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Cross–Cultural Adaptation and Validation of the Cultural Self_Efficacy Scale for Papua Nurses

Agussalim[1], Josephine D. Lorica[2]

[1]Medical Surgical Nursing, Poltekkes Jayapura, Padang Bulan, Papua, Indonesia

[2]Nursing Research, St. Paul University Philippines, Mabini Street, Tuguegarao City, Cagayan

Abstract*: The Southeast Asian nations have worked for integration which commences in 2015. With the ASEAN integration, the professional nurse should have learned how to deal with the different culture within the Southeast Asian nations. This study is targeted the conduct of a cross-cultural adaptation and validation of the Cultural Self Efficacy Scale for Papuan Nurses. The study used methodological study cross-sectional design. There were 192 participants across the process from the initial translation to the reliability tests. Results show that minor problems were found in the use of semantics during cross-cultural adaptation of the ICSES. The participants' level of cultural self-efficacy is high confidence (3.43). The face validity of the ICSES is agreeable while the content validity index is acceptable. Cronbach alpha of the ICES is 0.969. It is therefore concluded that the Indonesian Self Efficacy Scale is valid and reliable.*

Keywords: Cross_Cultural adapatation, ASEAN, Papua nurses, Validation

1. Introduction

The Southeast Asian nations have worked for integration which commences in 2015, with a framework that looks at enhancing the regional cooperation and catalyzing social and economic development. This is perceived to bring about a lot of opportunities. Opportunities like the sharing of human resource which is included in the Association of South East Asian Nation (ASEAN) Mutual Recognition Agreement (MRA). Among the most known professionals who are crossing borders are nurses. Within the ASEAN nations, the Philippines and Indonesia are the most known to share their nurses. Nurses deal with patients, significant others and other health care team members. One cannot discount the fact that among the people whom the nurses meet in her professional practice, most have different cultural orientation. With the ASEAN integration, the professional nurse should have learned how to deal with the different culture within the Southeast Asian nations.

Nurses in their everyday practice deal with people – patients and their family members. As nurses relate with their clients, it is common to find that the people or clients they are dealing with, have different cultural orientation. It is therefore imperative that the nurse understands culture and how they affect the health care of the clients they are working with. Culture as part of the input into the nursing education is dealt with as a course in Socio-Anthropology. It is offered along with the history subjects. But it seemed that this does not suffice to provide the necessary competency to the nurse to deal with patients in different cultures. Culture is important for the nurse to be able to deal with the patient effectively and deliver care efficiently. Cultural competence will have to be assessed and determined if the nurse is able to show this.

Studies have shown that South East Asian nations despite its geographical nearness have a diverse culture and cultural practices. And as the boarders of the South East Asian nations open to each other, it brings about the challenge of dealing with the different cultures to which each of the countries' citizens will face.

ASEAN MRA on nursing service encourages the South-east Asian nations to adapt to the challenges of the AEC. Indonesia has come a long way to respond to the challenges of the ASEAN Economic Community, from the changes in their nursing law to improving the nursing education. Indonesia and the Philippines are among the countries documented in South East Asia to have its nurses move out from their own countries. Studies have documented that the Philippines has a curriculum adopted from the Western country particularly United States had made them adaptive to the challenges of clientele outside the country. There is a dearth of literature and studies that talks about the nursing practice in Indonesia and how Indonesian nurses are able to utilize the concept of transcultural nursing. Studies that will look at how prepared the nurses in Indonesia in dealing with the culture of the five countries with the highest growth domestic product (GDP) are needed. The GDP was thought of as a basis for the researcher to assume that travellers can come from these countries or the possibility of these countries to get nurses from Indonesia.

There has been no assessment if the Indonesian nurses are confident in caring for clients who have neither different culture with them nor a tool in Indonesian that can measure the preparedness of the nurses to deal with the multicultural patients**.** A translated tool to measure the cultural competency will be necessary since the educational system in Indonesia makes use of the Indonesian national language. This therefore provides a certain level of difficulty even among professional nurses to comprehend an English tool**.** This study thus targeted the identified need, thus the importance of the conduct of a Cross-cultural adaptation and validation of the Cultural Self Efficacy Scale for Indonesian Nurses.

