An Idea Nursing Journal
https://ihj.ideajournal.id/index.php/INJ/index

INJ
E-ISSN: 2961-8592

Volume 5(1), 53-64
© The Author(s) 2026
https://doi.org/10.53690/inj.v5i01.809

Original Research

Qualitative Item Development for a Nurses' Caring Behavior Scale in Patients Undergoing Chemotherapy for Cancer

Yulta Kadang*[1], Sri Marnianti Irnawan[2], Irna Megawati[2]
Kusrini S. Kadar[3], Ariyanti Saleh[3]

[1]Nursing Study Program, Universitas Medika Suherman, Indonesia
[2]Department of Nursing, Faculty of Health Sciences, Universitas Sulawesi Barat, Majene, Indonesia
[3] Faculty of Nursing, Universitas Hasanuddin, Makassar, Indonesia

Abstract

Background: Patients with cancer undergoing chemotherapy experience complex physical and psychological problems that require comprehensive nursing care. Nurses' caring behaviors are important in improving the quality of care provided to patients. However, existing instruments for measuring caring behaviors remain limited, particularly those grounded in Swanson's Theory of Caring. Therefore, this study aimed to develop conceptual domains and generate items to measure nurses' caring behaviors toward patients with cancer receiving chemotherapy.

Objective: To develop a new conceptual framework in the form of domains and produce statement items through a qualitative approach.

Methods: This study used a phenomenological approach as the first phase of an instrument development study. In-depth interviews were conducted with 10 participants receiving chemotherapy, selected through purposive sampling. The interviews were recorded and transcribed digitally, and the data were analyzed using content analysis in NVivo 10 to identify codes, categories, and themes to develop conceptual domains and item statements.

Results: A total of 33 statement items were developed from five main domains. The first domain was respect for culture (5 items); the second, information provision (6 items); the third, responsiveness (7 items); the fourth, competence (9 items); and the fifth, overall motivation (6 items).

Conclusion: This study generated five domains, comprising 33 positive and negative statement items, that will be used in the questionnaire to measure cancer patients undergoing chemotherapy's perceptions of nurses' behavior.

*Correspondence:
Yulta Kadang
Nursing Study Program, Universitas Medika Suherman, 17530
Email: yultakadang902@gmail.com

Article info :
Received: 12 May 2026 | Revised: 12 June 2026| Accepted: 13 Juni 2026
This is an Open Access article distributed under the terms of the https://creativecommons.org/licenses/by/4.0/

Keywords
Cancer; Palliative Care; Instrument Development

Background

Cancer remains a leading cause of mortality globally, accounting for nearly 10 million deaths in 2020, representing almost one in six deaths. In 2026, approximately 2,114,850 new cancer cases and 626,140 cancer-related deaths are projected in the United States (1). In Indonesia, the prevalence of cancer is estimated at 1.8 per 1,000 population, with an increase of approximately 0.4%, contributing significantly to mortality and disease burden. Standard management for patients diagnosed with cancer includes surgery, radiotherapy, and systemic therapies such as chemotherapy, hormonal treatment, and targeted biological therapy (2). Psychological support is essential for patients undergoing chemotherapy to facilitate coping, reduce anxiety and distress, and enhance psychological well-being. Psychological interventions and supportive care are recognized as integral components of comprehensive cancer management, as patients frequently encounter emotional, social, and psychological challenges throughout treatment. Oncology nurses play a critical role in assisting cancer patients in maintaining daily life balance, delivering care, and promoting individual health (3).

Nurses' caring behavior is often evaluated through patients' perceptions of these behaviors (4). Assessing caring behavior from the patient perspective provides comprehensive insights, as patients directly interact with nurses and experience their actions, particularly caring behaviors, during care delivery (5). Consequently, understanding patients' perceptions is essential for evaluating the quality of nurses' caring behaviors and for identifying the aspects of care most meaningful to patients.

Several instruments are available to measure caring behavior, including the Caring Behaviors Inventory (CBI), Caring Assessment Tool (CAT), and Caring Nurse–Patient Interaction Scale (CNPI). However, these instruments have notable limitations. A primary limitation is the absence of a robust theoretical or conceptual framework guiding their development, as many questionnaires are derived mainly from literature reviews, existing instruments, and health surveys (6). As a result, some instruments may not fully capture the multidimensional nature of caring behaviors or adequately reflect patients' lived experiences within specific clinical contexts.

