



Adaptation and Validation of the Indonesian Version of R.I.G.H.T. Leadership Scale

Muksidah Pratiwi^{1*}, Zahrotur Rusyda Hinduan², Fitriani Yustikasari Lubis², Cherrly April³

¹Psychology Study Program, Faculty of Psychology, Universitas Padjadjaran, Bandung, Indonesia

²Department of Psychology, Faculty of Psychology, Universitas Padjadjaran, Bandung, Indonesia

³Department of Psychology, Postgraduate of Psychology, University of Sheffield, South Yorkshire, England

***pratiwimuksidah@gmail.com**

Abstract. Leadership has a significant impact on organizational resilience and employee well-being. In accordance with International Test Commission guidelines, this study translated and validated the R.I.G.H.T. Leadership Scale for Indonesian employees. Online information was gathered from 302 workers from various industries (162 men and 140 women, ages 19–41). Psychometric testing, expert review, and forward-backward translation were all part of the adaptation. With over 90% expert agreement, the content validity was excellent (I-CVI and S-CVI = 0.99). A good model fit was found by confirmatory factor analysis ($\chi^2 = 136.65$, $df = 80$, $p < .001$; RMSEA = 0.036; CFI = 1.00; GFI = 0.94). With slight declines ascribed to cultural and linguistic factors, reliability was high ($\alpha = 0.804$ – 0.884). Despite its limitations, which include young samples and a lack of test-retest data, the Indonesian version is generally valid, dependable, and helpful for evaluating leadership practices.

Keywords: health leadership, indonesian workers, scale adaptation, test validation

(Received 2025-08-22, Revised 2025-09-25, Accepted 2025-10-16, Available Online by 2025-10-31)

1. Introduction

Worker well-being has increasingly been seen as a key driver of organizational productivity and sustainability. Data evidence reveals that poor psychological health leads to absenteeism, turnover, and loss of productivity globally, amounting to billions every year [1], [2]. Leadership is consistently highlighted as a key driver of healthy work life, not only via organizational culture and work design but also via day-to-day leader–employee relationships [3]. While mainstream leadership theories such as transformational, ethical,

or servant leadership center on motivation, ethics, and performance outcomes, they do not necessarily bring employee health and well-being into practice explicitly [4], [5]. To address this deficit, the health leadership model was formulated as a theoretical model focusing on recognition, engagement, development, well-being, and safety, and working together to create mentally healthy work environments [6] [7].

While the health leadership scale has shown sound psychometric properties in Western cultures, it has not been tested in non-Western, collectivistic cultures. Indonesia provides a particularly relevant example due to its hierarchical and paternalistic leadership culture, under which leaders are not just required to function as overseers but also as role models and guardians [8], [9]. This cultural expectation can impact responses to and interpretation of items on leadership tests and, therefore, validity and reliability. The health leadership scale therefore has to be translated for Indonesia for the purpose of ensuring conceptual equivalence and cultural applicability, thereby contributing to cross-cultural validation literature globally.

Test adaptation within cross-cultural situations requires rigorous methodological procedures to establish linguistic, conceptual, and metric equivalence [10], [11]. Past validation studies also reinforce the importance of confirmatory factor analysis (CFA), content validity assessment, and reliability tests, typically supplemented by measurement invariance or multi-group CFA to define construct stability across groups [12], [13]. Some of these leadership scales—the Multifactor Leadership Questionnaire (MLQ), Ethical Leadership Scale, and Servant Leadership Questionnaire—have been effectively translated across cultures but differences in factor patterns and reliability frequently occur [14], [15]. These findings underscore the need to explore if the R.I.G.H.T. model, with its overt focus on psychological well-being, has similarly robust performance in hierarchical and collectivist cultures.