2. Statement of the Problem

Generally, the study sought to adapt and validate a Cultural Self Efficacy Scale among Papua nurses. Specifically, the study seeks to answer the following questions:

1. What is the level of the cultural self-efficacy of the participants in terms of:
   a) Knowledge of cultural concept and cultural sensitivity
   b) Knowledge of cultural patterns
   c) Skill in performing transcultural care
2. What is the extent of face validity of the Indonesian translated Cultural Self Efficacy Scale?
3. What is the extent of content validity of the Indonesian translated Cultural Self Efficacy Scale?
4. What is the extent of reliability of the Indonesian translated Cultural Self Efficacy Scale?

3. Method of Research

The study made use of methodological study cross-sectional design. Methodological studies are defined as investigations on methods for data organization and analysis designed to assess and validate research instruments and techniques (Wood & Haber, 2001 as cited by Feijo, Avila, de Souza, Jaarsma & Rabelo, 2012). Since the researcher wanted to translate the English Cultural Self-efficacy tool in Indonesian language for use of the Indonesian Nurses, to check on the validity of the translated tool and to test the reliability of the tool in terms of internal consistency, the researcher searched for an appropriate and academically reliable process to do the study. The cross-cultural adaptation process is important when an instrument is used in a different language, setting and time to reduce the risk of introducing bias into a study (Herdman, Fox-Rushby & Badia, 1998). Thus the researcher made use of the methodological study design for the cross-cultural adaptation, validity and reliability of the ICSES tool. Specifically, the cross-cultural adaptation process followed the steps as outlined in Table 1 below were the recommendation of the Institute for Work and Health (2007). The validity test was incorporated into the cross cultural adaptation process. And the reliability test for internal consistency was done by asking 5 participants for each of the items in the ICSES to use the tool. Then reliability coefficient was taken using Cronbach alpha.

Table 1: Cross-Cultural Adaptation Process (IWH, 2007)

Stage I: Translation of the original Instrument	Translator 1 Fluent in target language Good understanding of the original language Has a background in health care or health care professional Translator 2 Fluent in target language Good understanding of the original language
Stage II: Synthesis	Translator 1, translator 2 with the researcher discuss the translation to resolve any discrepancies
Stage III: Back translation	Back-translator 1 Fluent in original language Has a good understanding of the target language Has a background in health care Back-translator 2 Fluent in original language Has a good understanding of the target language
Stage IV: Expert Committee Review	12 Experts will review the paper to reach consensus on discrepancies and produce the pre-final version
Stage V: Pre-testing of the Instrument	n=30-40 Completes the questionnaire Probe to get an understanding of the item

4. Results and Discussion

Cross Cultural Adaptation Process.

Movement of persons from one culture to another requires adaptation. Persons are said to be adapted in a country or location when one learns about the culture and has the necessary skill to be able to integrate what culture he has and the country or place where he is in. Such is the concept that the study focused on. The cross-cultural adaptation of a tool which was developed in another country and will be utilized in a target country. Gjersing, Caplehorn & Clausen (2013) discussed that research questionnaires are not always translated appropriately before they are used in new temporal, cultural or linguistic settings. The results based on such instruments may therefore not accurately reflect what they are supposed to measure. Cross cultural adaptation process is important when an instrument is used in a different language, setting and time to reduce the risk of introduction bias into the study (Herdman, M., Fox-Rushby, J., & Badia, X., 1998). The original tool that assesses the perceived self-efficacy or confidence for performing certain transcultural nurisng skills to diverse populations (Jimenez, Contreras, Shellman, Gonzales & Bernal, 2006), which in this study, the population are those in the ASEAN. The following are some of the issues in the initial processes of the study.

During the first translation, the translators shared to the researcher that many words were not the common words to be translated to Indonesian language. The traslators informed that they had difficulty in the English translation. Initially, they used google translation but the combination of two or three words made them more confused with regards to the true meaning in Indonesian. So, it took them time to find suitable meaning of the CSES to be used in Indonesia. After the first translation, the researcher found few differences between them especially in number 8, 11, and 25. Then the researcher informed them of the synthesis to consolidate the Indonesian translated CSES.

During the synthesis, the two translators along with the researcher discussed the trasnlation problem. Few words in Indonesian Language do not have the same meaning, like Family Organization were translated as "organisasi keluarga" and "kelompok keluarga". Then the team sat together to discuss which word or phrase can be used for a more suitable meaning for transcultural theme. Finally, the Indonesian translation of the Cultural Self Efficacy Scale was facilitated by the researcher in a class of Briton Course Place. So, with the presented specific problem, the final agreed term used is "Tatanan Kekeluargaan".

