

Contemporary Nursing Diagnoses in Cervical Cancer Care: A Scoping Review of Physiological, Psychosocial, Sexual, and Spiritual Priorities

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Abstract:

Cervical cancer generates complex and multidimensional care needs that require systematic nursing assessment across the disease trajectory. This scoping review aimed to map contemporary nursing diagnoses reported in women with cervical cancer, examine their distribution across physiological, psychological, and socio-spiritual domains, and explore the representation of standardized nursing terminologies in the literature published between 2019 and 2024. The review followed the PRISMA-ScR framework. The literature was searched in PubMed, CINAHL, Scopus, and ScienceDirect using terms related to cervical cancer, nursing diagnosis, nursing care, and oncology nursing. Of the 845 identified records, 15 studies met the eligibility criteria and were included in the descriptive synthesis. Physiological diagnoses remained prominent, with Acute/Chronic Pain reported in all included studies (100%, $n = 15$) and Risk for Infection in 80% ($n = 12$). Psychosocial and sexual concerns were also frequently identified, particularly anxiety (93.3%, $n = 14$) and Sexual Dysfunction (73.3%, $n = 11$), while Imbalanced Nutrition (66.6%, $n = 10$) and Spiritual Distress (46.6%, $n = 7$) further demonstrated the multidimensional nature of nursing needs. The findings indicate that cervical cancer nursing extends beyond the management of treatment-related physical complications to encompass substantial psychological, sexual, nutritional, and spiritual concerns. Standardized and multidimensional nursing assessment is therefore essential to strengthen diagnostic consistency and support holistic, patient-centered care throughout treatment and survivorship.

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INTRODUCTION

Cervical cancer remains a major global health burden and continues to affect women in low disproportionately- and middle-income countries (Singh et al., 2023). It is the fourth most common malignancy among women worldwide, despite substantial progress in prevention, screening, vaccination, and treatment (Sung et al., 2021). The clinical course of cervical cancer may involve screening, diagnostic procedures, radical surgery, chemotherapy, pelvic radiotherapy, survivorship, and palliative care, each of which can generate substantial physical, psychological, social, and functional consequences (Cibula et al., 2023). These multidimensional effects position nursing care as a central component of comprehensive cancer management because nurses continuously assess patients' responses to disease and treatment across different stages of care (Corvera-Carhuapuma et al., 2024; Miller et al., 2021).

The complexity of cervical cancer care creates specific nursing challenges because patients frequently experience multiple and interacting problems rather than isolated symptoms (Zhou et al.,

2023). Acute pain, treatment-related symptoms, fatigue, psychological distress, sexual problems, and other supportive-care needs may occur concurrently or emerge at different points during treatment and recovery (Dhakal et al., 2023). Zhou et al. identified multiple symptom clusters among women with cervical cancer after radiotherapy and chemotherapy, including pain-related, psycho-emotional, urinary, intestinal, menopausal, and other symptom clusters, illustrating the multidimensional nature of treatment-related morbidity (Zhou et al., 2023). Patients also report psychological trauma, physical dependency, sexual difficulties, informational needs, and concerns related to prognosis and treatment, indicating that care priorities extend beyond physiological complications alone. Spiritual concerns are additionally relevant, particularly among women with advanced cervical cancer, for whom spirituality may influence coping with serious illness, uncertainty, and perceived well-being (Hobenu & Naab, 2023). Consequently, nursing assessment should incorporate physiological, psychological, sexual, social, and spiritual dimensions throughout treatment and survivorship to identify changing supportive care needs and promote quality of life (Dhakal et al., 2023).

Standardized Nursing Terminologies have become an important state-of-the-art approach for improving the consistency and precision of nursing assessment and documentation in complex clinical environments (Cho et al., 2023). Frameworks such as NANDA International (NANDA-I) and the International Classification for Nursing Practice (ICNP) provide standardized concepts that support communication among healthcare professionals, improve diagnostic clarity, and facilitate integration of nursing care plans into electronic health records (Togni et al., 2025). Standardized terminologies also enable nursing data to be represented in computable formats, improve semantic interoperability across electronic health record systems, and support the aggregation and analysis of nursing data for clinical evaluation and research (Cho et al., 2023). Application of standardized terminology is particularly relevant in gynecologic oncology, where nurses must recognize both overt physiological problems, including postoperative pain and treatment-related complications, and less visible concerns involving sexuality, body image, psychological adjustment, and spiritual well-being (Cianci et al., 2023).

