgery, I thought I was not a woman, hair all fall finished, I feel that I have no way to go out to see people, then I do not know that cancer can also survive for a long time, to their own are scared. After that, I adopted the lifestyle, it turns good, normal life, before how to do business, now how to continue to do, my husband are me as normal people, which is in beauty industry. I still use do, hormone abnormalities on the more maintenance of the body.*

The long-term experience of gynecologic cancer prompted participants to redefine their personal priorities, leading them to focus more purposefully on aspects of life they perceived as truly meaningful. Furthermore, several participants reported a stronger sense of purpose and a clearer vision of the future, reflecting a transformation in their worldview and understanding of life.

An informant remarked: *Optimism and having the courage to overcome my illness is the biggest thing I've learnt along the way. Seeing the landscape for myself has been different than before. Stay positive, go dancing, eat well, wear good clothes, it's a lifetime, think wider.*

4.2. Emotional and Interpersonal Growth

Some participants in this study reported positive growth in the areas of emotional regulation and interpersonal relationships. Specifically, they described behaving with greater patience and tolerance in their daily interactions and being better able to empathise with others' feelings and perspectives. Several participants mentioned that their experience of illness had led them to re-evaluate the significance of interpersonal communication; they no longer wasted time and energy on trivial conflicts but instead made a more conscious effort to nurture important relationships. This growth not only enhanced the quality of support they received from family and friends but also strengthened their sense of belonging and security in unfamiliar social settings. These findings suggest that the long-term experience of gynecologic cancer may catalyse personal maturation in emotional regulation and interpersonal empathy, thereby

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

facilitating the reconstruction of healthier social functioning in the face of adversity.

In terms of family support, family members provide crucial assistance in accessing healthcare resources, understanding treatment plans and participating in family decision-making, reflecting the emotional security and practical support afforded by close family ties.

One statement: There was a lot of help from my family, especially my uncle, who helped me a lot, helping me find medical resources during my surgery, assisting in understanding treatment options, and he helped participate in a lot of decisions in the family.I've met a lot of patients inside some social media, such as Xiaohongshu, Zhihu, and WeChat groups. It's a good channel for science, and a lot of unofficial information channels, such as how long it takes to queue up for a bed in which hospital, and how to grab an outpatient number, are very useful.

Furthermore, by connecting with other patients, these platforms serve not only as channels for health education and the sharing of informal information but also offer greater convenience. This shift from passively seeking help to actively expanding one's mutual support network enhances the sense of social connectedness and self-efficacy in coping with illness.

Another informant remarked: *I've been to an Umbra Ribbon event, which is donating wigs to cancer patients, and it feels like a great way to make a lot of new friends and people who care about us. I hope there will be more events like this. I feel more open-minded, able to look down on many things and face gains and losses frankly.*

4.3. Increased Independence and Responsibility

Several participants in this study explicitly reported a significant increase in their sense of independence following cancer treatment. They described no longer being as overly reliant on family members or avoiding responsibilities as they had been in the past but instead being more willing to take the initiative in fulfilling their obligations in both their personal and professional lives. Some participants noted that although the treatment process was arduous, it prompted them to reassess their own capabilities and realise that they were far more resilient than they had imagined. This heightened sense of independence manifested in more proactive health management behaviours. These findings suggest that the long-term experience of gynaecological cancer may serve as a significant opportunity for individuals to rebuild their sense of autonomy and responsibility.

An informant remarked*: I always follow the doctor's suggestion, eating healthy. No matter how expensive this treatment cost, I would no say no. Live only once, I will do my* best.

