

Cross-cultural adaptation and preliminary psychometric evaluation of the Indonesian version of the resilience scale for nurses questionnaire

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ABSTRACT

Resilience is an important psychological resource that helps nurses respond to workplace stress while maintaining professional functioning and quality of care. This study aimed to cross-culturally adapt the Resilience Scale for Nurses (RSN) into Indonesian and examine preliminary psychometric evidence in critical-care nurses. The adaptation followed Beaton et al. (2000) and included forward translation, synthesis, backward translation, expert-panel review, and pilot testing with 100 nurses working in critical-care settings. Content validity was evaluated using the Item Content Validity Index (I-CVI), Scale Content Validity Index (S-CVI/Ave and S-CVI/UA), and Aiken's V. Item performance was examined using corrected item-total correlations, and internal consistency was evaluated with Cronbach's alpha. Six experts produced I-CVI values of 0.833-1.000, S-CVI/Ave of 0.974, S-CVI/UA of 0.842, and Aiken's V values of 0.750-0.958. In the pilot sample, corrected item-total correlations ranged from 0.482 to 0.866, while Cronbach's alpha was 0.933 for the total scale and 0.776-0.868 across dimensions. These findings provide preliminary evidence of content adequacy, item performance, and internal consistency for the Indonesian RSN. Because exploratory/confirmatory factor analysis, convergent and discriminant validity, test-retest reliability, McDonald's omega, and measurement invariance were not assessed, the four-factor structure and broader construct validity should be confirmed in larger and more diverse Indonesian nursing samples.

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INTRODUCTION

Resilience refers to the capacity to adapt to adversity, recover from demanding experiences, and continue functioning despite stress. In nursing, this capacity is particularly relevant because professional practice combines emotional demands, rapid decision making, interpersonal

responsibility, and sustained exposure to patients' suffering. Evidence from nursing research indicates that resilience can support nurses in managing occupational stress and maintaining professional functioning, making its accurate assessment relevant to both workforce well-being and quality of care (Hart et al., 2014; Alshehry, 2024).

The need for resilience assessment is especially pronounced in critical-care environments. Nurses in Emergency Departments (EDs), Intensive Care Units (ICUs), and similar high-acuity units routinely manage unstable patients, time-sensitive decisions, heavy workloads, and situations with direct implications for patient safety (Kurniasih & Farida, 2024; Alshehry, 2024). These conditions can contribute to occupational stress, emotional exhaustion, and burnout. Consequently, resilience in critical-care nurses should be understood not merely as a general personality characteristic, but as a work-related adaptive resource that interacts with the specific pressures of clinical nursing practice.

A central methodological issue is how resilience is measured. General instruments such as the Connor-Davidson Resilience Scale, Brief Resilience Scale, and Resilience Scale are widely used, but a general measure may not fully represent resilience as it is expressed within nursing work. Reviews of resilience measurement in nursing emphasize that instrument selection should reflect the professional context and the conceptual definition being assessed (Cooper, 2025). This is particularly important in Indonesian critical-care settings, where linguistic equivalence alone is insufficient if translated items do not retain the same professional and cultural meaning for nurses.

Nurse-specific resilience instruments were developed to address this contextual limitation. Earlier work by Ihara et al. (2010) demonstrated the value of measuring resilience in relation to nursing practice, while the RSN was subsequently developed and refined for nurses. Park and Park (2016) initially reported a 30-item, five-factor version, and Park et al. (2019) validated a 19-item, four-factor structure comprising philosophical, relational, situational, and dispositional resilience. The later four-factor version is therefore clinically relevant because its domains reflect personal orientation, interpersonal resources, responses to situations, and meaning-related aspects of resilience in nursing work.

Cross-cultural adaptation is required before such a measure can be interpreted confidently in a different language and practice environment. Direct translation can alter the meaning, intensity, or contextual relevance of questionnaire statements, whereas a structured adaptation process is designed to preserve semantic, conceptual, and experiential equivalence (Beaton et al., 2000; Mckown et al., 2020). In Indonesia, this issue is particularly important for the RSN because the instrument was developed outside the Indonesian linguistic and health-service context and contains statements that may be interpreted through culturally specific understandings of work relationships, coping, life meaning, and professional roles.