Table 2: Initial Translation and Back Translation of the CSES

Items	*Original*	*Initial Translation*	*Back Translation*
1	Distinguishing between inter and intra cultural diversity	Mampu membedakan keragaman budaya	Differentiate between cultural diversity
2	Distinguishing between ethnocentrism and discrimination	Mampu membedakan antara sukuisme dan diskriminasi	Differentiate between ethnocentrism and discrimination
3	Distinguishing between ethnicity and culture	Mampu membedakan antara etnis dan budaya	Differentiate between ethnicity and culture
4	Using an interpreter	Menggunakan juru bahasa dalam komunikasi	Using a translator
5	Entering an ethnically distinct community	Mengikuti komunitas suku yang berbeda	Joining in ethnically community
6	Advocacy	Memberikan perlindungan	Protected
7	Performing a 24 hour diet review	Memahami tentang pola makan selama 24 jam	Conducting 24 hour familydiet
8	Participant observation	Mampu mengobservasi peserta pelatihan	Participant observation
9	Taking a life history	Mampu memahami riwayat hidup setiap orang	Taking history of life
10	Developing a Genogram	Mampu mengembangkan silsilah hidup setiap orang	Developing Genogram
11	Family organization	Tatanan kekeluargaan	Family organization
12	Role Differentiation	Perbedaan peranan dalam keluarga	Differentiate of family role
13	Child Care Practices	Pola pengasuhan anak	Child Care Pattern
14	Utilizations of Health System	Pemanfaatan sistem kesehatan	Health Care System Use
15	Types of Social Support	Dukungan sosial	Social Supporting
16	Utilization of traditional folk health practices	Pemanfaatan praktik kesehatan traditional	Utilization of traditional health care system
17	Nutritional patterns	Pola nutrisi	Nutritional patterns
18	Economic style of living	Gaya hidup secara ekonomis	Economic life style
19	Migration patterns	Pola perpindahan kelokasi lain	Migration pattern
20	Class structure	Struktur kelas dimasyarakat	Family Class structure
21	Employment patterns	Pola yang berkaitan dengan pekerjaan	Employment pattern
22	Patterns of disease/illness	Pola yang berhubungan dengan penyakit	Patterns of disease
23	Beliefs about health and illness	Keyakinan tentang kesehatan dan penyakit	Beliefs about health and illness
24	Beliefs toward respect and authority	Keyakinan tentang kehormatan dan hak	Beliefs about respect and autonomy
25	Beliefs towards modesty	Keyakinan terhadap kesopanan	Beliefs about modesty
26	Religious beliefs and pattern	Keyakinan agama dan contoh yg diteladani	Beliefs about religious and its pattern

Table 2 presents the initial translation and the back translation of the Cultural Self Efficacy Scale. The table shows the differences of the back translation to the original English tool.

The differences in the back translation of the two back translators had a little difference in the English back translations. This is perceived by the researcher as negligeable. But the researcher still diverted in the cross-cultural adaptation process by working with one of the back

translators who is a nurse, worked with the translated and back translated tool to come up with a closer back translation. The translation of the non-health professional provided a more different meaning in some areas where the application is more for the health professionals. The final translation used in the study is presented in the table above.

The diffferences found were the use of "differentiate" instead of "distinguish"; translator was used instead of interpreter; entering an ethnically distinct community was translated to Joining in ethnically community; Health Care System Use was the translation of Utilizations of Health System; Social support was the translation of types of social support; economic style of living to economic life style; and class structure to family class structure. Then the synthesized translation was the one given to the Expert Committee for the validation.

5. Level of Cultural Self-Efficacy

Table 3: Level of Cultural Self-Efficacy of the Participants in terms of Knowledge of Cultural Concepts and Cultural Sensitivity

Categories	*Mean Score*	*Qualitative Description*
1. Knowledge of Cultural Concepts and cultural sensitivity,		
a. Differentiate between cultural diversity	3.57	High Confidence
b. Differentiate between ethnocentrism and discrimination	3.62	High Confidence
c. Differentiate between ethnicity and culture	3.62	High Confidence
Categorial mean score	3.61	High Confidence

The table above shows that categorical mean score of the level of cultural self-efficacy of the participants in terms of knowledge of cultural concepts and cultural sensitivity is 3.61 described as high confidence. The knowledge statement "differentiate between cultural diversity" has the lowest mean score of 3.57, with a qualitative description of high confidence; and statements "differentiate between ethnocentrism and discrimination" and "differentiate between ethnicity and culture" both have 3.62, with a qualitative description of high confidence.