These limitations are especially significant in oncology settings. Patients with cancer undergoing chemotherapy face distinct physical, psychological, social, and spiritual challenges that differ from those experienced by patients in general medical or surgical contexts. Repeated treatment cycles, adverse effects, fear of disease progression, uncertainty about treatment outcomes, and the need for ongoing emotional support influence how patients perceive, experience, and evaluate nurses' caring behaviors (7). These factors also shape which aspects of caring patients consider most

meaningful during treatment. Consequently, instruments designed for general patient populations may not adequately capture the specific caring experiences, expectations, and priorities of patients undergoing chemotherapy (3). The use of generic caring behavior instruments may therefore limit the accurate assessment of caring from this population's perspective. A context-specific instrument is needed to ensure that nurses' caring behaviors are measured accurately and reflect the experiences, needs, and expectations of patients receiving chemotherapy.

Qualitative methods are essential in questionnaire development, as they facilitate the creation of conceptually grounded and contextually relevant items based on participants' lived experiences. Interviews help identify key concepts and generate questionnaire items for subsequent quantitative assessment (6). Incorporating participants' perspectives during item generation enhances content validity, contextual relevance, and conceptual clarity in newly developed measurement instruments (8).

Swanson's Theory of Caring was chosen as the conceptual framework for this study because its five caring processes—maintaining belief, knowing, being with, doing for, and enabling—address the physical, emotional, and psychological needs of patients undergoing chemotherapy (9). The theory offers clearly defined, patient-centered caring dimensions that can be translated into measurable behavioral indicators and has been widely applied to examine caring practices and patient experiences across healthcare settings, supporting its use as a foundation for instrument development and validation (10,11).

To the best of current knowledge, no previous study has developed a caring behavior scale specifically for patients with cancer undergoing chemotherapy that integrates patients' lived experiences with Swanson's Theory of Caring as the guiding framework. The innovation of this study is the combination of patient-derived experiences with theory-based constructs to generate culturally and contextually relevant questionnaire items, thereby enhancing the content relevance, conceptual validity, and clinical applicability of a future Nurses' Caring Behavior Scale (12,13). This qualitative study aimed to explore patients' perceptions of nurses' caring behaviors and to generate theoretically grounded items to develop a Nurses' Caring Behavior Scale based on Swanson's Theory of Caring.

Methods

Research Design

This study constitutes the initial phase of a broader instrument development project focused on creating a Nurses' Caring Behavior Scale from the patients' perspective. An exploratory qualitative design was utilized to investigate patients' perceptions of nurses' caring behaviors and to generate domains and preliminary questionnaire items for future psychometric evaluation and scale construction.

Study Setting and Participants

The study took place at Stella Maris Hospital in August 2019. Ten patients receiving care in the chemotherapy unit participated in individual interviews using open-ended questions. Participants were selected through purposive sampling based on their experience with nursing care during chemotherapy and their capacity to provide information relevant to the study objectives. Inclusion criteria included willingness to participate, effective communication skills, cooperativeness, and receipt of care in the chemotherapy unit either before or after chemotherapy. Data collection proceeded until data saturation was reached.

Measurement and Data Collection

Questionnaire items were developed through a systematic qualitative item-generation process. Interview transcripts underwent conventional content analysis to identify meaning units, which were coded and organized into categories and themes. These themes were mapped onto Swanson's five caring processes (maintaining belief, knowing, being with, doing for, and enabling) to ensure theoretical alignment. Items were generated by converting participants' statements, meaning units, and codes into concise behavioral statements that reflected patients' perceptions of nurses' caring behaviors. Each item addressed a single concept, and redundant or overlapping items were eliminated. Wording was refined for clarity and readability, and items were checked for conceptual consistency with the relevant theoretical domains. Some negatively worded items were included to represent participants' descriptions of absent or inadequate caring behaviors.

Data Analysis

Interviews were audio-recorded, transcribed verbatim, and analyzed using conventional content analysis. The primary researcher conducted iterative coding by identifying meaning units, coding the data, and organizing codes into categories and themes, utilizing NVivo 10 software. A second researcher independently reviewed the coding, and any disagreements were resolved through discussion until consensus was achieved.

Themes were derived inductively from participants' narratives and subsequently mapped deductively onto Swanson's five caring processes (maintaining belief, knowing, being with, doing for, and enabling). Trustworthiness was ensured through peer debriefing and an audit trail, while credibility was supported by rich contextual descriptions. Member checking was not performed due to logistical constraints.