Current evidence on nursing problems in cervical cancer remains fragmented despite increasing recognition of comprehensive and patient-centered oncology care (DiSipio et al., 2023). Many studies have concentrated on specific symptoms, treatment-related complications, psychological distress, sexual outcomes, or individual supportive-care needs rather than examining the overall pattern of nursing problems across the cancer care continuum (Qian et al., 2023). Variability in study populations, treatment contexts, outcomes assessed, and measurement approaches further complicates comparisons across studies (DiSipio et al., 2023). The absence of an integrated synthesis limits clinicians', educators', and nurse administrators' ability to determine which problems are most consistently reported, which domains receive less attention, and how contemporary nursing literature represents the multidimensional needs of women with cervical cancer (Dhakal et al., 2023).

A significant research gap exists in the systematic mapping of contemporary nursing diagnoses across physiological, psychological, and socio-spiritual domains in cervical cancer care. Previous literature has provided valuable evidence concerning specific treatment consequences and quality-of-life outcomes, yet a consolidated overview of diagnostic priorities remains limited (Anawate et al., 2025). The novelty of the present review lies in bringing these dispersed findings together within a nursing-diagnostic framework and examining the relative visibility of physical, psychosocial, sexual, and spiritual concerns. Attention to standardized terminology also provides an opportunity to evaluate whether the contemporary cervical cancer literature reflects the broader

transition from disease-centered care to holistic, survivorship-oriented practice (Woopen et al., 2022).

The period from 2019 to 2024 provides an important window for examining contemporary diagnostic priorities because oncology care has increasingly emphasized patient-centered pathways, survivorship, supportive care, and earlier integration of holistic and palliative approaches (Bryk et al., 2023). Multimodal treatment has improved clinical outcomes for many patients while also creating complex short- and long-term care needs that require systematic recognition by nursing (Cho et al., 2024). Mapping diagnoses reported during this period can provide an updated representation of how nursing priorities are evolving in response to these changes. Such evidence is clinically relevant for strengthening assessment frameworks, identifying potentially under-recognized domains, supporting standardized documentation, and informing educational priorities for nurses working with women across different phases of cancer care (Phothikul & Seven, 2023).

This scoping review aims to systematically map and synthesize contemporary nursing diagnoses reported in the care of women with cervical cancer between 2019 and 2024 and to clarify how these diagnoses reflect current multidimensional care priorities (Chona et al., 2023). The review specifically addresses three questions: which nursing diagnoses are most frequently documented in cervical cancer care; how these diagnoses are distributed across physiological, psychological, and socio-spiritual domains; and how standardized nursing terminologies, particularly NANDA-I and ICNP, are represented in contemporary cervical cancer literature (Thoroddsen et al., 2023). Addressing these questions is expected to provide a structured evidence base to improve diagnostic consistency, strengthen holistic nursing assessment, and support more standardized and patient-centered cervical cancer care (Bertocchi et al., 2023).

METHOD

Study Design

This study employed a scoping review design to systematically map the range and distribution of nursing diagnoses reported in the care of women with cervical cancer. The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) to ensure transparent reporting of the review process. The population of interest comprised women diagnosed with cervical cancer who received medical and nursing care across any clinical setting.

Eligibility Criteria

Studies were eligible for inclusion if they were original peer-reviewed articles published in English between 2019 and 2024 and explicitly addressed nursing diagnoses or patient care problems related to cervical cancer. Studies focusing on women with cervical cancer were considered regardless of cancer stage, treatment modality, or clinical care setting. Articles that did not directly address nursing diagnoses or nursing-related patient care problems were excluded from the review.

Information Sources and Search Strategy

A systematic literature search was conducted in October 2023 across four major electronic databases: PubMed, CINAHL, and Scopus. The search strategy was developed using combinations of terms relevant to cervical cancer and nursing care, including “cervical cancer,” “nursing diagnosis,” “nursing care,” and “oncology nursing.” The search was designed to identify studies reporting nursing

diagnoses, nursing problems, or clinically relevant patient care concerns among women with cervical cancer.

Data Extraction and Synthesis

Data were extracted from eligible studies to capture relevant study characteristics, methodological approaches, and the specific nursing diagnoses or patient care problems identified. The extracted findings were synthesized using a descriptive approach to provide an overview of contemporary nursing diagnostic patterns in cervical cancer care. Nursing diagnoses were subsequently classified into three major domains: physiological, psychological, and socio spiritual. Frequencies of the identified diagnoses across the included studies were summarized to determine the most reported nursing care priorities.