This therefore means that the Papuan nurses are highly confident with their knowledge of cultural concepts and sensitivity. This can be attributed to their own cultural diversity. As a nation, Indonesia is known to have diverse cultural groups; the experience of dealing with the different cultural groups would have affected the high confidence of the participants.

Table 4: Level of Cultural Self-Efficacy of the Participants in terms of Knowledge of Cultural Patterns of the 5 ASEAN Countries

Categories	*Mean Score Per Country*				
Knowledge of cultural patterns:	Philippine	Malaysia	Singapore	Thailand	Vietnam
1. Family organization	3.05	3.09	3.18	3.14	3.02
2. Differentiate of family role	3.11	3.15	3.22	3.18	3.11
3. Child Care Pattern	3.27	3.19	3.38	3.20	3.16
4. Health Care System Utilization	3.30	3.31	3.46	3.41	3.23
5. Social Supporting	3.12	3.09	3.26	3.17	3.10
6. Utilization of traditional health care system	3.18	3.03	3.09	3.16	3.14
7. Nutritional patterns	3.32	3.34	3.42	3.26	3.23
8. Economic life style	3.11	3.22	3.34	3.10	3.07
9. Migration pattern	3.03	3.99	3.12	3.07	3.07
10. Family Class structure	3.14	3.13	3.26	3.17	3.13
11. Employment pattern	3.13	3.15	3.32	3.11	3.11
12. Patterns of disease	3.14	3.16	3.25	3.22	3.14
13. Beliefs about health and illness	3.32	3.32	3.45	3.30	3.30
14. Beliefs about respect and autonomy	3.32	3.25	3.38	3.29	3.19
15. Beliefs about modesty	3.31	3.17	3.36	3.31	3.24
16. Beliefs about religious and its pattern	3.39	3.27	3.34	3.37	3.36
Categorical Scores	3.20	3.24	3.30	3.21	3.16

The tables above shows that in terms of knowledge of cultural patterns of family organizations, the lowest mean score 3.02, with a qualitative description of moderate confidence is found in Vietnam, while the highest mean score of 3.30 is Singapore. For the statement, Differentiate of family role, Singapore had the highest mean score of 3.22, Moderate confidence while Philippines and Vietnam had the lowest mean score of 3.11, Moderate confidence. For Child Care Pattern, Singapore had the highest mean score of 3.38, Moderate confidence while Vietnam had the lowest mean score of 3.16, Moderate confidence. For Health care System utilization Singapore had the highest mean score of 3.46

High Confidence; Vietnam had the lowest mean score of 3.23 Moderate confidence. For the statement, Social Supporting, Singapore had the highest mean score of 3.26, Moderate confidence while Vietnam had the lowest mean score of 3.10 Moderate confidence. For the Utilization of the traditional health care system, Philippines had the highest mean score of 3.10 Moderate confidence; while Malaysia had the lowest mean score of 3.03, Moderate confidence.

For the nutritional patterns, Singapore had the highest mean score of 3.42, High confidence; while Vietnam had the lowest mean score of 3.23, Moderate confidence. For Economic life style, Singapore had the highest mean score of 3.34; while Vietnam had the lowest mean score of 3.07. For Migration pattern, Malaysia had the highest mean score of 3.99; while Philippines had the lowest mean score of 3.03. For Family Class Structure, Singapore had the highest mean score of 3. 26 Moderate confidence; while Vietnam & Malaysia had the lowest mean score of 3.13, Moderate confidence. For Employment Pattern, Singapore had the highest mean score of 3.32 Moderate confidence; while Thailand and Vietnam had the lowest mean score of 3.11 Moderate confidence. For Patterns of Disease, Singapore had the highest mean score of 3.25; Philippines and Vitenam – had the lowest mean score of 3.14 Moderate confidence. For Beliefs about health and illness, Singapore had the highest mean score of 3.45 High confidence while Thailand & Vietnam had the lowest mean score of 3.30, Moderate confidence. For Beliefs about respect and autonomy, Singapore had the highest mean score of 3.38 Moderate confidence while Vietnam, had the lowest mean score of 3.19 Moderate confidence. For Beliefs about modesty, Singapore had the highest mean score of 3.36, moderate confidence, while Malaysia had the lowest mean score of 3.17, moredate confidence. For Beliefs about religious and its pattern, Philippines had the highest mean score of 3.39 Moderate confidence while malaysia had the mean score of 3.27 Moderate confidence.

