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LETTER

A Longitudinal Qualitative Study on the Perioperative Symptom-Demand Journey Map of Patients with Cervical Cancer [Letter]

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Dear editor

The recent study by Zhang et al offers a poignant and clinically meaningful contribution to perioperative nursing science.[1] By moving beyond clinical metrics to map the dynamic symptom-demand journey of women navigating cervical cancer surgery, the authors illuminate the quiet struggles, evolving fears, and resilient hopes of patients at their most vulnerable moments. We commend this work warmly, while raising several considerations that may assist readers in contextualizing the findings.

First, the authors justify a sample of 14 participants by invoking information saturation, yet the point at which saturation was reached and the criteria by which it was determined are not explicitly documented.[1] Without this transparency, it is difficult to assess whether the thematic richness reported reflects genuine informational sufficiency. Formal documentation of saturation—specifying the interview round at which no new themes emerged—would meaningfully strengthen the credibility of the findings.[2]

Second, the use of Maslow's Hierarchy of Needs is both an organizational strength and a potential constraint. Several themes—particularly internalized shame, diminished self-worth, and the coexistence of information hunger and overload—appear deeply interconnected rather than hierarchically sequential.[1] These dimensions may be more fully captured by complementary frameworks that foreground relational disruption and existential meaning-making,[3] especially given the unique psychosocial burdens cervical cancer imposes on femininity, fertility, and gender identity. The finding that patients simultaneously experience desperate information-seeking and debilitating overload is among the most clinically significant in this study, underscoring that effective communication must attend to emotional timing as much as medical accuracy.

Third, the perioperative journey map is positioned as the primary clinical output, yet formal validation with frontline clinical end-users—nurses and allied health practitioners—is not reported.[4] A tool developed without clinician co-design risks limited adoption in practice. A modular version of the map that accounts for variability in clinical staging and surgical approach would further enhance its transferability.

Finally, a formal reflexivity statement is absent. Given that interviews were conducted by healthcare-affiliated researchers in clinical settings, the institutional positioning of the interviewer may have shaped disclosure on stigma-laden themes such as reproductive loss and sexuality—precisely the topics most susceptible to social desirability effects.

None of these observations diminish the profound value of this work. The "reconstruction of life meaning" observed in patients approaching discharge—where fear gives way to hope—is a testament to human resilience that should inspire every nursing intervention. With these refinements, the journey map developed here has genuine potential as a transferable instrument that honors not only the clinical complexity, but the full humanity, of women living through cervical cancer surgery.

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