

Current Status and Influencing Factors of Benefit Finding in Patients with Esophageal Cancer: A Cross-sectional Study

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Abstract: **Objective:** To investigate the current status and influencing factors of benefit finding among patients with esophageal cancer, and to provide evidence-based references for developing individualized interventions and optimizing patients' health outcomes. **Methods:** A total of 235 inpatients diagnosed with esophageal cancer were recruited from the Department of Oncology and Thoracic Surgery of a tertiary Grade A general hospital in Yangzhou, China, from November 2023 to September 2024. General information questionnaires and the Benefit Finding Scale were administered for data collection and statistical analysis. **Results:** The mean score of benefit finding among enrolled patients was 41.67 ± 8.41 . Univariate analysis indicated that benefit finding levels differed significantly across age, educational level, living arrangement, clinical stage, current treatment regimen, tumor metastasis status, and postoperative complications ($P < 0.05$). Multivariate analysis further confirmed that age, tumor metastasis, postoperative complications, perceived stress, self-disclosure, and rumination were independent influencing factors for benefit finding in esophageal cancer patients. **Conclusion:** Esophageal cancer patients present a generally low level of benefit finding. Age, tumor metastasis, postoperative complications, perceived stress, self-disclosure, and rumination are key factors affecting patients' benefit finding. Medical professionals should conduct early screening for benefit finding and pay close attention to patients with low benefit finding levels. Targeted interventions based on relevant influencing factors are recommended to enhance patients' benefit finding capacity and ultimately improve their health outcomes.

Keywords: Esophageal Cancer; Benefit Finding; Influencing Factors.

1. Introduction

Esophageal cancer is one of the most prevalent malignant gastrointestinal tumors worldwide. More than 50% of global esophageal cancer cases occur in China, with a 5-year relative survival rate of merely 30.3%, ranking its mortality rate the fourth among all malignancies[1]. Surgery is the main treatment method for esophageal cancer, and it is usually combined with adjuvant radiotherapy and chemotherapy[2]. The disease itself, surgical trauma and long-term toxicity and side effects of chemoradiotherapy can cause all sorts of physical and mental changes, such as fatigue, anxiety and depression[3]. In addition, the high recurrence and mortality rates of esophageal cancer can also cause people severe psychological distress[4].

Benefit finding is a kind of positive thinking that people have when facing bad or stressful situations; in other words, they find the good in adversity[5]. Research has shown that the finding of benefits can strengthen the immune system and good habits in cancer patients, help them feel better emotionally, and aid their recovery[6].

Accordingly, this study comprehensively explored the current status and influencing factors of benefit finding among patients with esophageal cancer and proposed targeted intervention strategies, aiming to provide evidence for improving patients' long-term health outcomes.

2. Materials and Methods

2.1. Study Subjects

Convenience sampling was used to enroll patients diagnosed with esophageal cancer who were hospitalized in

the Department of Oncology and Department of Thoracic Surgery at a tertiary general hospital in Yangzhou, China, between November 2023 and September 2024 as the study subjects. Questionnaires were distributed to those patients meeting the inclusion and exclusion criteria.

2.1.1. Inclusion Criteria

Pathologically diagnosed with primary esophageal cancer[7];(2) Aged 18 years or older;(3) No experience of other major traumatic events recently;(4) Having at least one primary caregiver;(5) Being aware of their disease condition and agreeing to participate in this survey.

2.1.2. Exclusion Criteria

(1) Patients complicated with severe diseases of vital organs such as the heart and brain;(2) Patients complicated with other malignant tumors;(3) Patients receiving psychological intervention or participating in other ongoing studies;(4) Patients with cognitive impairment or psychiatric disorders.

2.1.3. Sample Size Calculation

According to the requirements of statistical variable analysis[8], the sample size is generally 5 to 10 times the number of independent variables. This study involved 20 independent variables. After accounting for a non-response rate of 15%, the estimated sample size ranged from 118 to 236 cases. A total of 235 participants were finally enrolled in this study.

2.2. Methods

2.2.1. Study Type

This study was designed as a cross-sectional observational study.

2.2.2. Instruments

2.2.2.1 General Information Questionnaire for Patients with Esophageal Cancer

This questionnaire was self-designed by the researcher. It covers the following items: age, gender, marital status, educational level, religious belief, occupation, residential location, living arrangement, monthly per capita household income, medical expense payment method, clinical stage, pathological type, history of surgery, current treatment regimen, presence or absence of metastasis, disease course, comorbidities, postoperative complications, and complications related to radiotherapy and chemotherapy.