The present study constitutes the first attempt to validate, translation and adaptation the health leadership scale into Indonesian culture. Following ITC guidelines, forward-backward translation, expert review, confirmatory factor analysis, and reliability test were applied in the adaptation process [16]. By establishing the psychometric properties of this scale, the study returns both practically and theoretically: practically by providing Indonesian organizations with a culturally sound instrument for measuring healthy leadership behaviors, and theoretically by building an understanding of cross-cultural validation within occupational health psychology and leadership.

2. Methods

2.1. Participants and Sampling

A total of 302 Indonesian laborers (162 males and 140 women) participated. Participants were drawn from private, public, health, and educational institutions. Most of them ranged in age from 19 to 41 years. The sample size exceeds the recommended ratio for CFA (at least 10 participants per item). According to the value of *Kaiser-Meyer-Olkin* (KMO) = 0.91 and the Bartlett's sphericity test statistic ($X^2 = 1832.54, p < 0.01$) indicated adequate sampling.

2.2. Adaptation Procedure

The adaptation followed the ITC Guidelines, which included forward-backward translation. Two multilingual translators (psychology and linguistics) produced distinct versions [9]. A skilled translator back-translated the synthesis draft. Comparisons ensured conceptual equivalency. In addition to guaranteeing conceptual & language equivalency, process adhered to recent guidelines for culturally adapting scales, which place a strong emphasis on iterative expert review and pilot testing to account for contextual subtleties [16].

2.3. Expert Review

Item clarity, relevance, and cultural fit were evaluated by four experts: two organizational psychologists, one psychometrician, and one human resources practitioner. Excellent content validity was demonstrated with a scale-level CVI of 0.99 and item-level indices ranging from 0.95 to 1.00.

2.4. Measures

The R.I.G.H.T. Leadership Scale has 15 items that cover five dimensions. were assessed using a 5-point Likert scale. Higher scores indicate, the healthier the leadership behaviors.

2.5. Data Analysis

Descriptive statistics, Cronbach's α , & item total correlations were employed to test reliability. ICC was unavailable since there was no test–retest data. CFA was analyzed with JASP 0.19.3. Model refinement included the allowance of correlated errors within dimensions; no items were excluded. Final fit indices were good (RMSEA = 0.036; CFI = 1.00; GFI = 0.94). Recent research recommends measuring invariance across demographic groups (e.g., gender, age, or sector) in addition to CFA and internal consistency tests to ensure the scale performs similarly across subpopulations [27]. Despite being excluded from the current analysis, measurement invariance is recommended as a crucial next step. Likewise, methodological reviews emphasize the value of bifactor and multi-group CFA approaches for more thorough testing of structural validity [17]. Our analytical choices were influenced by these factors, which also inform suggestions for additional study.

2.6. Ethical Consideration

Ethics grant from Universitas Padjadjaran (No.879/UN6.KEP/EC/2023). Electronically, participants gave their informed consent.

3. Results and Discussion

3.1. Demographic Characteristics of the Study Participants

A total of 302 respondent (162 men, 140 women). Women scored higher in involvement ($p = 0.04$) and teamwork ($p = 0.02$). Growth and development ratings were highest among those aged 36–41, with significant differences observed between age groups ($p < 0.01$). Teachers had the highest recognition ($p = 0.00$) and teamwork scores ($p = 0.02$). Educational level also showed significant differences ($p = 0.01$), with high school graduates scoring highest. Years of service affected most domains, except growth and development, where those with over five years reported higher involvement and teamwork (see Table 1).