Questionnaire items were developed by translating codes and meaning units into concise behavioral statements reflecting patients' perceptions of nurses' caring behaviors. Redundant items were eliminated, wording was refined for clarity, and all items were checked for conceptual alignment with Swanson's framework. Some negatively worded items were included to represent participants' descriptions of absent or inadequate caring behaviors. Considerations Participants were informed about the research process and its objectives and provided written informed consent prior to

participation. Individual face-to-face interviews were conducted. Participant confidentiality was maintained by using only initials during questionnaire completion, and full addresses were not recorded.

Ethical Consideration

Data confidentiality was ensured by securely storing interview recordings on a recording device. Interview transcripts and content analysis results were transferred to a password-protected folder accessible only to the researcher. The study was conducted following ethical approval from the Health Research Ethics Committee, Faculty of Medicine, Hasanuddin University (No. 1114/UN4.6.4.5.31/PP36/2019).

Result and Discussion

This study employed a qualitative approach to generate domains and statement items based on patients' perceptions and direct experiences of nurses' caring behavior during chemotherapy administration in the hospital. Most participants were female (90%), approximately 50 years of age, all were married, and the majority had Breast Cancer, with the number of chemotherapy sessions ranging from 2 to 12 cycles. Following the overall qualitative analysis, Table 1 illustrates how participants' direct quotations were aligned with Swanson's five caring domains to inform the development of questionnaire statements. The findings of the qualitative analysis are presented in Table 1. This study employed a qualitative approach to generate domains and statement items based on patients' perceptions and direct experiences of nurses' caring behavior during chemotherapy administration in the hospital. Most participants were female (90%), approximately 50 years of age, all were married, and the majority had Breast Cancer, with the number of chemotherapy sessions ranging from 2 to 12 cycles. Following the overall qualitative analysis, Table 1 illustrates how participants' direct quotations were aligned with Swanson's five caring domains to inform the development of questionnaire statements. The findings of the qualitative analysis are presented in Table 1.

Instrument development using a qualitative approach can be employed either to generate domains directly or to develop specific questionnaire items (14,15). This article describes how the researchers used direct quotations from study participants (meaning units) that reflected the phenomenon under investigation, thereby demonstrating that the instrument was constructed based on the lived experiences and expressions conveyed directly by the participants.

These data were subsequently categorized and conceptualized, resulting in five themes that constituted the principal domains of the study's conceptual framework. The five major domains identified were then used as the foundation for developing several statement items, leading to the construction of a quantitative instrument. These items were subsequently tested to ensure that each represented a valid construct (Table 1). The primary purpose of presenting the table is to provide a visual overview of how the researchers translated the five core domains of the conceptual framework into

questionnaire items for a quantitative instrument. In brief, this process illustrates the development of comprehensive instrument content applicable to diverse individuals, the formulation of content that reflects the construct's depth and breadth, and the development of items using language appropriate to the target population's characteristics. Overall, the resulting questionnaire consisted of five core domains totaling 33 items.

Instrument development using a qualitative approach can be employed either to generate domains directly or to develop specific questionnaire items (14,15). This article describes how the researchers used direct quotations from study participants (meaning units) that reflected the phenomenon under investigation, thereby demonstrating that the instrument was constructed based on the lived experiences and expressions conveyed directly by the participants.

These data were subsequently categorized and conceptualized, resulting in fiv themes that constituted the principal domains of the study's conceptual framework. The five major domains identified were then used as the foundation for developing several statement items, leading to the construction of a quantitative instrument. These items were subsequently tested to ensure that each represented a valid construct (Table 1). The primary purpose of presenting the table is to provide a visual overview of how the researchers translated the five core domains of the conceptual framework into questionnaire items for a quantitative instrument. In brief, this process illustrates the development of comprehensive instrument content applicable to diverse individuals, the formulation of content that reflects the construct's depth and breadth, and the development of items using language appropriate to the target population's characteristics. Overall, the resulting questionnaire consisted of five core domains totaling 33 items.

The domain of respect for culture and beliefs reflects patients' appreciation of nurses' sensitivity toward religious and cultural differences in care delivery. Although care was provided in a Catholic hospital setting, Muslim patients reported that nurses respected their beliefs and supported their spiritual practices. This finding aligns with Swanson's "maintaining belief" process, which emphasizes sustaining hope, respecting individual values, and fostering trust in patients' ability to cope with illness (16). Spiritual and cultural respect has been shown to enhance psychological well-being and coping among patients undergoing cancer treatment, highlighting its relevance as a fundamental component of patient-centered nursing care (17).