In terms of categorical mean per country, the highest had the mean score of 3.30, moderate which is Singapore and the lowest mean score is Vietnam , with 3.16, moderate confidence.

The table shows that the participants were moderately confident with regrads to their knowledge of the cultural patterns of all the countries except for Singapore where in the nutritional patterns had a high confidence (3.42) and beliefs about health and illness (3.45) where there is high confidence.

The table also shows that consistently Singapore has the highest mean score in the knowledge of cultral patterns except for Utilization of the traditional health care system where the Philippines got the highest mean score 3.10, Moderate confidence; for Migration pattern, Malaysia got the highest mean score of 3.99, moderate confidence and for Beliefs about religious and its pattern , Philippines had a mean score of 3.39, Moderate confidence.

Like wise, Vietnam consistently got the lowest mean scores for knowledge about the cultural patterns of except for Utilization of the traditional health care system (3.03) Moderate confidence; moderate confidence; Beliefs about modesty (3.17) and beliefs about religious and its pattern (3.27) all has a moderate confidence is found in Malaysia and for Migration pattern is the Philippines, whihc had the mean score of 3.03,bmoderate confidence.

The findings mean that despite the moderate confidence of the participants regarding their knowledge of cultural patterns, the participants seemesd to be familiar with the culture of the ASEAN nations targetted.

Despite Indonesia being a Muslim country, there is still low evaluation of some aspects of the knowledge. This maybe because majority of the people in Papua are Christians and seldom travel out from Papua because of the limited number of nurses.

Indonesia also has a national curriculum for nursing, with a regulation that at least 70-75% of the national curriculum must be adapted, while the remaining 25-30% is left as a leeway for the school to provide for the basic needs of the locality. Curriculum development in Indonesia is done by the school in the locality. The stakeholders in the area are consulted with regards to their needs before the

The findings of the current study is supported by the study of Birnbaum (2010) where their study suggested that RTs have average levels of confidence in providing care to a culturally diverse population, despite having had no formal education in cultural diversity.

This therefore further implicates that the Indonesian nurses still needs to be educated in terms of the cultural patterns of the five ASEAN countries particularly, Philippines, Malaysia, Singapore, Vietnam and Thailand.

Table 5: Level of Cultural Self Efficacy of the Participants in terms of Skill in Performing Transcultural care

Categories	*Mean Score*	*Qualitative Description*
Skill in Performing Transcultural care Such us:		
a. Using an interpreter	3.32	High Confidence
b. Joining in ethnically community	3.34	High Confidence
c. Protected	3.65	High Confidence
d. Conducting 24 hour familydiet	3.68	High Confidence
e. Participant observation	3.49	High Confidence
f. Taking history of life	3.46	High Confidence
g. Developing Genogram	3.22	High Confidence
Categorical Mean	3.45	High Confidence

Table 5 shows the level of Cultural Self Efficacy of the Participants in terms of Skill in Performing Transcultural Care with a categorical mean of 3.45, High Confidence. The item that has the lowest mean score is developing genogram and the item with the highest score is conducting 24 hour

family diet. Specifically, the high confidence means that the nurses are comfortable with the skills that they have. The highest mean score being the 24 hour family diet, is the most familiar skill among the category. This is because nurses are dealing with patietns every day, and diet is one among the regular data that they assess a patient.

Face Validity of the Indonesian Cultural Self Efficacy Scale

Table 6: Extent of Face Validity of the ICSES

Face validity indicators	2- Disagree		3- Agree		4- Strongly Agree		Total		Mean	Qualitative Description
	f	%	f	%	f	%	f	%		
1.Clarity of the wording	0	0	31	81.6	7	18.5	38	100	3.18	Agree
2.Likelihood of the target audience to answer the questions	0	0	34	89.	4	11	38	100	3.11	Agree
3.Lay out and style	3	7.9	31	81.6	4	10.5	38	100	3.03	Agree

The study shows that 31(81.6%) of the participants agreed or with a mean score of 3.18, Agree in the face validity of the ICSES tool in terms of the clarity of the wording. While 34 out of 38 (89.5 %) agreed that the ICSES has the likelihood of the target audience to answer the questions or has the mean score of 3.11., which is agree. And 31 out of 38 (81.65) of the participants agreed with the lay out and style of the ICSES or with a mean score of 3.03, which has a qualitative description of agree.

This means that the majority of the participants in the pre-testing understood the questions, found it easy to answer and that, the lay out and appearance are acceptable.