2.2.2.2 Benefit Finding Scale (BFS-19)

This scale was originally developed by Antoni et al.[9], revised by Tomich et al.[10], and culturally adapted into the Chinese version by Hu Ye[11]. It has one dimension and 19 items. A 4-point Likert scale is used, and the response options are "Not at all", "A little", "Quite a bit" and "A great deal", which are assigned scores of 1 to 4 respectively. The whole range is 19-76, and the higher this number, the more benefits patients and caregivers will receive. In the present study, the Cronbach's α coefficient of this scale was 0.922.

2.3. Statistical Methods

Epidata 3.1 was used to create the database, and then SPSS 27.0 was used for analysis.

(1) Statistical description: Enumeration data were described with frequencies and percentages. Measurement data conforming to a normal distribution were expressed as mean $\pm$ standard deviation ($\bar{x}\pm s$).

(2) Univariate Analysis: If the data are normally distributed, an independent samples t-test or a one-way ANOVA will be used to determine if there are any differences in the treatment effect among groups of different patient demographics and clinical characteristics for esophageal cancer.

(3) Multiple linear regression: Benefit finding was set as

the dependent variable, and variables with statistically significant differences in univariate analysis were selected as independent variables for multiple linear regression analysis.

$P < 0.05$ was regarded as a statistical significance.

2.4. Quality Control

(1) Questionnaire design: Based on the research objectives of this study, extensive literature review and theoretical analysis were conducted. Scientific and reasonable research tools were finalized by referring to relevant domestic and foreign studies. Uniform standardized instructions were formulated for all questionnaires to ensure that participants could fully understand each item. Meanwhile, potential problems during the investigation were anticipated and corresponding coping strategies were prepared in advance.

(2) On-site investigation: Study subjects were strictly screened in accordance with the established inclusion and exclusion criteria. Effective communication was conducted with participants, and all questions raised during questionnaire completion were answered truthfully. No suggestive verbal cues or facial expressions were allowed throughout the investigation. Upon questionnaire collection, researchers immediately checked the integrity of the completed forms on-site to guarantee the authenticity and validity of the research data.

(3) Data entry: A double data entry and cross-checking strategy was adopted in this procedure. Two researchers independently input all original data into the database and conducted mutual verification, so as to maximize the authenticity, accuracy and reliability of the research data.

3. Results

3.1. Analysis of General Baseline Information of Patients with Esophageal Cancer

The results are shown in Table 1.

Table 1. Analysis of General Data of Patients with Esophageal Cancer

Item	Category of cases	Number	Percentage (%)	Item	Category of cases	Number	Percentage (%)
Gender	Male	160	68.09	Average Monthly Household Income per Capita (Yuan)	4001~6000	24	10.21
	Female	75	31.91		>6000	17	7.23
Age	<50	5	2.13	Payment Method of Medical Expenses	New Rural Cooperative Medical Scheme	137	58.30
	50~59	34	14.47		National Medical Insurance (Employee)	49	20.85
	60~69	85	36.17		National Medical Insurance (Resident)	44	18.72
	≥ 70	111	47.23		Self-paid	5	2.13

3.2. Scores of Benefit Finding in Patients with Esophageal Cancer

The mean benefit finding score of the patients was

41.67 $\pm$ 8.41. The results are presented in Table 2.

Table 1. (Continued) Analysis of General Data of Patients with Esophageal Cancer

Item	Category of cases	Number	Percentage (%)	Item	Category of cases	Number	Percentage (%)
Marital Status	Unmarried	8	3.40	Clinical Stage	Stage I	25	10.64
	Married	182	77.45		Stage II	126	53.62
	Divorced	4	1.70		Stage III	63	26.81
	Widowed	41	17.45		Stage IV	21	8.93
Education Level	Illiterate	68	28.94	Pathologica-l Type	Squamous Cell Carcinoma	218	92.77
	Primary School	95	40.43		Adenocarci-noma	15	6.38
	Junior High School	46	19.57		Adenosqua-mous Carcinoma	2	0.85
	Senior High School	17	7.23				
	College and Above	9	3.83	Surgery	Yes	144	61.28
					No	91	38.72
Religious Belief	Yes	20	8.51	Current Treatment Regimen	Chemother-apy Alone	22	9.36
	No	215	91.49		Radiothera-py Alone	38	16.17
Occupatio-n	Farmer	116	49.36		Chemother-apy + Radiothera-py	55	23.40
	Worker	56	23.83		Chemother-apy + Immunothe-rapy	92	39.15
	Cadre	13	5.53		None	28	11.92
	Self-employ-ed	8	3.40				
	Retired	36	15.32	Metastasis	Yes	89	37.87
	Unemployed/Resigned	6	2.56		No	146	62.13
Residence	Rural Area	119	50.64	Disease Course	<3 months	105	44.68
					3-6 months	97	41.28

