



The Interplay of Transcultural Competence, Therapeutic Communication, and Self-Efficacy Among Community Health Nurses

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<p>Track Record Article</p> <p>Revised: 10 June 2026 Accepted: 20 June 2026 Published: 30 June 2026</p> <p>How to cite: Nopriyanto, D., Bahtiar, B., Ruminen, R., Puspasari, R., Sukmana, M., Samsugito, I., & Wati, R. (2026). The Interplay of Transcultural Competence, Therapeutic Communication, and Self-Efficacy Among Community Health Nurses. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 8(2), 514–526.</p>	<p style="text-align: center;">Abstract</p> <p><i>Nurses working in culturally diverse environment possess valuable knowledge and experience in fostering interpersonal communication and can strengthen their self-efficacy. Nursing competence is defined as a continuous, dynamic process of providing care to patients from diverse cultural backgrounds, aimed at reducing risk and understanding patient needs. This study aimed to investigate the relationship between transcultural nursing competence, therapeutic communication skills, and self-efficacy among community health nurses in Samarinda. A quantitative descriptive cross-sectional study was employed, involving 224 nurses from 26 public health centers in Samarinda. Data were collected from April to June 2025 using validated questionnaires assessing transcultural nursing competence, therapeutic communication skills, and self-efficacy. Statistical analyses included chi-square tests and logistic regression to explore correlations and predictive relationships. Results showed that 52.7% of nurses demonstrated good transcultural nursing competence, 55.8% exhibited good therapeutic communication skills, and 58.5% reported high self-efficacy. Transcultural nursing competence significantly influenced therapeutic communication skills (OR=2.044, p=0.011) and self-efficacy (OR=2.256, p=0.004). Length of work also positively correlated with self-efficacy (OR=2.574, p=0.016), while demographic factors such as gender, age, and education showed no significant associations. Transcultural nursing competence emerged as a critical factor in enhancing therapeutic communication and self-efficacy among nurses. The findings highlights the importance of cultural competency training to improve nursing care in multicultural settings.</i></p> <p>Keywords: <i>Transcultural Nursing, Therapeutic Communication, Self-Efficacy, Community Health Nurses.</i></p>
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INTRODUCTION

Indonesia is recognized as a nation of rich ethnic diversity, encompassing 1,340 ethnic groups across the archipelago (BPS, 2024). This diversity is reflected in the cultural composition of its population. Samarinda, the capital of East Kalimantan Province, is the most populous city on the island of Kalimantan, with an estimated population of 825,949 in 2019 that increased to 858,080 in 2020, reflecting an annual growth rate of approximately 0.02% (BPS Kota Samarinda, 2021). Waves of ethnic migration have contributed to the cultural development of Samarinda. Such demographic shifts require healthcare systems to serve increasingly diverse population. Nurses, in particular, face challenges related to language barriers, religious values, and patients' cultural beliefs (Alkhaled et al., 2022).

In all healthcare settings, cultural understanding in the therapeutic communication and nurses' self-efficacy is fundamental to quality care. Cultural awareness is a core element of nursing practice, enabling nurses to deliver culturally competent, safe, and high-quality care to patients from diverse backgrounds (Osmancev et al., 2023). Culturally sensitive nursing care requires cultural competence, which in turn enhances nurses' self-efficacy (Fadaeinia et al., 2022). The risk of miscommunication and the potential errors increases when patients and nurses do not share the same language. Effective communication between nurses and patients plays a crucial role in ensuring quality healthcare services, particularly in multicultural contexts (Alharazi et al., 2025). Thus, *cultural competence can strengthen nurse-patient communication and improve patient satisfaction (Haqawi et al., 2024)*.