To the authors' knowledge, a published Indonesian cross-cultural adaptation study documenting the translation process and preliminary psychometric evaluation of the 19-item RSN has not yet been established. This creates a practical measurement gap because use of an instrument across languages requires evidence that the translated wording preserves the intended concepts in the target context. The novelty of the present study is the systematic Indonesian cross-cultural adaptation of the 19-item RSN, accompanied by expert-based content validation, preliminary item analysis, and internal-consistency testing among nurses working in critical-care settings.

Accordingly, this study aimed to (1) adapt the 19-item RSN into Indonesian through a structured cross-cultural process, (2) evaluate content validity using expert ratings, (3) examine preliminary item performance using corrected item-total correlations, and (4) estimate internal consistency using Cronbach's alpha. The study does not claim to establish the four-factor construct validity of the Indonesian RSN because exploratory factor analysis (EFA), confirmatory factor analysis (CFA), convergent validity, and discriminant validity were not conducted in this preliminary evaluation.

RESEARCH METHOD

This methodological study consisted of two sequential components: cross-cultural adaptation of the Resilience Scale for Nurses (RSN) and preliminary psychometric testing of the Indonesian version. The adaptation process was organized in accordance with established cross-cultural adaptation principles, including forward translation, synthesis of translated versions, backward translation by translators blinded to the original wording, expert-panel review, and pilot testing (Beaton et al., 2000; Mckown et al., 2020). The psychometric scope of the present study was deliberately limited to content validity, corrected item-total correlations as an item-analysis indicator, and internal-consistency reliability. EFA/CFA, convergent validity, discriminant validity, McDonald's omega, test-retest reliability, and measurement invariance were not assessed and therefore are not interpreted as established properties of the Indonesian version.

The instrument evaluated was the 19-item RSN validated by Park et al. (2019). It contains four dimensions: philosophical resilience (6 items), relational resilience (4 items), situational resilience (3 items), and dispositional resilience (6 items), with responses recorded on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). A total of 100 eligible nurses working in critical-care settings, including the ED, ICU, and HCU, participated in the pilot psychometric testing. Recruitment was conducted by distributing an online Google Forms questionnaire to nurses who met the inclusion criterion. Because a named probability or non-probability sampling design was not documented, the sample is treated as a pilot psychometric sample and the findings are not generalized beyond the participating nurses.

RESULTS AND DISCUSSIONS

Before adaptation, permission to translate and use the RSN was obtained from the instrument developer. The Indonesian adaptation was then conducted with the objective of preserving the conceptual meaning of the 19-item RSN while improving linguistic clarity for Indonesian nursing practice. Changes were made only when the literal wording risked being awkward, ambiguous, or less natural in Indonesian. This approach is consistent with the purpose of cross-cultural adaptation, which prioritizes conceptual equivalence rather than word-for-word translation (Beaton et al., 2000; Mckown et al., 2020).

Cross-Cultural Adaptation Process

After synthesis of the Indonesian translations, the instrument was independently translated back into English by two translators who were blinded to the original RSN. The back-translated versions were compared with the original wording to identify potential shifts in meaning. Discrepancies were discussed during synthesis and expert review so that the final Indonesian wording represented the same underlying concept while remaining understandable and contextually appropriate for nurses working in Indonesian clinical settings.

The adapted instrument was reviewed by six experts drawn from nursing academia and senior critical-care nursing practice. Each item was evaluated for relevance, clarity, and contextual appropriateness. Content validity was summarized using the Content Validity Index (CVI) and Aiken's V. The expert-review stage was used both quantitatively, through the validity coefficients, and qualitatively, through wording recommendations. Items with lower Aiken's V coefficients received particular attention during revision so that improvements in readability did not alter the construct represented by the original item.

Table 1. Summary of content validity indices

Content-validity index	Result	Index type
I-CVI (observed range)	0.833-1.000	Observed item-level range
S-CVI/Ave	0.974	Scale-average index
S-CVI/UA	0.842	Universal-agreement index
Aiken's V (observed range)	0.750-0.958	Observed expert-rating range

Expert review produced an observed I-CVI range of 0.833-1.000, S-CVI/Ave = 0.974, S-CVI/UA = 0.842, and an observed Aiken's V range of 0.750-0.958. These indices indicate strong overall content adequacy and expert agreement. Items at the lower end of the Aiken's V range were revised primarily to improve clarity, naturalness, and contextual fit in Indonesian rather than to change their conceptual content. These results support the linguistic and content-validation stage of adaptation but do not confirm the four-dimensional factor structure in the Indonesian sample.