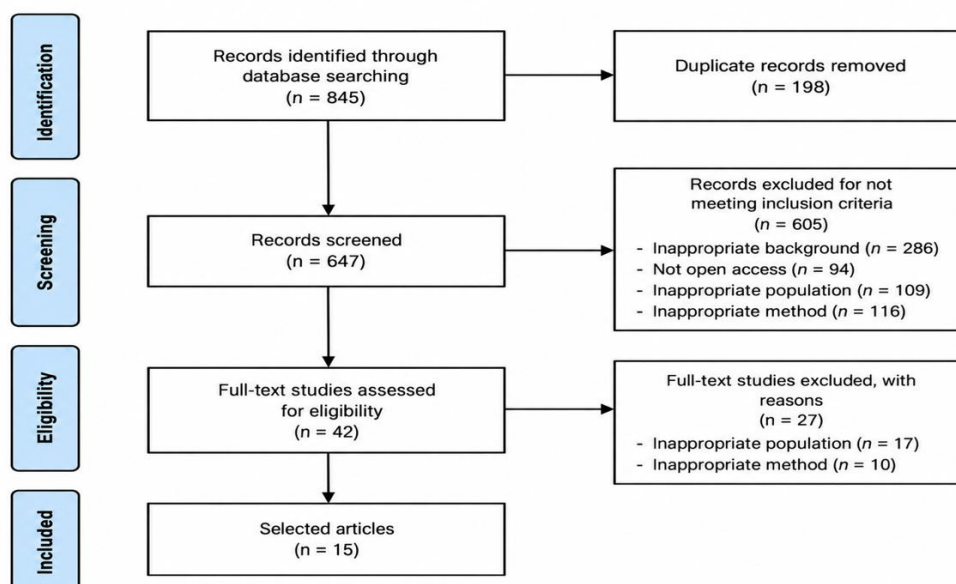
Ethical Considerations

Formal ethical approval was not required because this scoping review analyzed only data from previously published, publicly available studies and did not involve direct participation by human subjects or access to identifiable patient information (Peters et al., 2020).

RESULT

The study selection process is summarized in the PRISMA flow diagram. A total of 845 records were identified through database searching. After removing 198 duplicate records, 647 records remained for title and abstract screening. During the screening stage, 605 records were excluded for failing to meet the predefined inclusion criteria. The reasons for exclusion included an inappropriate background or topic ($n = 286$), lack of open-access availability ($n = 94$), an inappropriate population ($n = 109$), and an inappropriate study method ($n = 116$).

A total of 42 full-text studies were subsequently assessed for eligibility. Of these, 27 studies were excluded following full-text assessment, including 17 studies involving an inappropriate population and 10 studies with an inappropriate methodological approach. The final review included 15 studies that fulfilled all eligibility criteria and were used for the subsequent synthesis of nursing diagnoses in cervical cancer care.



Picture 1. Prisma Flow Diagram

The identified nursing diagnoses were categorized into physiological, psychological, and socio-spiritual domains. The distribution and frequency of diagnoses across included studies are summarized in Table 1.

Table 1. Distribution of Nursing Diagnostic Domains and Identified Diagnoses (N = 15)

Diagnostic domain	Nursing diagnosis	Frequency, n	Percentage, %
Physiological	Acute/chronic pain	15	100.0
	Risk for infection	12	80.0
	Imbalanced nutrition	10	66.7
Psychosocial/Spiritual	Anxiety	14	93.3
	Sexual dysfunction	11	73.3
	Spiritual distress	7	46.7

Physiological diagnoses represented the predominant focus across the included studies, particularly during acute treatment phases. Acute/Chronic Pain was identified in all reviewed studies (100%, n = 15). In comparison, Risk for Infection was reported in 80% (n = 12), underscoring the clinical priority placed on symptom control and prevention of treatment-related complications during surgical and chemotherapy-based care. Psychosocial and spiritual concerns were also frequently documented, with anxiety identified in 93.3% of studies (n = 14) and Sexual Dysfunction in 73.3% (n = 11). These findings indicate that cervical cancer nursing care extends beyond the management of immediate physiological problems to encompass substantial psychological and sexual health needs across the continuum of care. Anxiety and Sexual Dysfunction remained prominent clinical concerns despite being less consistently documented in acute care settings, highlighting the importance of a more comprehensive and multidimensional approach to nursing assessment and diagnosis.

DISCUSSION

This scoping review demonstrates that nursing diagnoses in cervical cancer care are distributed across physiological, psychological, sexual, and spiritual domains, indicating that the consequences of the disease and its treatment extend well beyond immediate physical symptoms. Acute/Chronic Pain was identified in all included studies, while Risk for Infection was also frequently reported, confirming the continuing prominence of physiological problems during active treatment. Anxiety and Sexual Dysfunction were highly represented across the reviewed literature, suggesting that psychological distress and changes in sexual health constitute substantial components of the cervical cancer experience. Spiritual distress was reported less frequently than the major physiological and psychological diagnoses, yet its presence indicates increasing recognition of existential and spiritual concerns within contemporary oncology and survivorship care. The overall pattern suggests that cervical cancer nursing has progressively moved from a predominantly complication-oriented model toward a multidimensional approach that incorporates symptom management, psychological well-being, sexual health, quality of life, and spiritual needs across the continuum of care (Rajkumar et al., 2022).