Table 1. Demographic Profile of the Study Participants

Variables	N	Recognition			Involvement			Growth and Development			Healthy and Safety			Teamwork		
Total	302	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.
Gender				0.16			0.04			0.22			0.45			0.0
Male	162	11.85	2.67		11.72	2.94		11.87	2.64		11.30	3.37		11.71	2.88	2
Female	140	12.20	2.53		2.94	2.65		12.35	2.47		12.17	2.67		12.27	2.51	
Age				0.00			0.00			0.00			0.00			0.0
19–24	56	11.67	2.42		11.17	2.82		12.05	1.93		10.28	3.57		11.53	2.73	0
25–30	98	12.01	2.46		12.06	2.84		12.11	2.41		11.73	2.83		11.95	2.49	
31–35	65	12.23	2.75		12.43	2.75		12.32	2.93		12.49	2.99		12.26	2.77	
36–41	83	12.08	2.81		12.34	2.79		11.91	2.84		12.03	2.98		12.06	2.96	
Job				0.00			0.18			0.06			0.01			0.0
Private Sector	135	11.84	2.50		11.69	2.90		11.98	2.48		11.11	3.21		11.72	2.55	2
Employee	91	12.05	2.73		12.18	2.84		12.09	2.69		12.08	3.05		12.16	2.95	
Civil Servant	13	12.00	2.85		12.53	2.72		12.61	2.02		11.61	3.68		11.84	3.57	
Lecturer	38	12.00	3.03		12.13	2.96		11.73	3.12		12.00	3.05		12.00	2.95	
Health Workers	25	12.64	1.89		13.16	1.90		12.92	1.73		13.20	1.91		12.64	1.89	
Teaching Staff																
Education																
Senior High	56	12.48	2.29		12.64	2.34		12.66	2.23		12.60	2.63		12.71	2.34	
School	12	10.91	3.08		10.58	2.60		11.25	2.66		11.00	3.66		12.25	2.73	
“Diploma degree	215	11.97	2.62		11.95	2.93		11.99	2.62		11.48	3.20		11.80	2.80	
Bachelor degree	19	11.84	2.91		12.36	2.83		12.05	2.79		12.05	2.97		11.52	2.71	
Master degree”																
Tenure				0.04			0.01			0.02			0.03			0.0
Less than 5 years	153	11.91	2.49		11.76	2.89		12.09	2.49		11.44	3.26		11.86	2.68	1
More than 5 years	149	2.49	2.73		12.35	2.73		12.14	2.65		11.98	2.97		12.08	2.78	

3.2. Content Validity

The Indonesian version of the R.I.G.H.T. Leadership Scale shown exceptionally high content validity. Over 90% of experts agreed that the items were relevant and appropriate for their intended audience. The S-CVI was 0.99, with I-CVI value ranging from 0.95 to 1.00, the validation process produced extremely The

scores were substantially higher than the recommended cutoff value of 0.78 [11]. These results indicate that the scale is culturally appropriate and highly comprehensible for use in the Indonesian context.

Table 2. Content Validity Index

Item	Number of Expert	Number Giving Rating 3 or 4	I-CVI	Pc	k*	Evaluation
1	4	4	1	0.062	1	Excellent
2	4	4	1	0.062	1	Excellent
3	4	4	1	0.062	1	Excellent
4	4	4	1	0.062	1	Excellent
5	4	4	1	0.062	1	Excellent
6	4	4	1	0.062	1	Excellent
7	4	4	1	0.062	1	Excellent
8	4	4	1	0.062	1	Excellent
9	4	4	1	0.062	1	Excellent
10	4	4	1	0.062	1	Excellent
11	4	4	1	0.062	1	Excellent
12	4	4	1	0.062	1	Excellent
13	4	4	1	0.062	1	Excellent
14	4	3	0.750	0.025	0.670	Fair
15	4	4	1	0.062	1	Excellent

Abbreviations:

I-CVI = "Item-level Content Validity Index"

S-CVI = "Scale-level Content Validity Index"

Pc = "Probability of a chance occurrence"

k* = "Modified Kappa statistic (agreement corrected for chance)"

3.3. Descriptive Analysis Results

The descriptive analysis of the 15 items (Table 3) showed that respondents assessed the items mostly favorably, with average values between 3.75 and 4.13. The SD values (0.97–1.17) showed moderate variation but generally consistent responses. Most items had negative skewness (-1.417 to -1.016), reflecting a tendency toward higher ratings, while kurtosis values (0.156–2.016) were mostly positive, showing a leptokurtic distribution with outcomes concentrated around the middle of the scale. These findings suggest that the questionnaire effectively captured respondents' perceptions, with responses distributed fairly normally and tending to be positive.

