

Translation, Cross-Cultural Adaptation, and Psychometric Validation of the Arabic General Risk-Taking Propensity Scale (GRiPS-A) for Early Screening of Risk-Taking Propensity in Omani Adolescents: Evidence from South Sharqiyah Governorate, Oman

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Abstract:

Background and Objectives: Adolescents across the Gulf Cooperation Council (GCC) carry a rising burden of health-risk behaviours, yet valid instruments to screen general risk-taking propensity (RTP) in Arabic-speaking adolescents are lacking. This study intended to translate, cross-culturally adapt, and psychometrically validate an Arabic version of the General Risk-Taking Propensity Scale (GRiPS-A) for Omani adolescents in South Sharqiyah Governorate as an early screening tool for school health services.

Methods: A methodological design followed the ISPOR ten-step protocol. Two forward and two blinded back-translators produced a reconciled Arabic version. An expert panel ($n = 7$) quantified content validity using the item-level Content Validity Index (I-CVI) and modified kappa, and cognitive debriefing involved 24 Omani adolescents aged 13-18 years. Reliability was assessed through Cronbach's alpha, test-retest correlation over 14 days ($n = 15$), split-half reliability, and corrected item-total correlations. The modest sample reflects the study's validation stage, for which expert panels of 6-10 and debriefing samples of 15-30 respondents are recommended; larger-scale testing is planned.

Results: The GRiPS-A achieved a scale-level content validity index of 0.86; six items showed excellent validity (I-CVI 0.86-1.00), while Items 4 and 7 (I-CVI = 0.71) were rephrased after debriefing revealed fatalistic readings of "hurt" and "chance". Internal consistency ($\alpha = 0.88$), test-retest stability ($r = 0.82$, $p < .001$), split-half reliability (0.86), and item-total correlations (0.52-0.81) were strong.

Conclusions: The GRiPS-A is a valid, reliable, and culturally sensitive brief screener of adolescent RTP in Oman and the wider GCC, supporting proactive prevention aligned with Oman Vision 2040.

Keywords: Risk-Taking Propensity, Adolescents, Translation, Cross-Cultural Adaptation, Psychometric Validation, Gulf Cooperation Council.

1. Introduction

Adolescents aged 0 to 17 years constitute approximately 43% of the Omani population, with nearly 45% residing in South Sharqiyah governorate (National Centre for Statistics and Information (NCSI): Oman Population Census, 2024). Adolescent neurodevelopment makes this stage vulnerable to initiating health-risk behaviours, including tobacco and substance use, interpersonal violence, bullying, and digital addictions (Ajisuksmo, 2021; Albert et al., 2013). Empirical data indicate a concerning early onset of risk behaviours within the Sultanate: the Global Youth Tobacco Survey (GYTS) reported that over 30% of Omani students in grades 8 through 10 first attempted smoking before age 10, a rate significantly higher than international benchmarks (Al-Lawati et al., 2017). This pattern is not unique to Oman. A meta-analysis of 33 studies across the six Gulf Cooperation Council (GCC) states estimated a pooled adolescent tobacco use disorder prevalence of 19.39%, among the upper range of international trends,



and attributed the elevated estimates partly to suboptimal measurement instruments (Chan et al., 2021). Recent regional surveys confirm the scale of the problem: pooled electronic nicotine delivery system (ENDS) use of 9.5% among 18,536 schoolchildren in seven Arab countries, with waterpipe users showing more than five-fold odds of ENDS use (Mohammad et al., 2024); secondhand smoke exposure reaching 12.7% of Omani adolescents at home and up to 65.9% in public places in some GCC states (Al-Zalabani, 2024); and, within Oman itself, 17.6% of male adolescents in Sohar having tried tobacco, 7.5% reporting current smoking, and more than 40% exposed to secondhand smoke despite high awareness of harms (Prashanth et al., 2025).

Despite strategic initiatives under Oman Vision 2040 and the Tenth Five-Year Health Plan to bolster youth well-being (Al-Mawali et al., 2017), existing health research in Oman has primarily focused on measuring the prevalence, frequency, and immediate environmental correlates of specific risk behaviours (Al-Lawati et al., 2017). Regional reviews echo this constraint: school-aged children across the Gulf engage in a wide range of health-risk behaviours at alarming rates, yet national data remain limited and are collected with instruments that were rarely validated for Arabic-speaking adolescents (Alsubaie, 2025). Available studies therefore lack validated instruments to assess underlying psychological risk-taking propensity (RTP) as a latent, domain-general trait in Arabic-speaking adolescent cohorts (Bran & Vaidis, 2019; Zhang et al., 2018). Without accurate baseline screening tools, health systems remain limited to reactive monitoring rather than proactive prevention (Boateng et al., 2018).