The predominance of physiological nursing diagnoses reflects the intensive symptom burden associated with cervical cancer treatment and the immediate clinical demands created by surgery, chemotherapy, and radiotherapy. Pain, infection risk, hemorrhage, fatigue, nausea, and other treatment-related complications require continuous assessment because they may directly affect treatment tolerance, functional status, recovery, and safety. The high frequency of Acute/Chronic Pain in the present review is therefore clinically plausible given the invasive nature of radical hysterectomy, tissue injury, pelvic radiotherapy, and other treatment-related sources of discomfort.

Risk for infection also represents a major nursing concern because surgical procedures and associated postoperative morbidity can increase susceptibility to wound and other infectious complications. Recent evidence similarly emphasizes the substantial burden associated with cervical cancer treatment and the importance of effective symptom management throughout the treatment trajectory. The current findings reinforce the central role of nurses and other healthcare professionals in detecting treatment-related problems, supporting symptom management, and providing timely guidance to maintain patient safety and treatment continuity (Christiansen et al., 2022).

The strong representation of postoperative and treatment-related diagnoses is consistent with previous cervical cancer literature that emphasizes perioperative surveillance and prevention of complications following radical hysterectomy. Corvera-Carhuapuma et al. (2024) described nursing care following hysterectomy for cervical cancer as requiring close attention to acute pain, hemorrhage risk, infection prevention, and other immediate recovery needs. The similarity between that clinical emphasis and the diagnostic distribution identified in this review suggests that physiological diagnoses remain highly relevant despite substantial advances in cancer treatment and supportive care. This pattern also indicates that the prominence of physical nursing problems should not be interpreted as evidence of a narrow nursing focus because contemporary nursing care following cervical cancer surgery also addresses reproductive concerns, psychological adaptation, and quality of life. Psychosexual consequences may persist beyond immediate treatment and affect body image, relationships, emotional well-being, and sexual quality of life, reinforcing the importance of holistic and patient-centered assessment. The important issue is therefore whether physical priorities are assessed alongside psychological, social, sexual, and spiritual needs rather than being treated as the sole indicators of nursing complexity (Sun et al., 2024).

The high prevalence of anxiety suggests that psychological distress is a major nursing concern throughout the cervical cancer trajectory rather than an isolated response confined to diagnosis or treatment initiation. Women with cervical cancer may experience uncertainty regarding prognosis, fear of recurrence, treatment-related distress, concerns about fertility or sexual functioning, changes in body image, and disruption of family and social roles. Reproductive concerns have been associated with depression and fear of cancer recurrence among reproductive-age women with cervical cancer, demonstrating that psychological distress may involve interconnected concerns about fertility, disease progression, and future life circumstances. The frequency of anxiety-related diagnoses in the present review reflects the broader psychological burden associated with cancer rather than a single treatment-specific response. Dhakal et al. (2024) found that psychological supportive-care interventions can reduce anxiety and depression among patients with cervical cancer. However, the magnitude of benefit varies, and evidence regarding long-term effects remains limited. Similarly, cognitive behavioral stress management has been shown to reduce anxiety and depression and improve quality of life among women following cervical cancer treatment. The convergence between the present diagnostic mapping and the intervention literature strengthens the argument that psychological assessment should be routinely embedded within cervical cancer nursing rather than initiated only after severe distress becomes clinically apparent (Azizi et al., 2023).

Sexual dysfunction emerged as another highly prevalent diagnosis, emphasizing that sexual health constitutes an important but potentially under-recognized dimension of cervical cancer care. Treatment can affect sexual functioning through anatomical and vaginal changes, including vaginal shortening or stenosis, dyspareunia, impaired lubrication, and other treatment-related consequences that can persist into survivorship. Cianci et al. (2023) reported persistent impairment in sexual function and quality of life following cervical cancer treatment, providing external support for the high frequency of Sexual Dysfunction identified in this review. More recent evidence similarly shows poorer sexual functioning and reduced sexual activity among long-term cervical cancer

survivors. The finding is especially important because sexual concerns may remain under-documented when clinical encounters prioritize tumor control, treatment toxicity, and immediate physical recovery; patient-reported sexual-health problems may not always correspond with clinician-assessed vaginal toxicity. Nursing assessment offers an important opportunity to normalize discussion of sexual health, identify treatment-related difficulties, and provide appropriate counseling or referral, with gynecological cancer survivors reporting benefits from sexual-health communication during nurse-led follow-up consultations. The visibility of Sexual Dysfunction in contemporary literature may therefore reflect a broader change in oncology care toward recognizing survivorship outcomes that are meaningful to patients beyond disease control alone (Chuk et al., 2024).