Table 3. Descriptive Statistics

Items	Mean	Standard Deviation	Skewness	Kurtosis
Item1	4.03	1.00	-1.20	1.21
Item2	4.03	0.97	-1.11	1.04
Item3	3.95	1.06	-1.03	0.59
Item4	3.96	1.07	-1.08	0.67
Item5	4.07	1.04	-1.35	1.46
Item6	4.02	1.07	-1.13	0.79
Item7	4.02	0.98	-1.15	1.32
Item8	4.00	1.01	-1.26	1.47
Item9	4.06	1.03	-1.36	1.63
Item10	3.94	1.16	-1.12	0.52
Item11	3.90	1.17	-1.01	0.15
Item12	3.86	1.13	-1.01	0.30
Item13	3.90	1.11	-1.14	0.76
Item14	4.12	0.98	-1.41	2.01
Item15	3.94	1.09	-1.11	0.76

3.4. Internal Consistency, Item Discrimination, and Test-Retest Reliability

According to Table 3, there was good internal consistency for RIGHT Leadership-Indonesia, as evidenced by Cronbach's alpha coefficients over 0.9. Corrected item-total correlations showed no negative values and were generally larger than 0.30, indicating good item discrimination. In order to verify that RIGHT Leadership-Indonesia is a highly dependable tool for assessing the application of RIGHT leadership in enterprises, both the original and modified Indonesian versions obtained Cronbach's alpha values above 0.80 across all dimensions, with a 95% confidence interval.

3.5. Factorial Validity

According to preliminary CFA results using JASP, the Indonesian version of RIGHT Leadership failed to achieve a strong model fit ($\chi^2 = 136.651$, $df = 80$, $p < 0.001$), indicating the need for model modification. Despite this, Cronbach's alpha values of the Indonesian version remained high, ranging from 0.804 to 0.884 across all variables, although slightly lower (by 0.08–0.15 points) compared to the original scale. Importantly, all values stayed above the 0.80 threshold, demonstrating that the instrument maintained strong internal consistency and reliability in the Indonesian context. The slight decrease may be attributed to cultural and contextual differences, translation and language adaptations that influenced item interpretation, as well as differences in respondent characteristics compared to the original population. Overall, the findings confirm that the adapted scale is stable, dependable, and suitable for use in Indonesia, with no unreliable factors detected.

Table 4. Reliability

Factor of RIGHT Leadership	Cronbach's α (Original Version)	Cronbach's α (Indonesia Version)
<i>Recognition</i>	0.93	0.823
<i>Involvement</i>	0.95	0.863
<i>Growth and Development</i>	0.95	0.804
<i>Health and Safety</i>	0.95	0.884
<i>Teamwork</i>	0.91	0.815

Table 5. Goodness of fit

Fit Criteria					
Chi-Square			RMSEA	CFI	GFI
Score = 136.651	df = 80	p-value = <.001	0.036	1	0.94

The fit indices, which were GFI = 0.94 (≥ 0.90 , good fit), CFI = 1 (> 0.95 , perfect fit), and RMSEA = 0.036 (< 0.05 , very good fit), demonstrated excellent findings. Despite the substantial Chi-square value ($p < .001$), other indices revealed a solid model fit. Additionally, Figure 1 showed significant factor loadings for every item, confirming the Indonesian R.I.G.H.T Leadership Scale's construct validity. The modified model's overall exceptional goodness of fit validated its applicability in the Indonesian setting.