Table 2. Selected examples of questionnaire item wording revisions

Item No.	Dimension	Indonesian Translation 1	Indonesian Translation 2	Expert Review (Final Translation)
1	Philosophical Resilience	Secara umum, saya merasa bahagia.	Secara umum saya merasa bahagia.	Secara umum, saya merasa bahagia dalam menjalani kehidupan saya.
2	Philosophical Resilience	Saya merasa puas dengan kehidupan saya.	Saya puas dengan hidup saya.	Accepted (following Translation 1).
...	...	...	...	...
19	Dispositional Resilience	Saya mampu menghadapi situasi kerja yang penuh tekanan.	Saya mempunyai kemampuan mengatasi situasi kerja yang penuh tekanan.	Accepted (following Translation 1).

Psychometric Testing Results

- a. Preliminary Item Analysis, following the cross-cultural adaptation process, the Indonesian RSN was administered to 100 nurses working in critical-care settings through an online Google Forms questionnaire. Eligibility was based on employment in the ED, ICU, or HCU, as stated in the study record. The respondent profile is described in Table 3 to clarify the characteristics of the pilot sample used for the preliminary psychometric analysis.

Table 3. Demographic characteristics of the respondents

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	43	43
	Female	57	57
Age	26-35 years	24	24
	36-45 years	54	54
	46-50 years	21	21
	>50 years	1	1
Highest Educational Level	Diploma (D3)	27	27
	Bachelor's Degree (S1)	67	67
	Master's Degree (S2)	6	6
Clinical Authority Level	Clinical Nurse I (PK I)	2	2
	Clinical Nurse II (PK II)	52	52
	Clinical Nurse III (PK III)	46	46
Position	Shift Coordinator	30	30
	Staff Nurse	70	70
Length of Work Experience	<5 years	7	7
	5-10 years	22	22
	10-15 years	27	27
	15-20 years	21	21
	21-25 years	21	21
	>25 years	2	2

The pilot sample comprised 57 women and 43 men. Most respondents were 36-45 years old (54.0%), followed by 26-35 years (24.0%), 46-50 years (21.0%), and over 50 years (1.0%). Educationally, 67.0% held a Bachelor's degree in nursing, 27.0% held a Diploma, and 6.0% held a Master's degree. This profile indicates that the preliminary testing involved predominantly mid-career nurses with undergraduate nursing education, which is relevant when considering the interpretability of the Indonesian wording in experienced clinical personnel.

Regarding clinical authority, 52.0% were Clinical Nurse II (PK II), 46.0% were Clinical Nurse III (PK III), and 2.0% were Clinical Nurse I (PK I). Seventy percent were staff nurses and 30.0% were shift coordinators. Work experience was distributed from less than 5 years to more than 25 years, with the largest group reporting 10-15 years of experience (27.0%). The breadth of clinical experience is useful for preliminary comprehension testing; however, the single pilot sample does not by itself establish that the factor structure is stable across demographic or professional subgroups. For preliminary item analysis, all 19 RSN entries had corrected item-total correlations above 0.30, ranging from 0.482 to 0.866. These coefficients indicate that each item was positively associated with the total-score pattern and met the prespecified item-screening criterion. They do not, however, establish construct validity or confirm the four-dimensional structure of the RSN. Accordingly, the results in Table 4 are interpreted as item-analysis evidence only; factor validity requires EFA and/or CFA in an adequately powered validation sample.

Table 4. Corrected item-total correlation results of the Indonesian version of the resilience scale for nurses (RSN) (N = 100)

Sequence	Original analysis code	Corrected Item-Total Correlation	Criterion	Item-screening decision
1	19	0.852	> 0.30	Retained
2	20	0.848	> 0.30	Retained
3	21	0.830	> 0.30	Retained
4	18	0.828	> 0.30	Retained
5	22	0.848	> 0.30	Retained
6	23	0.866	> 0.30	Retained
7	5	0.482	> 0.30	Retained
8	7	0.673	> 0.30	Retained
9	6	0.686	> 0.30	Retained
10	8	0.502	> 0.30	Retained
11	12	0.662	> 0.30	Retained
12	11	0.650	> 0.30	Retained
13	10	0.575	> 0.30	Retained
14	2	0.606	> 0.30	Retained
15	16	0.795	> 0.30	Retained
16	1	0.674	> 0.30	Retained
17	25	0.651	> 0.30	Retained
18	26	0.598	> 0.30	Retained
19	15	0.640	> 0.30	Retained