The domain of "providing information" resulted in six questionnaire items. Participants reported that nurses explained the side effects of chemotherapy, treatment procedures, and potential symptoms. These findings support the knowing and enabling components of Swanson's theory, which emphasize understanding patients' unique needs and assisting them through appropriate education and information (18). Among patients undergoing chemotherapy, clear information may reduce anxiety, improve psychological preparedness, and enhance adherence to treatment schedules. Research published in 2025 involving patients with Breast Cancer undergoing chemotherapy also

used Swanson's theory as the basis for supportive interventions, which were found to improve quality of life through educational and emotional approaches (19).

The "responsiveness" domain yielded seven questionnaire items. Several participants reported that nurses' responses were sometimes delayed when the unit was busy; however, nurses continued to provide assistance when needed. This finding relates to Swanson's theory, which refers to the emotional and physical presence of nurses when patients experience discomfort. Prompt nursing presence, attentive listening to patients' concerns, and the demonstration of empathy have been shown to enhance patients' sense of security and reduce distress among patients with Cancer. Studies on patient experiences in hospital settings have also identified psychological needs and interpersonal communication as important components of caring that patients frequently expect (20). These findings suggest that responsiveness is an important indicator of quality in chemotherapy care (21).

The "competence" domain yielded 9 questionnaire items, whereas the motivational support domain yielded 6, for a total of 33 items in the instrument. Participants reported that nurses were meticulous during intravenous line insertion, verified patient identity, and provided emotional support throughout chemotherapy treatment. These findings reflect the doing for and enabling components of Swanson's theory, which involve delivering professional care safely and empowering patients to care for themselves. Research published in 2024 demonstrated that nurses' caring behavior, as defined by Swanson's theory, was significantly associated with inpatient satisfaction. These findings suggest that technical competence combined with emotional support forms a key foundation for holistic, safe, and patient-centered chemotherapy care (11,22).

The motivational support domain resulted in six questionnaire items derived from patient interviews, in which participants reported that nurses visited patients almost daily to provide support and attention. These findings indicate that patients perceived motivation and emotional support from nurses as important components of chemotherapy care. The resulting items included providing encouragement, instilling hope, involving patients and their families in treatment planning, delivering health education on self-care, respecting patients' decisions, and teaching non-pharmacological therapies to reduce pain and anxiety. These findings are consistent with the concept of supportive care, which emphasizes the importance of emotional support, education, and patient involvement in decision-making during Cancer treatment (23,24). Findings from the National Cancer Institute suggest that continuous psychosocial support and structured educational interventions may significantly improve quality of life among patients with cancer and strengthen their ability to cope with treatment-related adverse effects (25).

Table 1. Questionnaire domain and statements development from interview

Swanson's Theory Structure	Participants' statement	Conceptual framework	Questionnaire's domain	Developed Statements of Questionnaire Item
Mantaining Belief	Even though Stella Maris is a Catholic hospital, the nurses still respect our beliefs of different religions, especially those of me who are Muslim. The nuns also come to pray every morning for our healing (p2)	Patients' perceptions of how nurses value the patient's culture	Respecting Culture and Beliefe	The nurse does not respect the patient's customs / culture during the chemotherapy process The nurse respects the views and expectations of the patient / family regarding the disease that is being felt and the therapy that is being undertaken Nurses motivate patients to be sincere and patient in dealing with diseases and undergoing the treatment process (chemotherapy) The nurse discusses matters related to sexual needs and spiritual needs with the patient / family during the chemotherapy process The nurse facilitates the patient to accept rituals or things related to the patient's beliefs / religions during the chemotherapy process
Knowing	Nurses provide information, " usually the effects of chemotherapy can be felt on the second or fourth visit. However, each individual is different. There may be itching, nausea and fingers that turn dark" (p10)	Patients' perceptions about communication and provision of information by nurses	Providing information	Nurses do not introduce themselves to patients / families before carrying out chemotherapy / other procedures The nurse explains the goals, procedures and effects of chemotherapy in detail to the patient / family before the chemotherapy cycle is carried out The nurse does not provide information to the patient / family regarding the patient's condition and disease The nurse maintains good communication with the patient / family during the chemotherapy process The nurse is willing to answer all patient / family questions in a friendly manner during the chemotherapy process The nurse does not ask about the patient's condition / complaint during the chemotherapy process
Being with	When I needed help once, the nurse took a long time to respond. However, it is not always the case. Maybe at that time, the nurse was busy (p1)	Patient's perception of the nurse's response and presence	Being responsive	Nurses do not have time to visit and monitor the patient's condition during the chemotherapy process Nurses are responsive in responding to patient / family complaints during the chemotherapy process The nurse listens attentively to the patient's expressions of anxiety / concern regarding illness and chemotherapy