Evidence from nurse-led interventions further supports the clinical relevance of integrating psychosocial and sexual-health concerns into routine nursing practice. Shi et al. (2020) demonstrated that a nurse-led positive psychology intervention improved sexual function, depression, and subjective well-being among postoperative patients with early-stage cervical cancer. These findings indicate that nursing contributions can range from identifying patient problems to delivering structured interventions that target multidimensional recovery. The present review adds an important diagnostic perspective by demonstrating that anxiety and sexual dysfunction are repeatedly identified as relevant care problems across the literature. The relationship between diagnosis and intervention is particularly important in clinical practice because the systematic identification of patient-reported problems can provide the foundation for targeted nursing actions, outcome monitoring, and responsive supportive care pathways. Greater integration of psychosocial and sexual-health assessment may therefore improve the responsiveness of oncology nursing to patient-reported needs during treatment and survivorship (Paulsen et al., 2023).

The emergence of spiritual distress within the reviewed studies represents an important expansion of the diagnostic scope of cervical cancer nursing. Serious illness can raise concerns about meaning, hope, mortality, personal identity, and future uncertainty, making spiritual responses clinically relevant even when they are less visible than physical symptoms. Women with cancer may experience changes in spirituality, greater reliance on religious or spiritual resources, and an intensified search for meaning during treatment, illustrating that spiritual responses can evolve throughout the illness trajectory. Moysés et al. (2023) reported that spirituality plays an important role in the quality of life of women undergoing cervical cancer treatment, including a moderating relationship between psychological morbidity and quality-of-life outcomes. More broadly, spirituality, faith, and meaning have been positively associated with quality of life among patients undergoing active cancer treatment, supporting the clinical relevance of spiritual dimensions in oncology care. The current review suggests that spiritual assessment should not be regarded as peripheral to oncology nursing, as nurses play an integral role in identifying spiritual needs as part of holistic assessment and care. Greater recognition of these concerns may support a more patient-centered model of care in which nursing assessment captures dimensions of illness that are not adequately represented by physiological indicators alone (Abu-Odah et al., 2024).

The combined prominence of physiological, psychological, sexual, and spiritual diagnoses supports the need for a structured multidimensional assessment framework in cervical cancer nursing. A fragmented approach may result in excellent management of pain or infection risk while leaving anxiety, sexual concerns, or spiritual distress unidentified. Standardized nursing terminologies can potentially improve consistency in documenting these problems, facilitate communication among healthcare professionals, and support continuity of care across treatment phases. Systematic use of standardized diagnostic language may also strengthen comparability and secondary use of nursing data across clinical settings and create opportunities to evaluate relationships among nursing diagnoses, interventions, and patient outcomes. The findings therefore

have implications for both clinical practice and nursing education because oncology nurses require competencies in symptom assessment, psychosocial care, communication about sexual health, and recognition and assessment of spiritual needs (Fang et al., 2022).

The findings also have implications for survivorship care because several prominent nursing diagnoses may persist after completion of active cancer treatment. Pain, fatigue, anxiety, sexual dysfunction, and other psychosocial or existential concerns can continue beyond surgery, chemotherapy, or radiotherapy and may influence long-term quality of life. Cianci et al. (2023) highlighted persistent sexual-function impairment following treatment, while Miller et al. (2021) emphasized the broader challenges associated with cancer survivorship. Recent cervical cancer evidence similarly demonstrates persistent treatment-related morbidity and patient-reported problems, including fatigue, pain, impaired sexual/vaginal functioning, lymphedema, and peripheral neuropathy, reinforcing the need to address long-term consequences beyond tumor control. These observations suggest that nursing diagnoses should be reassessed longitudinally rather than documented only during acute hospitalization or treatment episodes. A continuum-based nursing model may be particularly appropriate for cervical cancer because the relative importance of individual diagnoses is likely to change across diagnosis, treatment, recovery, and survivorship. Repeated assessment could allow nurses to identify evolving care priorities and adapt interventions to patients' changing needs over time (Reb et al., 2023).

Several limitations should be considered when interpreting the findings of this scoping review. Restriction to English-language publications may have excluded relevant evidence from countries with a high burden of cervical cancer, where nursing terminology and clinical practice are reported in local languages. Variation in study designs, clinical settings, cancer stages, treatment modalities, and terminology may also affect the apparent frequency of individual nursing diagnoses across the included literature. Differences in the use of standardized nursing classifications further limit direct comparison, as conceptually similar patient problems can be described with different diagnostic labels. The frequency with which a diagnosis appears in published studies should therefore not be interpreted as a direct estimate of its prevalence among all women with cervical cancer, particularly because scoping and mapping approaches are primarily intended to characterize the nature, distribution, and gaps of an evidence base rather than produce population prevalence estimates. The descriptive nature of the scoping review also limits conclusions regarding causal relationships between treatment characteristics and specific nursing diagnoses. These limitations highlight the need for future studies using standardized diagnostic frameworks, clearly defined patient populations, and longitudinal designs to determine how nursing care priorities evolve throughout cervical cancer treatment and survivorship (Tsao et al., 2022).