Table 1. (Continued) Analysis of General Data of Patients with Esophageal Cancer

Item	Category of cases	Number	Percentage (%)	Item	Category of cases	Number	Percentage (%)
	County/Tow-n	83	35.32		6-12 months	21	8.93
	Urban Area	33	14.04		>12 months	12	5.11
Living Arrangem-ent	Living Alone	19	8.09	Other Complicati-ons	Yes	89	37.87
	Living with Spouse	134	57.02		No	146	62.13
	Living with Children	82	34.89	Postoperati-ve Complicati-ons	Yes	18	7.66
Average Monthly Househol-d Income per Capita (Yuan)	≤2000	75	31.92		No	217	92.34
	2001~4000	119	50.64	Chemoradi-otherapy Complicati-ons	Yes	88	37.45
					No	147	62.55

Table 2. Scores of Benefit Finding in Patients with Esophageal Cancer

Item	Benefit Finding($\bar{x} \pm s$)
Patients	(41.67±8.41)

3.3. Univariate Analysis of Benefit Finding in Patients with Esophageal Cancer

Univariate analysis showed that statistically significant differences in benefit finding existed among esophageal

cancer patients in terms of age, educational level, living arrangement, clinical stage, current treatment regimen, presence or absence of metastasis, and presence or absence of

postoperative complications ($P<0.05$). Details are reported in Table 3.

Table 3. Effects of General Information on Benefit Finding in Patients with Esophageal Cancer

Item	Category of cases	Number	Benefit Finding Scores ($\bar{x}\pm s$)	t/F	P
Gender	Male	160	(42.19±9.37)	1.636	0.103
	Female	75	(40.56±5.75)		
Age	<50	5	(51.60±14.17)	9.334	0.017
	50~59	34	(47.00±11.67)		
	60~69	85	(41.11±7.61)		
	≥70	111	(40.02±6.46)		
Marital Status	Unmarried	8	(52.75±12.44)	5.762	0.056
	Married	182	(41.60±8.53)		
	Divorced	4	(43.00±4.16)		
	Widowed	41	(39.68±5.22)		
Education Level	Illiterate	68	(42.79±8.53)	4.068	0.007
	Primary School	95	(39.60±6.46)		
	Junior High School	46	(44.52±10.27)		
	Senior High School	17	(43.35±9.99)		
	College and above	9	(37.22±6.28)		
Religious Belief	Yes	20	(44.50±5.25)	1.580	0.116
	No	215	(41.40±8.61)		
Occupation	Farmer	116	(41.99±8.75)	2.218	0.053
	Worker	56	(40.86±8.47)		
	Cadre	13	(46.31±9.97)		
	Self-employee-d	8	(34.38±7.39)		
	Retired	36	(42.00±6.33)		

Table 3. (Continued) Effects of General Information on Benefit Finding in Patients with Esophageal Cancer

Item	Category of cases	Number	Benefit Finding Scores ($\bar{x}\pm s$)	t/F	P
	Unemployed/Resigned	6	(40.67±3.08)		
Residence	Rural Area	119	(41.23±8.05)	0.380	0.684
	County/Town	83	(42.28±8.82)		
	Urban Area	33	(41.73±8.77)		
Living Arrangement	Living Alone	19	(37.79±5.95)	3.860	0.022
	Living with Spouse	134	(41.22±8.03)		
	Living with Children	82	(43.30±9.16)		
Average Monthly Household Income per Capita (Yuan)	≤2000	75	(41.44±8.38)	4.469	0.059
	2001~4000	119	(41.05±7.47)		
	4001~6000	24	(47.25±11.48)		
	>6000	17	(39.12±7.22)		
Payment Method of Medical Expenses	New Rural Cooperative Medical Scheme	137	(41.94±8.68)	0.793	0.499
	National Medical Insurance (Employee)	49	(40.39±6.97)		
	National Medical Insurance (Resident)	44	(41.80±9.38)		
	Self-paid	5	(45.60±2.61)		
Clinical Stage	Stage I	25	(43.76±12.33)	2.623	0.010
	Stage II	126	(41.37±7.47)		
	Stage III	63	(42.79±8.81)		