Another informant remarked: *I actively provide feedback and suggestions for improvement to the community worker assigned to me, striving to enhance the resources available to us, such as subsidies, activities, and similar programs. I also maintain contact with others facing similar health challenges, staying informed about new government policies, healthcare coverage, and treatment options.*

They proactively seek out information on diagnosis and treatment, rehabilitation advice and medication instructions relating to their condition through medical platforms, hospital channels or authoritative science-based content. This shift indicates that their experience of cancer has

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

prompted them to evolve from passive recipients of care into active agents in their own health management. By independently organising their medical affairs and proactively seeking information, they have not only gained a greater sense of control over the progression of their illness, but have also improved treatment adherence and self-efficacy, thereby further strengthening their independence and psychological resilience during long-term recovery:

I feel that even though our group has been dealing with this illness for so many years, we still need to stay vigilant. Avoid catching colds—I recently found a reliable traditional Chinese medicine practitioner and plan to try their treatment first.

4.4. Enhanced Support and Well-being

The findings of this study further reveal how gynecologic long-term cancer patients, during their recovery process, can systematically enhance their psychosocial support and subjective well-being by integrating internal and external resources. Restructuring, family collaboration and behavioural activation, the adaptive pathways through which they proactively construct support systems, maintain psychological equilibrium and promote overall well-being in the face of adversity. These strategies reflect a crucial shift from passively enduring the impact of illness to actively managing physical and mental health and constitute an important practical foundation for the reconstruction of patients' psychological resilience and life meaning.

As for cognitive restructuring, individuals reduce their psychological stress response by adjusting the interpretative framework through which they view difficult situations and curbing catastrophic thinking:

Adjust your mindset, face reality, restrain your emotions, communicate with your family for understanding, and treat according to your family's situation and condition.

Relaxed my mind, don't feel like a knife is about to fall on your head. When I feel irritable, I go out camping with friends, fishing, do some outdoor sports and adjust myself. Think more about my family and the good things.

At the family system level, participation in shared symbolic or ritualised collective activities strengthens family cohesion and mutual support, providing individuals with a stable sense of emotional belonging and a source of meaning.

An informant remarked: *Accept that things happen in this room and together it is all for the best. The family will go to worship Buddha, return wishes at temples, light lamps and all these activities. Difficult times, don't think about it, watch more TV, play with your mobile phone, take my parents out for a walk.*

5. Discussion

This study explored the coping strategies and positive insights employed by long-term gynaecological cancer survivors as they navigated life with the disease. The findings revealed that maintaining a positive mindset, manifested in finding positive meaning and remaining optimistic is crucial for gynecologic long-term cancer survivors in successfully coping with the various challenges encountered during treatment and recovery. Most patients reported feeling

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

stressed when navigating their unique role as long-term cancer survivors. However, the study indicated that patients were able to demonstrate positive coping strategies and derive benefits from this experience. These characteristics have been shown to be associated with a higher quality of life among long-term gynaecological cancer patients. Furthermore, focusing on these coping strategies helps them manage depression and promotes their mental well-being.

Gynecologic long-term cancer survivors present numerous challenges; they still actively maintain a sense of normality in their daily lives through a variety of psychological strategies. They employ cognitive restructuring to consciously shift their perspective, focusing on controllable or meaningful aspects of life rather than dwelling on fear and uncertainty (Oh et al., 2023). At the same time, patients emphasise the importance of accepting reality rather than responding passively, thereby reducing anxiety and maintaining autonomy and self-determination, which in turn enhances psychological resilience. To prevent negative emotions from overwhelming them, they consciously avoid catastrophic narratives, such as worst-case scenarios or overly negative descriptions of the disease. According to a study by Li et al., the resilience recovery process comprises three stages: the initial stress stage (coping with the shock of diagnosis and surgery), the adaptation stage (accepting the disease and adjusting to life), and the growth and development stage (regaining meaning and purpose in life). Furthermore, patients undergo a process of psychological distancing from the 'cancer patient' identity, consciously safeguarding broader aspects of their self-identity (such as their roles as parents, professionals, or friends) so as not to be defined by the disease. This mechanism helps them to participate more fully in life and maintain hope and motivation throughout the course of treatment (Li et al. ,2021).