INJ
E-ISSN: 2961-8592

				Nurses help reduce patient anxiety before chemotherapy is carried out (eg, asking for jokes) Nurses do not pay attention to patient comfort during the chemotherapy process
Doing for	The nurse is thorough. When inserting an IV for chemotherapy, the first puncture is successful (p9)	Patient's perception of nurse competency	Competent	Nurses are willing to help patients / families during the chemotherapy process The nurse does not delay when the patient / family needs help during the chemotherapy process Nurses do not have good knowledge regarding the patient's disease and therapy (chemotherapy) Nurses have the ability and skills to perform chemotherapy actions Nurses have the ability and skills related to procedures / other actions (for example: inserting infusions, inserting drugs and TTV examinations) Nurses do not check the patient's identity first when they will perform nursing actions during the chemotherapy process Nurses do not check the patient's identity first when they are about to perform nursing actions during the chemotherapy process Nurses do not use personal protective equipment (masks and gloves) when performing nursing actions during the chemotherapy process Nurses appear calm and careful when performing nursing actions during the chemotherapy process Nurses appear calm and careful when performing nursing actions during the chemotherapy process Nurses keep things private and confidential when performing nursing actions during the chemotherapy process

Enabling	The nurse comes into the room almost daily to provide support and attention (p4)	Patients' perceptions about the role of nurses in enabling patients to pass through the transition period	Providing overall motivation	Nurses provide enthusiasm and full attention during the chemotherapy process The nurse raises the patient / family's positive expectations regarding the disease and patient therapy The nurse does not involve the patient / family in planning the treatment during the chemotherapy process Nurses provide health education related to how to self-care for cancer patients with chemotherapy both at home and in the hospital (diet, nutrition and activities) to patients / families Nurses give freedom to patients / families to make their own decisions and respect every decision that has been made during the chemotherapy process Nurses teach alternative implementation of non-pharmacological therapy to reduce pain and anxiety of patients during the chemotherapy process

Conclusion

This study provides evidence on how qualitative methods can be utilized to establish a new conceptual framework for instrument development. The study developed a perceptual questionnaire for patients with cancer undergoing chemotherapy to evaluate nurses' caring behaviors. In the first phase of the research, a qualitative approach identified five major domains, from which 33 statement items were generated for use in developing this instrument. The next recommended phase of this research is to employ the Delphi study method to obtain expert opinions, followed by pilot testing; the results will be reported elsewhere.

Declaration of Conflict of Interest

This manuscript has been read and approved by all authors. The authors fulfill the requirements for authorship, and the manuscript reflects the work of all contributors. There are no conflicts of interest in this manuscript.

Funding

This research received no external funding and was independently funded by the researchers.

Author Contributions

Writing – original draft : YK**,** Methodology: SMI**,** Investigation: YK**,** Data Curation: YK, Visualization: IM, Writing-review & editing : YK, Validation: KK, Resource: AS, Supervision: KK**,** Formal analysis: SMI

Data Availability Statement

The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing

During the preparation of this manuscript, the authors used generative AI and AI-assisted technologies to improve language quality, grammar, and readability. The authors carefully reviewed and edited the manuscript and take full responsibility for the content of this publication.