This study is anchored in the dual systems model of adolescent risk-taking (Steinberg, 2010; Strang, Chein, & Steinberg, 2013), the developmental neuroscience framework that best explains why a domain-general risk-taking propensity can be measured as a stable trait. The model posits that two neurobiological systems mature along different timetables: an early-maturing socioemotional incentive-processing system, localized in the ventral striatum and ventromedial prefrontal cortex, drives reward sensitivity and sensation seeking along a curvilinear trajectory that peaks in mid-adolescence, whereas the cognitive-control system, anchored in lateral prefrontal, parietal, and anterior cingulate cortices, strengthens gradually and linearly into early adulthood (Steinberg, 2010; Strang et al., 2013). The resulting maturational imbalance between heightened reward seeking and still-immature self-regulation creates a window of developmental vulnerability to risk behaviour, and longitudinal evidence confirms the predicted trajectories: reward sensitivity rises rapidly in early adolescence and plateaus while executive control continues improving into adulthood (Lozano Wun et al., 2025), and structural brain measures of the imbalance correlate directly with adolescents' risk-taking tendencies (McIlvain et al., 2020). Because this imbalance is a general property of adolescent neurodevelopment rather than a behaviour-specific phenomenon, it manifests as a latent, domain-general propensity: precisely the construct the GRiPS operationalizes through items tapping sensation seeking, reward appraisal, and harm tolerance (Zhang et al., 2018; Albert et al., 2013). Figure 1 depicts the model and situates the GRiPS-A within it: by quantifying the trait expression of the maturational imbalance, the scale serves as a behavioural index of the developmental vulnerability the model describes, which is the scientific rationale for deploying it as an early screening instrument in school health services.

The exact intention of this study was threefold: (a) to translate and cross-culturally adapt the General Risk-Taking Propensity Scale (GRiPS; Zhang et al., 2018) into Arabic for Omani adolescents aged 13 to 18 years; (b) to quantify content validity (item-level Content Validity Index, scale-level average, and modified kappa) with a regional expert panel and to establish face validity through cognitive debriefing with school-aged adolescents; and (c) to estimate the reliability of the resulting Arabic GRiPS (internal consistency, temporal stability, split-half consistency, and corrected item-total correlations) so that it can serve as an early screening instrument in school health services and as the foundation for GCC-wide validation. Specifically, the study evaluates whether the Arabic-adapted GRiPS maintains conceptual equivalence, structural validity, and temporal stability within the Omani socio-cultural context (Boateng et al., 2018; Polit & Yang, 2014).