A notable shift has emerged among long-term cancer patients: a move away from the pursuit of 'idealised treatment'-the vision of a full recovery or cure-towards a more pragmatic approach centred on 'situational survival'. This means that many patients no longer strive for perfect medical outcomes but instead begin to accept the reality of their condition and the limitations of ongoing treatment. They are actively adapting their lifestyles, priorities and expectations to suit their current health status, focusing on maintaining quality of life, managing symptoms and finding meaning in their daily experiences (Almeida et al., 2022).

6. Conclusions

In the long-term survival journey of gynecologic cancer patients, benefit finding and optimism are fundamental components of positive psychological adaptation. The findings of this study highlight the crucial role these two factors play in helping patients cope with the various challenges associated with the progression of long-term cancer. Consequently, the application of an optimistic mindset and benefit-finding strategies during the disease adaptation process of gynaecological cancer patients is of critical, even decisive, importance in maintaining their treatment motivation and psychological resilience, and in preventing feelings of despondency, helplessness, or despair when faced with a serious illness. The main finding of this study is that, by maximising the mobilisation of internal and external resources, long-term gynecologic cancer patients develop a deeper understanding of their own roles and ascribe greater meaning and value to their disease experience. The results of this study offer important practical implications. Policymakers and relevant healthcare institutions can play a more proactive role in effectively supporting gynaecological cancer patients. Stakeholders should implement targeted psychological and behavioural interventions to support and promote the use of benefit-

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

finding and optimism strategies during the disease adaptation process, which will help patients better address the physical and psychological demands of living with long-term cancer. In achieving this goal, strengthening public awareness and education, and improving patients' access to high-quality medical and psychological support services, are equally crucial。

7. Research Limitation

The limitations of this study are primarily reflected in the following areas: limited coverage of cancer types and geographical regions, self-reporting bias among participants, a lack of research data on other family members and healthcare professionals, and the absence of long-term follow-up in the in-depth data analysis. Specifically, the accuracy and depth of the findings are constrained by the participants' openness, honesty and willingness to share; some participants may have been inclined to withhold information or provide answers aligned with social expectations, a phenomenon beyond the researchers' complete control. Furthermore, as the study focused on the individual experiences of long-term gynaecological cancer patients, it failed to incorporate the perspectives of family members, carers and healthcare professionals; the absence of a multi-system support perspective limits a comprehensive understanding of patients' social and emotional dynamics. Although this study did not cover all types of gynaecological cancer or all geographical regions, it sought to enhance the representativeness of the experiences by including a diverse group of participants with varying diagnostic and treatment histories. At the same time, due to the cross-sectional design, the data lacks long-term follow-up, making it difficult to reveal the dynamic evolution of patients' psychological adaptation processes. In summary, this study provides valuable insights into the lived experiences of women with long-term gynaecological cancer, making a significant contribution to the knowledge base within the fields of social work and healthcare, and offering a baseline reference for future research, policy formulation and the design of targeted support services.

References

Ahmed, I., & Ishtiaq, S. (2021). Reliability and validity: importance in medical research. *methods*, *12*(1), 2401-2406.

Almeida, M., Ramos, C., Maciel, L., Basto-Pereira, M., & Leal, I. (2022). Meaning in life, meaning-making and posttraumatic growth in cancer patients: Systematic review and meta-analysis. *Frontiers in Psychology*, *13*. https://doi.org/10. 3389/fpsyg.2022.995981

Biney, A., Sarfo, J. O., Poku, C. A., Deegbe, D. A., Atibila, F., Ti-enkawol Nachinab, G., Anaba, E., Dzansi, G., & Attafuah, P. Y. A. (2024). Challenges and coping strategies when caring for terminally ill persons with cancer: Perspectives of family caregivers. *BMC Palliative Care*, *23*(1). Scopus. https://doi.org/10. 1186/s12904-024-01518-z