The findings of the current study is supported by Parsian & Dunning (2009) where 95% indicated they understood the questions and found them easy to answer, and 90% indicated the appearance and lay out would be acceptable to the intended target audience.

Extent of Content Validity of the Indonesian Cultural Self Efficacy Scale

The study shows that the S-CVI is 0.96153. This means that I-CSES is acceptable. This means that among experts, the tool is acceptable and agreeable. The reason I-CSES is acceptable because the percentage of SCVI is higher than 0.90 and it is not lower then 0.80. This study is supported by Waltz et al.(2005) as cited by Polit & Beck (2006), discussed that the average congruency percentage should be 0.90 not 0.80 as the standard criterion for acceptability for the SCVI.

Reliability of the ICSES

Table 7: Extent of Reliability of the Indonesian Cultural Self Efficacy Scale

No	*Statements*	*Scale Mean if Item Deleted*	*Scale Variance if Item Deleted*	*Corrected Item-Total Correlation*	*Cronbach's Alpha if Item Deleted*
1	distinguishing between inter and intra cultural diversity	281.46	1091.085	.186	'0.969
2	distinguishing between ethnocentrism and discrimination	281.46	1090.965	.202	‘0.969
3	distinguishing between ethnicity and culture	281.46	1091.085	.186	‘0.969
4	Using an interpreter	281.76	1089.497	.167	‘0.969
5	entering an ethnically distinct community	281.74	1095.503	.089	‘0.969
6	Advocacy	281.43	1087.253	.277	‘0.969
7	performing a 24 hour diet review	281.40	1087.845	.256	‘0.969
8	participant observation	281.59	1090.840	.229	‘0.969
9	taking a life history	281.62	1091.920	.159	‘0.969
10	developing a genogram	281.86	1095.568	.097	‘0.969
11	family organization phillipines	282.03	1079.085	.453	‘0.969
12	family organization malaysia	281.99	1078.861	.422	‘0.969
13	family organization singapore	281.90	1074.447	.511	‘0.969
14	family organization thailand	281.94	1077.063	.516	‘0.969
15	family organization vietnam	282.06	1080.506	.464	‘0.969
16	role differentiation phillipines	281.97	1078.648	.480	‘0.969
17	role differentiation malaysia	281.93	1079.657	.467	‘0.969
18	role differentiation singapore	281.86	1072.080	.580	‘0.969
19	role differentiation thailand	281.89	1078.452	.521	‘0.969
20	role differentiation vietnam	281.97	1077.330	.521	‘0.969
21	child care phillipines	281.81	1065.718	.657	‘0.969
22	child care malaysia	281.89	1078.550	.426	‘0.969
23	child care singapore	281.70	1067.365	.647	‘0.969
24	child care thailand	281.88	1073.408	.595	‘0.969