References

1. World Health Organization. Cancer. Who.int. WHO.int; 2026 [dikutip 25 April 2026]. Available from: https://www.who.int/news-room/fact-sheets/detail/cancer
2. Anghel T, Melania BL, Costea I, Albai O, Marinca A, Levai CM, et al. Review of Psychological Interventions in Oncology : Current Trends and Future Directions. 2025;1–19.
3. Ferede AJ, Wettergren L, Erlandsson K, Gezie LD, Lindgren H, Geda B. Patients' perceptions of caring behaviors at referral hospitals in Ethiopia: A cross-sectional survey. Int J Nurs Sci. 2023;10(3):391–7.
4. Alikari V, Gerogianni G, Fradelos EC, Kelesi M, Kaba E, Zyga S. Perceptions of Caring Behaviors among Patients and Nurses. Int J Environ Res Public Health. 2023;20(1).
5. Asmoro CP, Hariyati RTS, Wahyudi AS. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License. 2019;14(3).
6. Ricci L, Lanfranchi J, Lemetayer F, Rotonda C, Guillemin F, Coste J, et al. Qualitative Methods Used to Generate Questionnaire Items : A Systematic Review. 2018;
7. Bardaie N, Holt J, Mchugh GA. Perceptions of caring behaviours among patients , nurses , nursing students : mixed methods systematic review. 2026;
8. Sugiyono. Metodelogi Penelitian Kuantitatif,Kualitatif. Bandung; 2018.
9. Yasin AM Al. Theory Critique of Kristen Swanson ' s Theory of Caring. 2023;528–36.
10. Mårtensson S, Hodges EA, Knutsson S, Hjelm C, Broström A, Swanson KM, et al. Caring Behavior Coding Scheme based on Swanson's Theory of Caring – development and testing among undergraduate nursing students. Scand J Caring Sci. 2021;35(4):1123–33.
11. Rohita T, Nurkholik D. Nurse caring with the Swanson Theory Approach and patient satisfaction in class 3 inpatient room. 2024;12:393–6.

12. Joo Y, Jang Y, Park CG, Yang YL. Development and validation of a patient - centered communication scale for nurses. BMC Nurs. 2024;1–11. doi:10.1186/s12912-024-02174-7
13. Sangkala F, Irwan AM, Tahir T. Uji Validitas Dan Reabilitas Caring Behaviors Inventory (CBI) di Beberapa Negara : Literature Review. 2018;3(2):49–55.
14. Koo M, Yang S. Questionnaire Use and Development in Health Research. 2025;1–17.
15. Kadang Y, Sucipto A, Hermanto, Nasution DE, Susanti F, Hamdani, et al. Metodologi penelitian dalam keperawatan [Internet]. Kusnan A, Rangki L, editor. Purbalingga: EUREKA MEDIA AKSARA; 2024. 2
16. Esquivel-garzón N, Marquez-herrera M, Parra DI. Development of a caring model applying the conceptual , theoretical and empirical structure from caring science theory. 2025;(3).
17. Stubbe DE. Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients. J Life Long Learn Psychiatry are. 2020;18(1):49–51.
18. Hui D, Hoge G, Bruera E. Models of Supportive Care in Oncology. 2022;33(4):259–66.
19. Liu H, Wang J, Deng Y, Zou G, Xu J. Effects of topical insulin on wound healing: A meta-analysis of animal and clinical studies. Endocr J. 2021;68(8):969–79.
20. Lagu NL, Pujiyanto TI, Widiyaningsih W. Pengalaman Pasien Terkait Perilaku Caring Perawat Di Rs Lende Moripa Waikabubak : Tinjauan Dari Perspektif Budaya Sumba. 2025;20(2):299–310.
21. Amalina SF, Rachmawaty R, Ilkafah I, Erfina E. Patient experiences of nurse caring behaviors based on Swanson ' s theory in Indonesian hospital &. 2020;30:8621.
22. Nirmalarumsari C. Relationship Competency of Nurses , Ethics , and Discipline Nursing with Patient Satisfaction in Pontap Health Center Palopo City In 2020. 2020;7(1):1–6.
23. Khomkham P. Patient motivation : A concept analysis. 2024;10(5):490–7.
24. Zhang X, Lang S, Liu F. Impact of Health Education Based on Protective Motivation Theory on the Mood State , Cancer-Related Fatigue , and Hope Level of Gastric Cancer Patients. 2024;53(1):126–35.
25. National Cancer Institute. Cancer Care and Support Resources. NCI. 2026 [dikutip 20 April 2026]. Tersedia pada: https://www.cancer.gov/about-cancer/coping

How to Cite This Article:
Kadang Y, Irnawan SM, Megawati I, Kadar K, Saleh A. Qualitative Item Development for a Nurses' Caring Behavior Scale in Patients Undergoing Chemotherapy for Cancer. An Idea Nursing Journal. 2025.5(1), 32-40. doi: 10.53690/inj.v5i01.809