According to the psychometric analysis, it shows that the psychometric quality of the Indonesian version of the R.I.G.H.T. Leadership Scale is empirically supported by the current study. Findings witnessed high internal consistency for all dimensions, superb content validity, and adequate model fit, which aligned with international test adaptation standards [11], [18]. While reliability coefficients were occasionally slightly below the original scale, the Indonesian adaptation consistently achieved the minimum threshold ($\alpha \geq 0.80$), indicating very good quality of measurement.

These results are comparable to earlier leadership scale validation studies in health and well-being. For example, research by Biricik-Gulseren et al, established the validity of equivalent factors in validating the initial R.I.G.H.T. leadership model in Canada [6]. In the same vein, research by Rigotti et al, introduced the Health-Oriented Leadership Scale in Germany and demonstrated equivalent reliability and model fit statistics. Such similarities indicate that leadership behaviors that promote well-being can be measured validly across cultures [19].

The cultural aspects of collectivism and large power distance in the Indonesian context may be responsible for some of the variations in scores [20]. Workers would view leaders as father figures, and this could enhance the value placed on recognition and opportunities for growth in relation to individualistic cultures. The

finding that growth and development topped the list for Indonesian employees is in line with national human capital development plans, such as "Making Indonesia 4.0" and the RPJMN 2020–2024, which both emphasize workforce upskilling [21].

Theoretically, The findings provide additional evidence for the Job Demands Resources model, which maintains that effective leadership acts as a resource to promote involvement and avoid stress [22]. Leaders who demonstrate recognition, fairness, and concern for health contribute to building psychosocial resources that buffer against stress and burnout [20].

There are several limitations that must be mentioned, though. The sample was comprised predominantly of young employees aged 19–41, which might restrict generalizability to older workers. The data were also gathered online, hence there is a possibility of self-selection bias. The predictive Validity evidence for the R.I.G.H.T. Leadership Scale in Indonesia could be investigated in future studies by contrasting it with indicators such as job satisfaction, absenteeism, and turnover. To look into the possible long-term effects with respect to health-oriented leadership practices on worker well-being and organizational performance, longitudinal research is also suggested. Overall this study advances the existing literature on occupational health psychology and leadership by offering a measure that is both culturally relevant and psychometrically validated. The scientifically supported Indonesian Health Leadership Scale helps organizations assess leadership behaviors that support employee well-being, organizational resilience, and sustainable productivity.

The Indonesian RIGHT Leadership Scale showed good model fit and high internal consistency. Reliability coefficients were still within acceptable bounds, despite being somewhat lower than for the original scale. These variations align with research on cross-cultural adaptation, which shows that linguistic and cultural differences affect how items are interpreted [23]. In Asian contexts, comparisons with other modified leadership scales (MLQ, Ethical Leadership, Servant Leadership) also revealed slight declines in internal consistency [10], [24]. This suggests that cultural norms, such as Indonesia's hierarchical and paternalistic leadership culture, have an impact on employee responses [25], [26].

The results practically support the use of the RIGHT Leadership Scale in Indonesia as a tool for assessing good leadership practices that support employee well-being and organizational resilience. By demonstrating that leadership frameworks that prioritize health can be operationally measured in collectivist settings, this study theoretically advances leadership scholarship worldwide. Future studies are required to test for measurement invariance using multi-group CFA, extend testing to older workers and other industries, and test predictive validity on outcomes like job satisfaction and burnout using longitudinal research.

4. Conclusion

This research modified and verified the health leadership scale for Indonesian personnel, adhering to stringent ITC standards. The scale showed exceptional validity and reliability, affirming its suitability in collectivist and hierarchical work environments. The limitations include a primarily youthful sample and the lack of test–retest repeatability. The study provides a solid tool for businesses to use to look at leadership strategies that improve well-being. Subsequent studies ought to evaluate predictive validity, broaden to various sectors, and examine measurement invariance across groups.

Acknowledgments

The participants and Padjadjaran University Indonesia are to be greatly appreciated and thanked by the author for their support and facilitation of this study.

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