25	child care vietnam	281.91	1072.264	.559	‘0.969
26	utilizations of health system phillipines	281.78	1075.804	.529	‘0.969
27	utilizations of health system malaysia	281.77	1073.993	.552	‘0.969
29	utilizations of health system singapore	281.62	1065.430	.608	‘0.969
30	utilizations of health system thailand	281.66	1076.979	.508	‘0.969
31	utilizations of health system vietnam	281.85	1075.798	.512	‘0.969
32	type of social support phillipines	281.96	1072.621	.542	‘0.969
33	type of social support malaysia	281.99	1079.675	.394	‘0.969
34	type of social support singapore	281.82	1069.882	.580	‘0.969
35	type of social support thailand	281.91	1077.872	.515	‘0.969
36	type of social support vietnam	281.98	1077.569	.492	‘0.969
37	utilization of traditional folk health practices phillipines	281.89	1079.088	475	‘0.969
38	utilization of traditional folk health practices malaysia	282.05	1078.137	.469	‘0.969
39	utilization of traditional folk health practices singapore	281.99	1083.212	.326	‘0.969
40	utilization of traditional folk health practices thailand	281.91	1082.569	.416	‘0.969
41	utilization of traditional folk health practices vietnam	281.93	1077.943	.456	‘0.969
42	nutritional patterns phillipines	281.82	1071.184	.650	‘0.969
43	nutritional patterns malaysia	281.74	1070.351	.608	‘0.969
44	nutritional patterns singapore	281.66	1069.538	.613	‘0.969
45	nutritional patterns thailand	281.82	1071.184	.650	‘0.969
46	nutritional patterns vietnam	281.85	1070.712	.583	‘0.969
47	economic style of living phillipines	281.97	1081.396	.429	‘0.969
48	economic style of living malaysia	281.86	1072.663	.607	‘0.969
49	economic style of living singapore	281.74	1073.066	.552	‘0.969
50	economic style of living thailand	281.98	1076.880	.501	‘0.969
51	economic style of living vietnam	282.01	1075.099	.563	‘0.969
52	migration patterns phillipines	282.05	1081.454	.413	‘0.969
53	migration patterns malaysia	282.09	1085.681	.361	‘0.969
54	migration patterns singapore	281.96	1080.462	.371	‘0.969
56	migration patterns thailand	282.01	1083.517	.396	‘0.969
57	migration patterns vietnam	282.01	1084.291	.352	‘0.969
58	class structure phillipines	281.93	1079.254	.519	‘0.969
59	class structure malaysia	281.95	1078.977	.438	‘0.969
60	class structure singapore	281.82	1068.509	.612	‘0.969
61	class structure thailand	281.91	1076.813	.557	‘0.969
62	class structure vietnam	281.95	1079.289	.486	‘0.969
63	employment patterns phillipines	281.95	1075.852	.562	‘0.969
64	employment patterns malaysia	281.93	1074.796	.577	‘0.969
65	employment patterns singapore	281.76	1070.685	.629	‘0.969
66	employment patterns thailand	281.97	1079.430	.582	‘0.969
67	employment patterns vietnam	281.97	1077.867	.504	‘0.969
68	patterns of disease/illness phillipines	281.93	1078.287	.553	‘0.969
69	patterns of disease/illness malaysia	281.91	1080.714	.445	‘0.969
70	patterns of disease/illness singapore	281.83	1075.401	.536	‘0.969
71	patterns of disease/illness thailand	281.86	1078.999	.527	‘0.969
72	patterns of disease/illness vietnam	281.93	1078.936	.501	‘0.969
73	beliefs about health and illness phillipines	281.76	1072.301	.619	‘0.969
74	beliefs about health and illness malaysia	281.76	1071.457	.636	‘0.969
75	beliefs about health and illness singapore	281.63	1068.499	.605	‘0.969
76	beliefs about health and illness thailand	281.78	1072.387	.620	‘0.969
77	beliefs about health and illness vietnam	281.78	1071.619	.589	‘0.969
78	beliefs toward respect and authority phillipines	281.76	1072.646	.671	‘0.969
79	beliefs toward respect and authority malaysia	281.83	1070.421	.571	‘0.969
80	beliefs toward respect and authority singapore	281.70	1063.444	.725	‘0.969
81	beliefs toward respect and authority thailand	281.79	1068.551	.732	‘0.969
82	beliefs toward respect and authority vietnam	281.89	1073.570	.624	‘0.969
83	beliefs toward modesty phillipines	281.77	1068.616	.613	‘0.969
84	beliefs toward modesty malaysia	281.91	1075.594	.502	‘0.969
85	beliefs toward modesty singapore	281.72	1066.479	.640	‘0.969
86	beliefs toward modesty thailand	281.77	1066.457	.694	‘0.969
87	beliefs toward modesty vietnam	281.84	1064.946	.672	‘0.969
88	religious beliefs and pattern phillipines	281.69	1066.745	.658	‘0.969
89	religious beliefs and pattern malaysia	281.81	1074.407	.501	‘0.969
90	religious beliefs and pattern singapore	281.74	1070.751	.606	‘0.969

91	religious beliefs and pattern thailand	281.71	1069.452	.680	‘0.969
92	religious beliefs and pattern vietnam	281.72	1067.923	.697	‘0.969

The cronbach alpha was computed after the ICSES was pre-tested, yielding a result of 0. 969. This indicates a high correlation between the items and that the ICSES is consistently reliable.

The findings of the current study is supported by Feijo, Avila, de Souza, Jaarsma, & Rabelo, (2012) when they discussed that some authors suggest that the internal consistency of items be classified as follows: values ≥0.9 are considered excellent, ≥0.8 are considered good, ≥0.7 are acceptable, ≥0.6 are questionable, ≥0.5 are poor, and ≤0.5 are considered unacceptable. However, there is actually no lower limit to the coefficient. (Beaton, Bonbardier, Guillemin & Ferraz, 2007). It can range from 00.0 (if no variance is consistent) to 1.00 (if all variance is consistent) with all values between 00.0 and 1.00 also being possible. For example, if the Cronbach alpha for a set of scores turns out to be .90, you can interpret that as meaning that the test is 90% reliable, and by extension that it is 10% unreliable (100% - 90% = 10%) Brown, J.D.(2002)

Face Validity of the Indonesian Cultural Self Efficacy Scale

The extent of face validity of the ICSES is 3.03, with a qualitative description of agree. This means that the majority of the participants in the pre-testing understood the questions, found it easy to answer and that, the lay out and appearance are acceptable.