Nurses working in a culturally diverse environments possess valuable knowledge and experience in fostering interpersonal communication, which can strengthen their self-efficacy. Intercultural communication skills and nurses' self-efficacy are complex and multifaceted. Cultural competence in nursing is defined as a continuous, flexible, and patient-oriented process of providing care to individuals from diverse backgrounds (Vasli et al., 2023). Understanding social and cultural norms and practicing cultural competence help minimize clinical risks and misunderstandings (Stubbe, 2020). Nurses play a pivotal role in delivering safe, effective, efficient, and patient-centered care (Sayed, 2025). Cultural-based nursing enhances patient satisfaction and positively influences the health and well-being of individuals, families, groups, and communities. Such care can be achieved when nursing practices align with patients' cultural values, beliefs, and traditions, ensuring that services are appropriate and safe, and meaningful (Agga et al., 2022).

Therapeutic communication can enhance the quality of public services in healthcare centers and contribute to improved public health outcomes (Kewuan et al., 2024). Cultural barriers, however, affect the implementation of communication in service delivery programs (Alharazi et al., 2025; Theron et al., 2025). Differences in culture and language may weaken the relationship between transcultural nursing competence and therapeutic communication (Rifa'i et al., 2020). Knowledge of cultural competence knowledge has been shown to significantly increase nurses' self-efficacy in providing culturally sensitive care (Fadaeinia et al., 2022). Active clinical experiences and effective educational programs are essential to strengthen nurses' self-efficacy in delivering culturally competent care within multicultural healthcare systems (Ham & Tak, 2021).

Health services at public health centers encompass both facility-based and outreach activities. Patients and community members seeking care in Samarinda represent diverse

groups with varying ethnicities, economic statuses, and sociocultural backgrounds. This cultural diversity poses significant challenges for nurses, particularly those working in community settings. Haqawi et al., (2024) emphasized that cultural competence is essential in delivering care within multicultural environments. Cultural competence is a key determinant of successful community nursing interventions, yet resource limitations and cross-cultural communication barriers often reduce the effectiveness of care provided (Aborassin et al., 2024). Barriers to therapeutic communication and nurse self-efficacy present substantial obstacles, affecting nursing services, counseling, program dissemination, treatment, and patient safety. Strengthening transcultural nursing competence enhances professional values, empathy, and cultural sensitivity among nurses (Kağan & Örsal, 2020).

Therapeutic communication skills and culturally sensitive self-efficacy of nurses are essential for the delivery of effective care services in community health settings. This issue is particularly critical in East Kalimantan Province, especially Samarinda, which is characterized by a multicultural society with diverse social, ethnic, and linguistic backgrounds. Previous studies have shown that nurses' knowledge of transcultural nursing is closely linked to therapeutic communication in hospital contexts. In Indonesia's health system, however, the first point of referral for primary healthcare services is the public health center. To date, limited research has examined the direct relationship between transcultural competence, therapeutic communication skills, and self-efficacy among nurses working in community health centers, particularly in Samarinda, East Kalimantan Province. Addressing this gap is important because the context of community health centers differs from hospitals, with nurse-patient interactions being more intensive, continuous, and directly shaped by local socio-cultural conditions. This study is therefore essential as input for strengthening community health nursing services to ensure safer, more efficient care and to enhance patient satisfaction. The objective of this study was to investigate the relationship between transcultural nursing competence, therapeutic communication skills, and self-efficacy among community health nurses in Samarinda.

METHODS

This study employed a quantitative descriptive cross-sectional design. The study population consisted of 229 nurses providing health services both within facilities and through outreach at 26 public health centers in Samarinda. After screening based on inclusion and exclusion criteria, 224 nurses were deemed eligible. A total sampling approach was used, with all eligible nurses included in the study. Inclusion criteria were: holding a diploma in nursing or higher, providing nursing and health care services at public health centers, and being actively

employed at the time of data collection. Exclusion criteria included incomplete questionnaire responses (defined as fewer than 90% of items answered or distorted responses), which resulted in exclusion from the study.