CONCLUSION

This scoping review demonstrates that nursing diagnoses in cervical cancer care encompass interconnected physiological, psychological, sexual, and spiritual dimensions, with Acute/Chronic Pain, Risk for Infection, Anxiety, and Sexual Dysfunction emerging as the most frequently reported priorities across the included studies. The findings reinforce the need for a holistic, patient-centered nursing approach that addresses both immediate treatment-related complications and longer-term quality-of-life concerns throughout the cancer care continuum. Greater integration of standardized nursing terminologies, including NANDA-I and ICNP, may strengthen diagnostic consistency, clinical communication, documentation, and continuity of care across oncology settings. Healthcare institutions and nursing education programs should therefore prioritize competency development in comprehensive assessment, psychosocial screening, sexual-health evaluation, and recognition of

spiritual needs to support more precise, responsive, and evidence-informed care for women with cervical cancer.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript. There are no financial or non-financial associations that could be perceived as a conflict of interest.

REFERENCES

- Abu-Odah, H., El-Nems, K., Ho, K.-Y., Lam, K.-K.-W., Najjar, S., & Chan, E. A. (2024). Faith, meaning, and quality of life: Unveiling the spirituality of Muslim patients with advanced cancer undergoing active treatment in the Gaza Strip, Palestine. *Seminars in Oncology Nursing*, 40(6), 151741. <https://doi.org/10.1016/j.soncn.2024.151741>
- Anawate, I., Lumley, C., Silverwood, S., Anchondo, M., Hughes, K., Kernell, C., Rendle, K., Bhatia, R., & Grover, S. (2025). Global review of tools evaluating quality of life in cervical cancer survivors treated with chemoradiation therapy. *Advances in Radiation Oncology*, 10(2), 101700. <https://doi.org/10.1016/j.adro.2024.101700>
- Azizi, A., Achak, D., Boutib, A., Chergaoui, S., Saad, E., Hilali, A., Soliman, A. S., Youlyouz-Marfak, I., & Marfak, A. (2023). Association between cervical cancer-related anxiety and depression symptoms and health-related quality of life: A Moroccan cross-sectional study. *Clinical Epidemiology and Global Health*, 22, 101328. <https://doi.org/10.1016/j.cegh.2023.101328>
- Bertocchi, L., Dante, A., La Cerra, C., Masotta, V., Marcotullio, A., Jones, D., Petrucci, C., & Lancia, L. (2023). Impact of standardized nursing terminologies on patient and organizational outcomes: A systematic review and meta-analysis. *Journal of Nursing Scholarship*, 55(6), 1126–1153. <https://doi.org/10.1111/jnu.12894>
- Bryk, A., Roberts, G., Hudson, P., Harms, L., & Gerdtz, M. (2023). The concept of holism applied in recent palliative care practice: A scoping review. *Palliative Medicine*, 37(1), 26–39. <https://doi.org/10.1177/02692163221129999>
- Cho, I., Cho, J., Hong, J. H., Choe, W. S., & Shin, H. (2023). Utilizing standardized nursing terminologies in implementing an AI-powered fall-prevention tool to improve patient outcomes: A multihospital study. *Journal of the American Medical Informatics Association*, 30(11), 1826–1836. <https://doi.org/10.1093/jamia/ocad145>
- Cho, W. K., Park, W., Kim, S.-W., Lee, K. K., Ahn, K. J., & Choi, J. H. (2024). Postoperative hypofractionated intensity-modulated radiotherapy with concurrent chemotherapy in cervical cancer: The POHIM-CCRT nonrandomized controlled trial. *JAMA Oncology*, 10(6), 737–743. <https://doi.org/10.1001/jamaoncol.2024.0565>
- Chona, E. Z., Msengi, E. A., Gosse, R. A., & Ambikile, J. S. (2023). The lived experiences and caring needs of women diagnosed with cervical cancer: A qualitative study in Dar es Salaam, Tanzania. *PLOS ONE*, 18(8), e0289925. <https://doi.org/10.1371/journal.pone.0289925>