Extent of Content Validity of the Indonesian Cultural Self Efficacy Scale

The content validity index of the ICSES is 0.9615, which is acceptable. This means that among experts, the tool is acceptable and agreeable The reason I-CSES is acceptable because the percentage of SCVI is higher than 0.90 and it is not lower then 0.80. This study is supported by Waltz et al.(2005) as cited by Polit & Beck (2006), discussed that the average congruency percentage should be 0.90 not 0.80 as the standard criterion for acceptability for the SCVI.

Reliability of the ICSES

The cronbach alpha of the ICSES tool was 0.969 which indicates a high correlation between the items which means that the ICSES is acceptable. This further means that the items have strong internal consistency.

6. Conclusion

Based on the findings of the study, the following conclusions are made:

The Indonesian Cultural Self Efficacy Scale (ICSES) tried to measure the confidence of the Papuan Nurses in caring for the culturally diverse patients or clients particularly those in ASEAN countries that has the highest GDP with the thought that with the ASEAN integration and the ASEAN MRA, these countries have the highest probability of coming into Indonesia as tourists or has the possibility of accepting Indonesian nurses into their country. Thus knowing the perceived self-efficacy or confidence in performing certain transcultural nursing skills to diverse population is the first step to become culturally competent (Liu & Barnes-Willis, 2008). The level of cultural self-efficacy of the Papuan nurses shows that they are comfortable in working with the diverse patients from the selected ASEAN countries and are more likely to increase their culutral competence in working with these patients.

7. Recommendations

Based on the findings of the study, the following:

1) ASEAN organisation, can build a system to make it easy for the members to get updates or information about the culture of each ASEAN countries. The system can be developed with build a link without barrier and limitation. Education, economic and health system can be used to build of linkages together so that people who has some opportunites to cross the borders within ASEAN community be provided with approrpritate orietnattion about the culture as well as expected challenges that will be experinced by the worker.
2) Indonesian Ministry of Health should responsible to develop the system which is related to the trancultural in order to be prepared for AEC. Health practitioner especially nurses must be brought in the light updates knowledge, skill and self efficacy for being professional in delivering care to the clients with different culture. Transcultural nursing should be applied as decision making in order to be bright of nursing practice. Attention to Papua nurses should be more given in order to increase the quality of giving care especially with different culture especially their knowledge on the cultural patterns of the ASEAN countries.
3) Indonesian National Nursing Association can come up with a working program especially integrating transcultural nursing as part of the education or orientation job. INNA can be a transmitter of nursing community to the government discussed how important of trancultural nursing applied in practice. As a control system in nursing community, it must stay front to back up the quality of nursing services related to the culture efficacy.
4) Indonesian Nurses can upgrade their capability, skill and knowledge to understand the different cultures at the practice area. Capability, skill and knowledge can be build if the nurses have high motivation to develop their self. In the millenium area, nurses must try to stay out of the box and try to see the reality progressivity outside of the country. Indonesian nurses can therefor attend conferences in other countries, particularly those in the neigboring ASEAN countries.
5) Papua Nurses. Lifelong learning must be understood in order to inprove their professional practice. This is the time to stand up and become more professional in their field as nurse. Behavior change should be a priority for becoming a professional nurses. Quality standards can be a good practice to provide better caring as nurse in different and many cultures in Papua province.

6) Nursing educators across the ASEAN Countries. This study can be used as a basis to increase the knowledge and skills in transcultural nursing to be prepared for ASEAN Community 2015. Active efforts should be done to orient the nurses about the culture of the ASEAN coutreis since they are most capable in providing the information.
7) For future researchers This study show the self confidence of the nurse in papua among cultur in some of ASEAN countries based on Gross GDP 2013. This study was not applying in all ASEAN Countries and all Indonesian area. This study can be replicated to all ASEAN Countries and all Indonesian areas. The ICSES tool can be utilized in other areas in Indonesia or can be administered to Indonesian nurses working in the ASEAN countries. Also there can be more involvement of the nursing practioners and doctorally-prepared nurses as part of the expert panel.

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