Participants were provided with information at every stage of the study, and the authors adhered to established principles of research ethics. Ethical approval was obtained from the Ethics Committee of the Faculty of Medicine, Mulawarman University No. 74/KEPK-FK/IV/2025. Informed consent was secured from all participants, represented by household members/ respondents, prior to data collection. Participants were allowed to ask questions related to the study and were free to discontinue their involvement at anytime. Confidentiality was maintained by restricting data access to the authors and participants, ensuring equal treatment, and considering participant comfort and potential risks during the study. Data collection was conducted from April to June 2025.

Data were collected using three instruments, namely a questionnaire developed based on previous studies. Reliability testing yielded Cronbach's alpha values of 0.742 for the transcultural nursing competence questionnaire, 0.755 for the therapeutic communication skills questionnaire, and 0.729 for the self-efficacy questionnaire. The instrument comprised four sections: nurse demographic data (gender, age, religion, place of origin, education level, and years of experience); transcultural nursing competence (16 items, 4-point Likert scale); therapeutic communication skills (18 items, 4-point Likert scale covering orientation, implementation, and termination phases); and nurse self-efficacy (6 items, 4-point Likert scale addressing action and coping self-efficacy). Data collection began with a needs assessment, followed by questionnaire administration to community health nurses. Univariate analysis employed frequency distributions, bivariate analysis used the chi-square test, and multivariate analysis applied logistic regression prediction models. All analyses were conducted using SPSS version 25 (IBM Corporation, Armonk, NY, USA), with two-tailed tests and statistical significance set at $p < 0.05$.

RESULT

The descriptive results of respondents in this study are as follows:

Table 1. Respondent Characteristics Data (n=224)

Variables	Community Health Nurses	
	n	(%)
Gander		
Male	67	29.9
Female	157	70.1
Age	128	57.1
20-39 Years Old	96	42.9

Variables	Community Health Nurses	
	n	(%)
40-65 Years Old		
Religion		
Islam	201	89.7
Christian	23	10.3
Place of Origin		
Samarinda	202	90.2
Outer City Within		
East Kalimantan Province	12	5.4
Outside East Kalimantan Province	10	4.5
Level of Education		
Diploma of Nursing	167	74.6
Bachelor of Applied Nursing	15	6.7
Bachelor of Nursing	42	18.8
Length of work		
<1 Years	4	1.8
1 – 5 Years	42	18.8
> 5 Years	178	79.5

Table 1 shows that the majority of respondents were female (157; 70.1%), and aged 20-39 years (57.1%). Most were Muslim, (201; 89.7%), and originated from Samarinda (202; 90.2%). The highest level of education attained was a diploma in nursing (167; 74.6%), followed by a bachelor's degree in nursing (42; 18, 8%). The majority had more than five years of work experience (178; 79.5%). Descriptions of transcultural nursing competence, therapeutic communication, and self-efficacy among community health nurses are presented in the following table:

Table 2. Description of Transcultural Nursing Competence, Therapeutic Communication, and Self-Efficacy of Community Health Nurses in Samarinda (n=224)

Variables	Community Health Nurses	
	n	(%)
Transcultural Nursing		
Good	118	52.7
Poor	106	47.3
Therapeutic Communication		
Good	125	55.8
Poor	99	44.2
Self-Efficacy		
High	131	58.5
Low	93	41.5

Table 2 shows that 118 community health nurses in Samarinda (52.7%) demonstrated good transcultural nursing competence. Therapeutic communication skills were rated as good among 125 nurses (55.8%). Meanwhile, based on self-efficacy, the majority of nurses (131; 58.5%) reported high levels of self-efficacy.