- Christiansen, M. G., Piil, K., & Jarden, M. (2022). The symptom experience and self-management strategies of women undergoing cervical cancer treatment: A qualitative study. *Cancer Nursing*, 45(1), 12–20. <https://doi.org/10.1097/NCC.0000000000000843>
- Chuk, E. Y. H., Conway, J. L., Hanuschak, J., Han, K., Milosevic, M., Lukovic, J., Ferguson, S. E., Salman, A., Santiago, A. T., Rink, A., & Croke, J. M. (2024). Patient-reported sexual health outcomes of cervical cancer patients treated with definitive chemoradiation and MRI-guided brachytherapy. *Gynecologic Oncology*, 190, 153–159. <https://doi.org/10.1016/j.ygyno.2024.08.022>
- Cianci, S., Tarascio, M., Arcieri, M., La Verde, M., Martinelli, C., Capozzi, V., Palmara, V., Gulino, F., Alletti, G. S., Caruso, G., Restaino, S., Vizzielli, G., Conte, C., Palumbo, M., & Ercoli, A. (2023). Post treatment sexual function and quality of life of patients affected by cervical cancer: A systematic review. *Medicina*, 59, 704. <https://doi.org/10.3390/medicina59040704>
- Cibula, D., Raspollini, M. R., Planchamp, F., Centeno, C., Chargari, C., Felix, A., Fischerová, D., Jahnn-Kuch, D., Joly, F., Kohler, C., Lax, S., Lorusso, D., Mahantshetty, U., Mathevet, P., Naik, R., Nout, R. A., Oaknin, A., Peccatori, F., Persson, J., ... Lindegaard, J. (2023). ESGO/ESTRO/ESP guidelines for the management of patients with cervical cancer—Update 2023. *International Journal of Gynecological Cancer*, 33(5), 649–666. <https://doi.org/10.1136/ijgc-2023-004429>
- Corvera-Carhuapuma, D., Cabanillas-Chávez, M. T., & Morales-García, W. C. (2024). Nursing care in a patient with hysterectomy for cervical cancer. *SCT Proceedings in Interdisciplinary Insights and Innovations*. <https://doi.org/10.56294/piii2024215>
- Dhakal, K., Chen, C., Wang, P., Mboineki, J. F., & Adhikari, B. (2024). Existing psychological supportive care interventions for cervical cancer patients: A systematic review and meta-analysis. *BMC Public Health*, 24, 18634. <https://doi.org/10.1186/s12889-024-18634-3>
- Dhakal, K., Wang, P., Mboineki, J. F., Getu, M. A., & Chen, C. (2023). Assessment of supportive care needs among cervical cancer patients under treatment in Nepal: A cross-sectional study. *BMC Women's Health*, 23, 407. <https://doi.org/10.1186/s12905-023-02484-z>
- Dhakal, K., Wang, P., Mboineki, J. F., Getu, M. A., Chen, C., & Shrestha, D. L. (2023). The distinct experience of supportive care needs among cervical cancer patients: A qualitative study. *Tumori Journal*, 109(4), 394–405. <https://doi.org/10.1177/03008916221128064>
- DiSipio, T., Pearse, E., & Jordan, S. (2023). Survivorship research in advanced gynecological cancer: A scoping review of cohort studies. *Cancer Medicine*, 12(24), 21779–21797. <https://doi.org/10.1002/cam4.6744>
- Fang, H.-F., Susanti, H. D., Dlamini, L. P., Miao, N.-F., & Chung, M.-H. (2022). Validity and reliability of the spiritual care competency scale for oncology nurses in Taiwan. *BMC Palliative Care*, 21(1), 16. <https://doi.org/10.1186/s12904-022-00903-w>
- Hobenu, K. A., & Naab, F. (2023). A qualitative exploration of the spiritual well-being of women with advanced cervical cancer in Ghana. *International Journal of Palliative Nursing*, 29(9), 434–444. <https://doi.org/10.12968/ijpn.2023.29.9.434>
- Miller, K. D., Nogueira, L., Devasia, T., Mariotto, A. B., Yabroff, K. R., Jemal, A., ... Siegel, R. L. (2021). Cancer treatment and survivorship statistics, 2021. *CA: A Cancer Journal for Clinicians*, 72(5), 409–436. <https://doi.org/10.3322/caac.21731>
- Moysés, R., Marques, I., Santos, B. D., Benzaken, A., & Pereira, M. G. (2023). Quality of life in Amazonian women during cervical cancer treatment: The moderating role of spirituality. *International Journal of Environmental Research and Public Health*, 20, 2487. <https://doi.org/10.3390/ijerph20032487>
- Paulsen, A., Vistad, I., & Fegran, L. (2023). Nurse–patient sexual health communication in gynaecological cancer follow-up: A qualitative study from nurses' perspectives. *Journal of Advanced Nursing*, 79(12), 4648–4659. <https://doi.org/10.1111/jan.15755>
- Peters, M. D., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., ... Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, 18(10), 2119–2126. <https://doi.org/10.1112/JBIES-20-00167>