- b. Instrument Reliability Testing, internal consistency of the Indonesian RSN was evaluated using Cronbach's alpha. The total-scale coefficient was 0.933, while dimension-level coefficients ranged from 0.776 to 0.868, indicating good to excellent internal consistency in this pilot sample. McDonald's omega and formal item-redundancy diagnostics were not included in the present analysis; these should be evaluated in subsequent validation studies together with test-retest reliability. Among the four dimensions, Philosophical Resilience showed the highest Cronbach's alpha (0.868), followed by Dispositional Resilience (0.867), Situational Resilience (0.787), and Relational Resilience (0.776). All four dimensions were retained for reporting because they represent the established structure of the source instrument; their retention in this Indonesian adaptation is conceptual and translation-based, not a factor-analytic confirmation in the current 100-nurse sample.

Table 5. Reliability results of the Indonesian version of the resilience scale for nurses (RSN)

No.	Dimension	Number of Items	Cronbach's Alpha	Interpretation
1	Philosophical Resilience	6	0.868	High reliability
2	Relational Resilience	4	0.776	High reliability
3	Situational Resilience	3	0.787	High reliability
4	Dispositional (Personal Character) Resilience	6	0.867	High reliability
Overall	Total Scale	19	0.933	Excellent reliability

The Turkish adaptation provides an instructive comparison because it evaluated the same 19-item, four-dimensional RSN using a broader validation strategy, including confirmatory factor analysis, convergent validity, and test-retest reliability (Şenocak et al., 2021). Its overall alpha of 0.93 is comparable with the 0.933 observed in the present study. The difference is methodological: the Turkish study tested factor structure, whereas the present Indonesian study did not. Therefore, the current findings should be positioned as an earlier stage of cross-cultural validation that establishes translation quality, content adequacy, item performance, and internal consistency before full construct validation.

From a nursing-practice perspective, a carefully adapted Indonesian RSN may support research on occupational resilience, evaluation of staff-support interventions, and identification of resilience-related patterns in high-acuity clinical environments. At the present stage, however, its use should be framed as preliminary and accompanied by awareness of the untested factor structure. The instrument is most defensible for exploratory or early-stage research while additional psychometric evidence is accumulated.

The four RSN dimensions were retained during the Indonesian adaptation because the translation and expert-review process did not identify a conceptual reason to alter the source structure. Nevertheless, retaining the original dimensions is not equivalent to demonstrating factorial validity. An Indonesian EFA/CFA is required to determine whether the 19 items reproduce the same latent configuration and whether any item shows culturally specific loading patterns. Subsequent studies should also examine convergent and discriminant validity, measurement invariance across relevant nurse subgroups, and stability over time.

Overall, the Indonesian pilot findings are consistent with the high internal consistency reported in earlier RSN studies, but the present evidence remains preliminary. The adaptation supports semantic and content adequacy and indicates acceptable item-total behavior; it does not substitute for factor-analytic validation. This distinction is essential when interpreting the instrument for nursing research and practice in Indonesia.

CONCLUSION

The cross-cultural adaptation of the 19-item Resilience Scale for Nurses into Indonesian produced a version that showed strong expert-based content indices, acceptable corrected item-total correlations for all items, and high Cronbach's alpha coefficients in a pilot sample of 100 critical-care nurses. These findings constitute preliminary evidence of linguistic and content adequacy, item performance, and internal consistency; they should not be interpreted as comprehensive validation of the instrument or confirmation of its four-dimensional construct structure.

Further validation is required before broad clinical or research use is recommended. Studies with larger and more diverse Indonesian nursing samples should conduct EFA and CFA, assess convergent and discriminant validity, calculate McDonald's omega, examine potential item redundancy and test-retest reliability, and evaluate measurement invariance across relevant demographic and clinical groups. Until those analyses are available, the Indonesian RSN should be described as a cross-culturally adapted instrument with promising preliminary psychometric evidence rather than a fully validated measure.

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