Analysis of the correlation between respondent characteristics, with therapeutic communication skills, and self-efficacy is shown in the following table:

Table 3. Correlation Coefficient of Respondent Characteristic Variables, with Therapeutic Communication Skills and Self-Efficacy Community Health Nurses (n = 224)

Variables	Therapeutic Communication				X ²	P-value	Self-Efficacy				X ²	P-value
	Good		Poor				High		Low			
	n	%	n	%			n	%	n	%		
Gander												
Male	39	58.2	28	41.8	0.224	0.744	43	64.2	24	35.8	1.278	0.326
Female	86	54.8	71	45.2			88	56.1	69	43.9		
Religion												
Islam	108	53.7	93	46.3	3.408	0.104	118	58.7	83	41.3	0.041	1.000
Christian	17	73.9	6	26.1			13	56.5	10	43.5		
Place of Origin												
Samarinda	110	54.4	92	45.5			117	57.9	85	42.1		
Outer City Within East Kalimantan Province	7	58.3	5	41.7	2.554	0.279	9	75.0	3	25.0	1.671	0.434
Outside East Kalimantan Province	8	80.0	2	20.0			5	50.0	5	41.5		
Age												
20-39 years old	68	53.1	60	46.9	0.869	0.426	79	61.7	49	38.3	1.269	0.318
40-65 years old	57	59.4	39	40.6			52	54.2	44	45.8		
Level of Education												
Diploma of Nursing	92	55.1	75	44.9			99	59.3	68	40.7		
Bachelor of Applied Nursing	9	60.0	6	40.0	0.172	0.819	7	46.7	8	53.3	0.925	0.630
Bachelor of Nursing	24	57.1	18	42.9			25	59.5	17	40.5		
Length of work												
<1 Years	0	0	4	100			1	25.0	3	75.0		
1-5 Years	24	57.1	18	42.9	5.145	0.076	31	73.8	11	26.2	6.512	0.039*
>5 Years	101	56.7	77	43.3			99	55.6	79	44.4		

Table 3 shows that gender, religion, place of origin, age, and education were not significantly correlated with therapeutic communication skills or self-efficacy among nurses working at the Samarinda Community Health Center ($P > 0.05$). Meanwhile, length of work experience was significantly associated with nurses' self-efficacy ($P = 0.039$), but not with their therapeutic communication skills ($P = 0.076$).

Analysis of the correlation between transcultural nursing, with therapeutic communication skills, and self-efficacy is shown in the following table:

Table 4. Correlation Coefficient of Transcultural Nursing, With Therapeutic Communication Skills and Self-Efficacy Community Health Nurses (n = 224)

Variables	Therapeutic Communication		95% CI	OR	X ²	P-value
	Good	Poor				
Transcultural Nursing						
Good	76	42	1.231-3.599	2.105	7.483	0.009*
Poor	49	57				
Variable	Self-Efficacy		95% CI	OR	X ²	P-value
	High	Low				
Transcultural Nursing						
Good	79	39	1.225-3.612	2.104	7.363	0.010*
Poor	52	54				

Table 4 shows that community health nurses with good transcultural nursing competence were more likely to demonstrate good therapeutic communication skills (64.4%) compared to those with poor competence (35.6%). In the poor transcultural nursing group, the proportion of nurses with good therapeutic communication was only 46.2%. The odds ratio (OR) of 2.105 (95% CI: 1.231–3.599) indicates that nurses with good transcultural nursing competence were 2.1 times more likely to have good therapeutic communication skills (p-value = 0.009). Similarly, in relation to self-efficacy, 66.9% of nurses in the good transcultural nursing group reported high self-efficacy, compared to 49.1% in the poor group. The OR of 2.104 (95% CI: 1.225–3.612) with a p-value = 0.010 indicates that nurses with good transcultural nursing competence were 2.1 times more likely to have high self-efficacy than those with poor competence. These findings demonstrate that good transcultural nursing competence is positively and significantly associated with both therapeutic communication and nurse self-efficacy.