Table 3. (Continued) Effects of General Information on Benefit Finding in Patients with Esophageal Cancer

Item	Category of cases	Number	Benefit Finding Scores ($\bar{x} \pm s$)	<i>t/F</i>	<i>P</i>
	Stage IV	21	(37.62±5.32)		
Pathological Type	Squamous Cell Carcinoma	218	(41.34±8.15)	2.808	0.062
	Adenocarcin-oma	15	(46.60±11.13)		
	Adenosquamo-us Carcinoma	2	(40.50±0.71)		
Surgery	Yes	144	(42.29±8.12)	1.433	0.153
	No	91	(40.68±8.80)		
Current Treatment Regimen	Chemotherap-y Alone	22	(45.05±8.06)	5.979	<0.001
	Radiotherapy Alone	38	(42.26±9.14)		
	Chemotherap-y + Radiotherapy	55	(39.98±7.29)		
	Chemotherap-y + Immunothera-py	92	(39.93±7.72)		
	None	28	(47.21±9.11)		
Metastasis	Yes	89	(38.79±6.18)	-4.648	<0.001
	No	146	(43.42±9.09)		
Disease Course	<3 months	105	(41.77±8.67)	1.024	0.382
	3-6 months	97	(42.31±8.98)		
	6-12 months	21	(38.95±4.76)		
	>12 months	12	(40.33±5.35)		
Other Complication-s	Yes	89	(41.47±8.45)	-0.279	0.781
	No	146	(41.79±8.41)		

Table 3. (Continued) Effects of General Information on Benefit Finding in Patients with Esophageal Cancer

Item	Category of cases	Number	Benefit Finding Scores ($\bar{x} \pm s$)	<i>t/F</i>	<i>P</i>
Postoperative Complication-s	Yes	18	(35.11±7.04)	-3.526	<0.001
	No	217	(42.21±8.30)		
Chemoradiot-herapy Complication-s	Yes	88	(42.16±9.00)	0.692	0.490
	No	147	(41.37±8.05)		

3.4. Multivariate Analysis of Benefit Finding in Patients with Esophageal Cancer

Multiple linear regression analysis was used to find the effect of benefit finding on the dependent variable. Based on univariate analysis, only the following independent variables were found to be statistically different: age, education level,

living situation, clinical stage, current treatment plan, metastasis status and postoperative complications. The assignment of independent variables is as follows in Table 4. The results show that the three variables, age, metastasis and postoperative complications, are all statistically significant ($P < 0.05$) and together account for 33.5% of the total variance in the regression equation. See Table 5.

Table 4. Independent Variable Assignments for Patients with Esophageal Cancer

Independent Variable	Assignment Description
Age	1=<50; 2=50~59; 3=60~69; 4= $\geq$ 70
Educational level	1=Illiterate; 2=Primary school;3=Junior high school;4=Senior high school;5=College and above
Living arrangement	(Dummy variables with "living alone" as the reference group)
Living with spouse	010
Living with children	001
Clinical stage	1=Stage I;2=Stage II;3=Stage III;4=Stage IV
Current treatment regimen	(Dummy variables with "chemotherapy alone" as the reference group)
Radiotherapy alone	01000
Chemotherapy+radiotherapy	00100
Chemotherapy+immunotherapy	00010
No treatment	00001

Table 4. (Continued)Independent Variable Assignments for Patients with Esophageal Cancer

Independent Variable	Assignment Description
Metastasis	1=Yes;2=No
Postoperative complications	1=Yes;2=No

Table 5. Multivariate Analysis of Benefit Finding in Patients with Esophageal Cancer

Variable	Unstandardized Coefficients		Standardized Coefficient	t	Significance	Collinearity Statistics	
	B Value	Standard Error				Tolerance	VIF
Constant	28.876	6.209		4.650	<0.001		
Age	-2.422	0.602	-0.227	-4.024	<0.001	0.889	1.125
Metastasis	4.245	1.010	0.245	4.204	<0.001	0.834	1.200
Postoperative Complications	5.501	1.785	0.174	3.083	0.002	0.888	1.126