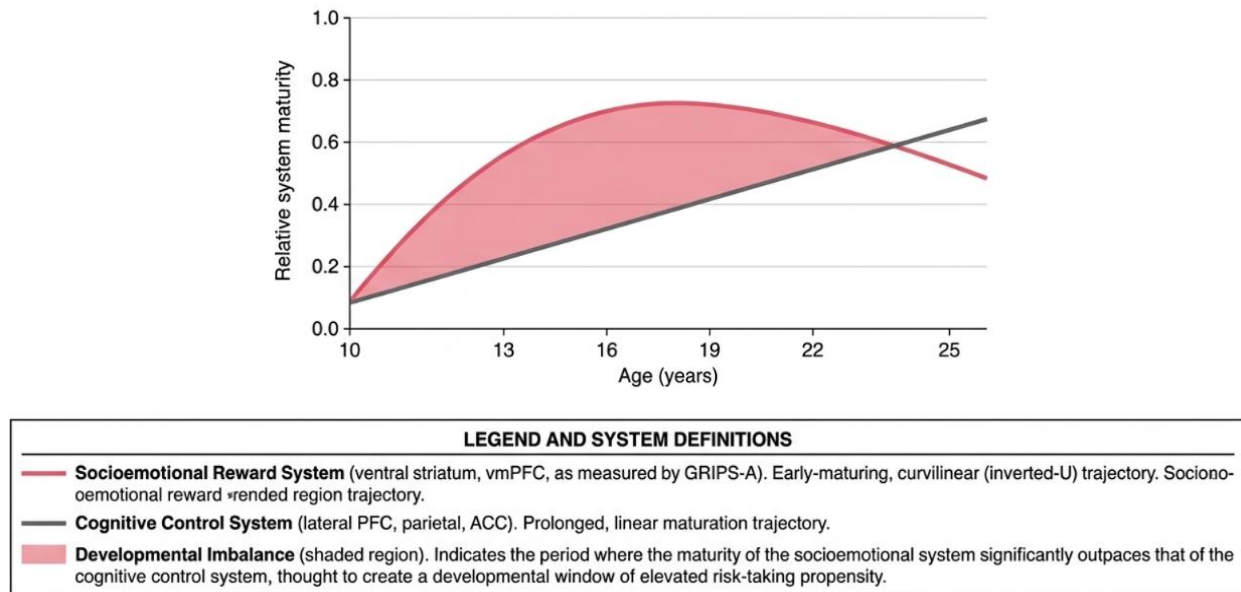


Figure 1. The dual systems model of adolescent risk-taking (adapted from Steinberg, 2010; Strang, Chein, & Steinberg, 2013; Lozano Wun et al., 2025). The early-maturing socioemotional reward system outpaces the linearly maturing cognitive-control system during mid-adolescence; the shaded imbalance is the developmental window in which the latent, domain-general risk-taking propensity measured by the GRIPS-A peaks..

2. Literature Review and Theoretical Framework

2.1 From domain-specific behaviours to domain-general risk propensity

Historical paradigms in risk assessment have frequently conceptualized risk-taking as domain-specific, assessing localized behaviours across financial, health/safety, ethical, social, and recreational domains, such as the Domain-Specific Risk-Taking (DOSPERT) scale (Blais & Weber, 2006). However, psychological and neurodevelopmental evidence demonstrates that adolescent risk engagement is substantially driven by a domain-general risk propensity: a latent trait anchored in sensation seeking, impulse control, and neurobiological maturation of reward processing networks (Albert et al., 2013; Duell et al., 2018).

2.2 The General Risk-Taking Propensity Scale

The General Risk-Taking Propensity Scale (GRiPS), developed by Zhang et al. (2018), is an 8-item, domain-general instrument designed to evaluate an individual's overall inclination toward risk. Unlike domain-specific scales (Blais & Weber, 2006), GRiPS captures latent risk propensity without confounding items with specific behavioural outcomes, making it broadly applicable across diverse settings (Bran & Vaidis, 2019; Zhang et al., 2018). While GRiPS has shown strong psychometric properties in Western adult and undergraduate populations ($\alpha = 0.89-0.94$) (Zhang et al., 2018), it has not been translated into Arabic or validated among pediatric or adolescent populations under 18 years of age. Adapting established instruments offers substantial methodological advantages over constructing new tools, including resource efficiency and cross-cultural comparability (Boateng et al., 2018; Wild et al., 2005).

2.3 Adolescent risk behaviour and measurement in the GCC, 2020-2025

Recent GCC literature (2020-2025) underscores both the urgency of adolescent risk screening and the region's measurement gap. Meta-analytic evidence places adolescent tobacco use disorder at a pooled prevalence of 19.39% across the six GCC states, with authors explicitly attributing inflated or unstable estimates to suboptimal measurement approaches (Chan et al., 2021). Analysis of Global Youth Tobacco Survey data ($N = 17,220$) across the GCC showed that 12.7% of Omani adolescents are exposed to secondhand smoke at home and 20.7% at school,

with exposure in public places reaching 65.9% in Kuwait, and that parental and peer smoking predict higher exposure (Al-Zalabani, 2024). Among 21,105 adolescents in five GCC countries, 17.9% reported sleep deprivation, and cigarette smoking was associated with 75% higher odds of sleep deprivation, a clustering of risk behaviours that points to a shared underlying propensity (Al-Zalabani, 2025). In Oman specifically, 17.6% of male adolescents in Sohar had tried tobacco and 7.5% were current smokers, yet misconceptions about secondhand smoke and perceived peer prevalence persisted despite 61.7% awareness of health harms (Prashanth et al., 2025). Regionally, pooled ENDS use of 9.5% and a five-fold association with waterpipe smoking (AOR = 5.26) signal an evolving risk landscape in which general propensity measures are increasingly relevant (Mohammad et al., 2024). Enforcement gaps compound the problem: Oman and Kuwait implemented only one of the four WHO Framework Convention on Tobacco Control provisions banning tobacco sales to minors, and more than 50% of adolescents who attempted to purchase cigarettes were not refused (Monshi et al., 2024). These findings converge on the conclusion that GCC health systems need brief, valid, culturally adapted trait-level screeners that move surveillance beyond behaviour-specific checklists (Alsubaie, 2025; Boateng et al., 2018).