Multivariate analysis between characteristics, and transcultural nursing with therapeutic communication skills, and self-efficacy is shown in the following table:

Table 5. Logistic Regression Analysis of Variables Associated with Therapeutic Communication Skills and Self-Efficacy Community Health Nurses in Samarinda (n=224)

Variable	B	SE	Wald	df	Sig	Exp(B)	95% CI	
							Lower	Upper
Therapeutic Communication								
Religion	1.024	.535	3.667	1	.056	2.783	.976	7.935
Length of work	.116	.357	.105	1	.745	1.123	.558	2.261
Transcultural Nursing	.715	.281	6.484	1	.011	2.044*	1.179	3.544
Self-Efficacy								
Length of work	.945	.392	5.808	1	.016	2.574*	1.193	5.552
Transcultural Nursing	.814	.284	8.208	1	.004	2.256*	1.293	3.937

Table 5 presents the results of the multivariate logistic regression analysis, showing that Transcultural Nursing competence was the most consistently associated factor with improved therapeutic communication skills and self-efficacy among community health nurses in Samarinda. In the therapeutic communication model, nurses with higher transcultural nursing competence were 2.04 times more likely to demonstrate good communication skills compared to those with lower competence (OR = 2.044; 95% CI: 1.179–3.544; p = 0.011), after controlling for religion and length of work. In the self-efficacy model, both length of work and transcultural nursing competence showed significant associations. Nurses with longer tenure were 2.57 times more likely to report high self-efficacy (OR = 2.574; 95% CI: 1.193–5.552; p = 0.016), while those with good transcultural nursing competence were 2.26 times more likely to demonstrate high self-efficacy (OR = 2.256; 95% CI: 1.293–3.937; p = 0.004). These

findings confirm that transcultural nursing competence is a strong independent predictor of both therapeutic communication skills and self-efficacy among community health nurses.

DISCUSSION

Based on the findings of this study, transcultural nursing competence influences the therapeutic communication skills and self-efficacy of nurses providing care. Our results demonstrated a significant relationship between transcultural nursing competence, therapeutic communication skills, and self-efficacy among community health nurses in Samarinda. By contrast, gender, age, religion, place of origin, and level of education showed no significant correlation with either therapeutic communication skills and nurse self-efficacy. However, length of work experience was significantly associated with self-efficacy. Transcultural nursing competence emerged as a key factor influencing therapeutic communication, while both length of work and transcultural competence affected self-efficacy. The lack of influence of demographic factors such as gender, age, religion, place of origin, and education can be explained by the fact that these competencies are acquired through learning, experience, and professional practice rather than being innate traits tied to demographic characteristics. Therapeutic communication and self-efficacy are dynamic, learned competencies developed through ongoing professional training (Aborassin et al., 2024; Leal-Costa et al., 2020). Therefore, community health centers in Samarinda should implement continuous professional development, including regular transcultural nursing training to strengthen therapeutic communication, as well as mentoring programs led by senior nurses to enhance self-efficacy across the workforce.

The Relationship between Transcultural Nursing Competence and Therapeutic Communication of Community Health Nurses

Transcultural nursing competence seeks to provide care by incorporating cultural values and beliefs into practice. Cultural values play a vital role for nurses in communication, establishing nursing diagnoses, and making clinical decisions (Haqawi et al., 2024; Roman et al., 2013), thereby fostering culturally sensitive nurses through learning and the development of cultural competence (Leal-Costa et al., 2020). Therapeutic communication strengthens nurse-patient relationships and creates a supportive atmosphere for care delivery, whereas ineffective communication can lead to dissatisfaction, misdiagnosis, misunderstanding, and uncertainty (Amoah et al., 2018; Dahm et al., 2024). Research by Rifa'i reinforces these findings, highlighting the relationship between transcultural nursing competence and therapeutic communication, while also noting that cultural and language differences weaken this correlation (Rifa'i et al., 2020). Consistent with Larsen's study, language resources,

communication tools, and cultural knowledge are valuable assets for nurses when interacting with patients from diverse backgrounds, enabling them to build confidence and anticipate patient needs (Larsen et al., 2021).

Clear communication and cultural competence are essential for delivering safe, high-quality services (Horvath & Molnar, 2021). The risk of miscommunication and errors increases when nurses and patients are constrained by language and cultural differences (Kaspar & Reddy, 2017; Paredath et al., 2023). A lack of cultural competence can lead to culture shock, manifesting in negative experiences such as discomfort, helplessness, frustration, and disorientation (Dagus et al., 2024). Insufficient cultural understanding is therefore a major obstacle to effective communication and service delivery (Ardalan et al., 2021).