Björg, J., Anna, W., Inger Sundström, P., & Karin, S. (2023). Advanced gynecological cancer: Quality of life one year after diagnosis. *PLoS One*, *18*(6). https://doi.org/10.1371/journal.pone.0287562

Bray, F., Laversanne, M., Sung, H., Ferlay, J., Siegel, R. L., Soerjomataram, I., & Jemal, A. (2024). Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, *74*(3), 229–263. https://doi.org/10.3322/caac. 21834

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706 qp063oa

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion & Health*, *23*(3), 197–203. https://doi.org/10.1007/BF00990785

Dhakal, K. (2022). NVivo. *Journal of the Medical Library Association: JMLA*, *110*(2), 270.

Karatsareas, P. (2022). Semi-structured interviews. *Research methods in language attitudes*, *99*.

Kroenke, C. H., Kwan, M. L., Neugut, A. I., Ergas, I. J., Wright, J. D., Caan, B. J., Hershman, D., & Kushi, L. H. (2013). Social networks, social support mechanisms, and quality of life after breast cancer diagnosis. *Breast Cancer Research and Treatment*, *139*(2), 515–527. https://doi.org/10.1007/s10549-013-2477-2

Li, X., Chen, S., Zhang, J., Li, L., Li, Y., & Ye, M. (2021). Resilience process and its protective factors in long-term survivors after lung cancer surgery: A qualitative study. *Supportive Care in Cancer*, *29*(3), 1455–1463. https://doi.org/10.1007/s00520-020-05633-4

Liu, R., Jiang, L., Tan, X., Wang, F., & Sun, L. (2025). Tracing the dynamic interplay of benefit finding, self-management efficacy, and social support in gynecological cancer patients: a longitudinal study. Scientific Reports, 15(1), 39794.

Liu, Z. & Wenxue Zou. (2024). Breaking taboos in women's reproductive health: The communication strategies used by top OB/GYN influencers in chinese social media. *Health Communication*, *39*(4), 685–696. https://doi.org/10.1080/10410236.2023.2181677

Mo, Q., Tan, C., Wang, X., Soondrum, T., & Zhang, J. (2022). Optimism and symptoms of anxiety and depression among Chinese women with breast cancer: the serial mediating effect of perceived social support and benefit finding. BMC psychiatry, 22(1), 635.

Nekhlyudov, L., Campbell, G. B., Schmitz, K. H., Brooks, G. A., Kumar, A. J., Ganz, P. A., & Von Ah, D. (2022). Cancer-related impairments and functional limitations among long-term cancer survivors: Gaps and opportunities for clinical practice. Cancer, 128(2), 222–229. https://doi.org/10.1002/cncr.33913

Oh, S., Lee, H., Kim, S., Kim, S., Lyu, C. J., Park, C. G., & Kang, H. J. (2023). Development and psychometric properties of the social adjustment scale for youth cancer survivors in South Korea. *Asia-Pacific Journal of Oncology Nursing*, *10*(7), 100241. https://doi.org/10.1016/j.apjon.2023.100241

Qin, R. M., Lu, C. Y., Zhou, L. H., Huang, X., & Zhong, Q. (2019). Current status of post-traumatic growth of gynecological cancer patients and its influence factors. *Journal of Nursing*, *26*, 9–13.

Qutoshi, S. B. (2018). Phenomenology: A Philosophy and Method of Inquiry. *Journal of Education and Educational Development*, *5*(1), 215. https://doi.org/10. 22555/joeed.v5i1.2154

Rebekah, L.-P., Butow, P., Bu, S., Charles, C., Gafni, A., Fisher, A., & Juraskova, I. (2016). Family involvement in cancer treatment decision-making: A qualitative study of patient, family, and clinician attitudes and experiences. *Patient Education and Counseling*, 99(7), 1146–1155. https://doi.org/10.1016/ j. pec.2016.01.014