Note: $R^2=0.375$, adjusted $R^2=0.335$, $F=9.434$, $P<0.001$

4. Discussion

4.1. Current Status and Analysis of Benefit Finding in Patients with Esophageal Cancer

The results of this study revealed that the mean score of benefit finding among patients with esophageal cancer was 41.67 ± 8.41 , indicating that these patients had a certain degree of benefit finding, yet at a relatively low level, which was lower than the findings reported by Lassmann et al. [12] in studies on patients with other types of cancers. Two potential explanations are proposed. First, in this sample, patients aged 70 years or older accounted for 47.23% of all participants, farmers made up 49.36%, rural residents constituted 50.64%, and 69.37% had an educational level of primary school or below. These demographic characteristics led to insufficient disease awareness and limited access to medical information and health resources. Second, the primary medical insurance type among participants was the New Rural Cooperative Medical Scheme (NRCMS), covering 58.30% of patients. In addition, 82.56% of families had a per capita monthly income of no more than 4000 RMB, resulting in substantial family financial burden and hindering patients' development of positive psychological adaptation. Therefore, medical staff should pay close attention to elderly farmer patients with low educational attainment. Diversified health education interventions can be adopted to improve patients' disease cognition. Meanwhile, medical staff can cooperate with communities to carry out regular screening for high-risk

populations of esophageal cancer, and encourage patients to purchase supplementary commercial medical insurance voluntarily.

4.2. Analysis of Influencing Factors for Benefit Finding in Patients with Esophageal Cancer

4.2.1. Age

The results of this study showed that age was an important factor influencing benefit finding in patients with esophageal cancer. Older patients exhibited lower levels of benefit finding, which was consistent with the findings of Liu Z et al. [13]. Advanced age is usually accompanied by declined physical function, reduced cognitive ability, and poor acceptance of health information. In addition, elderly patients tend to have multiple comorbidities. Combined with the progressive deterioration of esophageal cancer, these conditions may weaken patients' confidence in fighting the disease and result in poor psychological adaptation, thereby leading to lower benefit finding levels. Therefore, medical staff should give all kinds of health education to improve the patient's understanding of their illness, teach them how to manage and control chronic diseases together, and clarify when and what to have for follow-up check-ups after leaving the hospital. Therefore, it is expected that the patients will be more willing to receive the care.

4.2.2. Presence or Absence of Metastasis

The results of this study indicated that tumor metastasis status was one of the important factors influencing benefit finding in patients with esophageal cancer. Patients with

metastatic disease presented lower levels of benefit finding, which was consistent with the findings reported by Lin Li et al.[14]. Disease progression together with radiotherapy, chemotherapy and other therapeutic regimens impose heavy physical and psychological burdens on patients. In addition, patients face great uncertainty regarding treatment efficacy and survival time, making it difficult for them to hold a positive and optimistic attitude toward life. Medical staff should inform patients of the necessity for regular reexaminations to monitor metastatic progression, deliver timely treatment and nursing care to relieve physical distress. Meanwhile, psychological screening, assessment and stratified psychological interventions should be implemented to strengthen patients' positive coping tendency, so as to elevate their level of benefit finding.

4.2.3. Postoperative Complications

The present study indicated that postoperative complications were a crucial influencing factor of benefit finding in patients with esophageal cancer. Patients who developed postoperative complications exhibited lower benefit finding levels, which was consistent with previous studies[15]. Surgery for esophageal cancer is quite invasive and involves gastrointestinal reconstruction; therefore, there will be some physical discomfort after surgery. The occurrence of complications further deteriorates patients' physical condition, induces negative emotions such as tension and anxiety, and raises concerns regarding postoperative therapeutic effects and rehabilitation prognosis. Under such circumstances, patients are less likely to experience positive benefit finding. Accordingly, coordinated monitoring of postoperative complications should be implemented among physicians, nurses, and patients. Nurses can cooperate with family caregivers to strengthen postoperative management and promote early rehabilitation, thereby improving patients' level of benefit finding.

5. Conclusion

This cross-sectional study revealed that patients with esophageal cancer exhibited a certain degree of benefit finding, yet the overall level was relatively low. Age, tumor metastasis status, and postoperative complications were identified as significant influencing factors of benefit finding among esophageal cancer patients. Therefore, medical staff should conduct early identification of benefit finding status and pay close attention to patients with low benefit finding levels. Targeted interventions based on these influencing factors should be implemented to enhance patients' benefit finding, so as to further improve their quality of life.

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