Several factors influence nurses' therapeutic communication abilities, with transcultural nursing competence identified in this study as the most important. Communication between nurses and patients from different cultural backgrounds often presents challenges in delivering effective care. Comprehensive cultural awareness and sensitivity are therefore essential to provide holistic nursing services (Bit-Lian et al., 2021). Transcultural nursing knowledge equips nurses to implement culturally compatible care in community health centers, where diverse ethnic groups interact (Timoteo et al., 2023). Nurses who analyze cultural characteristics and establish effective communication can enhance health literacy and promote positive health outcomes (Ilgaz, 2022). Moreover, adequate knowledge and skills foster effective communication with patients and families, while simultaneously increasing nurses' cultural sensitivity and competence. (Zeidani et al., 2023).

The Role of Transcultural Nursing Competence in Increasing the Self-Efficacy of Community Health Nurses.

Self-efficacy is closely related to nurses' willingness to work, which in turn impacts performance. Supporting evidence from Soudagar's study shows that self-efficacy correlates with willingness to work in nursing units and interest in the profession (Soudagar et al., 2015; Wallin et al., 2022). Higher levels of self-efficacy increase confidence in one's abilities. Transcultural nursing knowledge enhances nurses' perceived transcultural self-efficacy (Li et al., 2020), while transcultural nursing skills enable them to deliver quality care to patients from diverse cultural backgrounds (Li et al., 2020). Individuals with high self-efficacy are more likely to take the initiative in seeking knowledge that strengthens nursing skills and cultural competence (Mazaheri et al., 2023; Shorey & Lopez, 2021). Strengthening transcultural self-efficacy is particularly important for nurses, as they increasingly care for patients from varied cultural backgrounds (Ham & Tak, 2021).

The main factors influencing nurse self-efficacy in this study are length of work experience and transcultural nursing competence. Gloude-mans reported that nurses with more than 16 years of experience demonstrated higher self-efficacy scores, with years of experience and years in function positively correlated with self-efficacy (Gloude-mans et al., 2013). Nurse experience, reflected in length of work, contributes to increased confidence in implementing care. Individual experience is therefore a key determinant of self-efficacy (Kim et al., 2020). Self-efficacy also increases with greater knowledge of transcultural nursing, as relevant clinical experiences in multicultural environments enhance competence and confidence in providing effective care (Lim et al., 2004; Ton et al., 2024). Therefore, the trajectory of self-efficacy, whether it increases, stabilizes, or declines, depends on how nurses respond to successes and failures encountered in practice.

This study still has limitations, particularly in the study design and sampling. The cross-sectional design cannot infer causality, the total sampling method limits generalizability, and the self-report instrument is at risk of social desirability bias.

CONCLUSION

This study highlights the crucial role of transcultural nursing competence in enhancing therapeutic communication skills and self-efficacy among community health nurses in Samarinda, Indonesia. The findings indicate that nurses with higher levels of transcultural nursing competence are significantly more likely to exhibit effective therapeutic communication and stronger self-efficacy. Furthermore, the length of work experience also correlates positively with nurses' self-efficacy, suggesting that prolonged exposure to diverse patient populations contributes to the development of confidence and cultural adaptability in care provision. Despite variations in demographic characteristics such as gender, age, religion, place of origin, and education level, these factors did not show a significant influence on nurses' communication skills or self-efficacy. The results emphasize that transcultural competence and clinical experience are the most influential factors in ensuring culturally sensitive, effective, and patient-centered nursing care in a multicultural healthcare environment. These findings underscore the need for continuous professional development programs focusing on transcultural nursing competencies to improve communication efficacy and confidence among community health nurses. Such efforts are essential to meet the healthcare needs of culturally diverse populations and to ensure high-quality, inclusive, and safe nursing services.

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