Roy, P. S., & Saikia, B. (2016). Cancer and cure: A critical analysis. Indian journal of cancer, 53(3), 441-442

Seino, M., Nagase, S., Tokunaga, H., Yamagami, W., Kobayashi, Y., Tabata, T., Kaneuchi, M., Hirashima, Y., Niikura, H., Yoshino, K., Takehara, K., Baba, T., Katabuchi, H., & Mikami, M. (2024). Japan society of gynecologic oncology 2022 guidelines for uterine cervical neoplasm treatment. *Journal of Gynecologic Oncology*, *35*(1), e15. https://doi.org/10.3802/jgo.2024.35.e15

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00395, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.395

Tang, Y. (2019). Challenges, personal growth and social support among family caregivers of terminally ill cancer patients in Southern China. *Qualitative Social Work*, *18*(4), 638–654. https://doi.org/10.1177/1473325018755890

Wang, L.H., & Zhao, G.-L. (2018). Expert panel interpretation: Comprehensive prevention and control guidelines for cervical cancer in China. *Chinese Journal of Disease Control & Prevention, 22*(1), 1–3. https://doi.org/10.3969/j.issn.1673-5293.2018.01.001

Wei, W., Zeng, H., Zheng, R., Zhang, S., An, L., Chen, R., Wang, S., Sun, K., Matsuda, T., Bray, F., & He, J. (2020). Cancer registration in China and its role in cancer prevention and control. *Lancet Oncology*, *21*(7), e342–e349. https://doi.org/10.1016/S1470-2045(20)30073-5

Woopen, H., Sehouli, J., Davis, A., Lee, Y. C., Cohen, P. A., Ferrero, A., ... & Joly, F. (2022). GCIG-Consensus guideline for Long-term survivorship in gynecologic Cancer: A position paper from the gynecologic cancer Intergroup (GCIG) symptom benefit committee. *Cancer treatment reviews*, *107*, 102396.

Woopen, H., Keller, M., Zocholl, D., Mittelstadt, S., Barretina-Ginesta, M.-P., Heinzelmann-Schwarz, V., Lafleur, J., Kocián, R., Baum, J., Krabisch, P., Achimas-Cadariu, P., Vardar, M. A., Vergote, I., Nasser, S., Link, T., Gil-Martin, M., Zwimpfer, T. A., Leitner, K., Jedryka, M., … Sehouli, J. (2023). Side effects from cancer therapies and perspective of 1044 long-term ovarian cancer survivors—results of expression VI–carolin meets HANNA–holistic analysis of long-term survival with ovarian cancer: The international NOGGO, ENGOT, and GCIG survey. *Cancers*, *15*(22). https://doi.org/10.3390/cancers 15225428

Yang, L., QI, L., & Zhang, B. (2022). Concepts and evaluation of saturation in qualitative research. *Advances in Psychological Science*, *30*(3), 511.

Yang, X., & Qiu, H. (2024). How chinese women cope with physical and psychological traumas in gynecological examinations: A situational analysis of patients' communicative accommodations. *International Journal of Communication*, *18*, 21–21.

You, W., & Badertscher, K. (2024). Women's empowerment and power relations: Evidence from grameen bank china. *Women's Studies International Forum*, *103*, 102882. https://doi.org/10.1016/j.wsif.2024.102882

Zhang, M., Wang, L. M., Zhang, X., Li, C., Zhao, Z. P., Yu, M. T., Zhou, M. G., Wu, J., & Wang, L. H. (2025). Cervical cancer screening rates among Chinese women — China, 2023–2024. *China CDC Weekly, 7*(10), 321–326. https://doi.org/10.46234/ccdcw2025.052

Zhao, X., & Basnyat, I. (2021). Lived experiences of unwed single mothers: Exploring the relationship between structural violence and agency in the context of chinese reproductive health discourse. *Health Communication*, *36*(3), 293–302. https://doi.org/10.1080/10410236.2019.1683953