- Phothikul, J., & Seven, M. (2023). Knowledge, perception, and skills, and practices of oncology nurses in cancer survivorship care: A scoping review. *Journal of Cancer Education*, 38(4), 1119–1133. <https://doi.org/10.1007/s13187-023-02311-x>
- Qian, M., Wang, L., Xing, J., Shan, X., Wu, J., & Liu, X. (2023). Prevalence of sexual dysfunction in women with cervical cancer: A systematic review and meta-analysis. *Psychology, Health & Medicine*, 28(2), 494–508. <https://doi.org/10.1080/13548506.2022.2110270>
- Rajkumar, D., Veeraiah, S., Sudhakar, R., & Ganeshraja, S. (2022). Perceived psychosexual dimensions of cervical cancer survivors in India—An exploratory study. *Psycho-Oncology*, 31(10), 1745–1752. <https://doi.org/10.1002/pon.6021>
- Reb, A. M., Economou, D., Cope, D. G., Borneman, T., Tejada, M. S., Han, E. S., Cristea, M., & Ferrell, B. R. (2023). Care processes and quality-of-life outcomes affecting the gynecologic cancer survivorship experience. *Oncology Nursing Forum*, 50(2), 185–200. <https://doi.org/10.1188/23.ONF.185-200>
- Shi, Y., Cai, J., Wu, Z., Jiang, L., Xiong, G., Gan, X., & Wang, X. (2020). Effects of a nurse-led positive psychology intervention on sexual function, depression and subjective well-being in postoperative patients with early-stage cervical cancer: A randomized controlled trial. *International Journal of Nursing Studies*, 111, 103768. <https://doi.org/10.1016/j.ijnurstu.2020.103768>
- Singh, D., Vignat, J., Lorenzoni, V., Eslahi, M., Ginsburg, O., Lauby-Secretan, B., Arbyn, M., Basu, P., Bray, F., & Vaccarella, S. (2023). Global estimates of incidence and mortality of cervical cancer in 2020: A baseline analysis of the WHO Global Cervical Cancer Elimination Initiative. *The Lancet Global Health*, 11(2), e197–e206. [https://doi.org/10.1016/S2214-109X\(22\)00501-0](https://doi.org/10.1016/S2214-109X(22)00501-0)
- Sun, M., Tian, X., Peng, Y., Wang, Z., Lu, Y., & Xiao, W. (2024). Effects of meaning therapy on spirituality, psychological health, and quality of life in patients with cancer: A systematic review and meta-analysis of randomized controlled trials. *Asia-Pacific Journal of Oncology Nursing*, 11(4), 100388. <https://doi.org/10.1016/j.apjon.2024.100388>
- Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209–249. <https://doi.org/10.3322/caac.21660>
- Thoroddsen, A., Rúnarsdóttir, E. R., & Örylgisdóttir, B. (2023). Description of COVID-19 patients and mapping nursing data to ICNP 2021 reference set in SNOMED CT. *International Nursing Review*, 70(1), 28–33. <https://doi.org/10.1111/inr.12824>
- Togni, S., Saracino, L., Cieri, M., Bianco, R., Terzoni, S., Santini, M. G., Zito, E., Lusignani, M., Pazzaglia, M. S., & Depalma, L. (2025). Implementing oncologic nursing care plans in electronic health records with two taxonomies: A pilot study. *Western Journal of Nursing Research*, 47(3), 159–168. <https://doi.org/10.1177/01939459241310402>
- Tsao, Y., Kuo, H.-C., Chen, Z.-J., Liou, W.-S., & Creedy, D. K. (2022). A longitudinal study to explore unmet care needs, social support, and hope of women with gynecological cancer. *Nursing & Health Sciences*, 24(3), 742–751. <https://doi.org/10.1111/nhs.12975>
- Wooopen, H., Sehouli, J., Davis, A., Lee, Y. C., Cohen, P. A., Ferrero, A., Gleeson, N., Jhingran, A., Kajimoto, Y., Mayadev, J., Barretina-Ginesta, M. P., Sundar, S., Suzuki, N., van Dorst, E., & 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. <https://doi.org/10.1016/j.ctrv.2022.102396>
- Zhou, K.-N., Wang, Y., Xie, Y., Yang, S.-H., Liu, S.-Y., Fang, Y.-H., & Zhang, Y. (2023). Symptom burden survey and symptom clusters in patients with cervical cancer: A cross-sectional survey. *Supportive Care in Cancer*, 31, 338. <https://doi.org/10.1007/s00520-023-07802-7>