2.4 Arabic scale validation in Gulf school populations

Encouragingly, the past five years have demonstrated the feasibility of Arabic instrument validation within GCC school populations. The Arabic Peer Mental Health Stigmatization Scale achieved strong internal consistency ($\alpha = 0.86$) among 369 Omani adolescents (Al Omari et al., 2023); the Arabic Strengths and Difficulties Questionnaire differentiated clinically referred from community youth in Qatar (Gilstrap et al., 2023); the Arabic Adolescent Distress-Eustress Scale showed good reliability and gender invariance among 505 Saudi high school students (Merdad et al., 2024); and the Arabic ADHD Rating Scale-5 demonstrated robust psychometrics for Saudi adolescents (Alqahtani et al., 2025). None of these instruments, however, measures general risk-taking propensity, confirming that the present study addresses an unoccupied measurement niche in the region.

3. Methodology

3.1 Ethical considerations

Ethical approval was granted by the Ministry of Education (MOE) of Oman. Written informed consent was obtained from parents or legal guardians, and verbal/written assent was obtained from all participating adolescents, adhering to institutional protocols for health research (Al-Mawali et al., 2017). All participant data were anonymized.

3.2 Instrument and translation protocol

The original GRiPS consists of eight items rated on a 5-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree") (Zhang et al., 2018). Cross-cultural adaptation followed the International Society for Pharmacoeconomics and Outcome Research (ISPOR) 10-step process (Wild et al., 2005):

(1) Forward Translation: Two independent bilingual Omani experts (F1, F2) translated the scale from English to Arabic (Wild et al., 2005). (2) Reconciliation: A unified forward-translated version was synthesized by the principal investigator (Wild et al., 2005). (3) Back Translation: Two blinded, independent bilingual academic translators (B1, B2) back-translated the reconciled version into English (Wild et al., 2005). (4) Harmonization and Back-Translation Review: The back-translated items were compared against the original English GRiPS to eliminate discrepancies (Wild et al., 2005; Zhang et al., 2018). (5) Expert Panel Evaluation: An expert panel of seven healthcare and educational specialists ($n = 7$) from MOH and MOE (each with at least 15 years of regional experience) evaluated the items for age appropriateness, semantic clarity, and cultural suitability (Lynn, 1986). (6) Cognitive Debriefing: The pre-final Arabic GRiPS was field-tested with 24 school-aged adolescents (12 males, 12 females, ages 13-18, grades 10-12) in Sur City, Oman, to assess item clarity, simplicity, and readability (Wild et al., 2005).

3.3 Sample size justification

The sample sizes employed are deliberately modest because the study sits at the content-validation stage of instrument adaptation, a stage whose evidentiary requirements differ fundamentally from those of full construct validation. For item-level content validity, Lynn (1986) recommends a minimum of five and preferably six to ten expert raters per item; with seven experts rating eight items, all I-CVI and modified kappa estimates in this study exceed that minimum, and CVI values of this precision are stable at panel sizes of this order (Lynn, 1986; Polit & Yang, 2014). Cognitive debriefing likewise relies on small, information-rich samples because its purpose is to surface comprehension and cultural-interpretation problems rather than to estimate population parameters; the 24 debriefing participants exceeded the panel sizes typically used in ISPOR-style review rounds while covering both sexes and the full target age band (Wild et al., 2005). The test-retest subsample ($n = 15$) is consistent with pilot-phase stability estimation in comparable translation studies, though its confidence interval is correspondingly wide, so temporal stability should be re-estimated in larger samples. Finally, the statistics that do require large samples, confirmatory factor analysis, measurement invariance testing, and structural equation modeling, were explicitly not part of this study's aim and are scheduled for a nationally representative sample ($N > 1,000$), as detailed in the Future Directions section. Purposive sampling of information-rich cases (balanced sex, grades 10-12) is appropriate at this stage because the study seeks maximum variation in item interpretation, not statistical generalizability (Boateng et al., 2018; Polit & Yang, 2014).

3.4 Quantitative content and psychometric analysis

Content validity was quantified using standard index formulas (Lynn, 1986; Polit & Yang, 2014): the item-level Content Validity Index (I-CVI), computed as the proportion of experts rating an item 3 ("moderately suitable") or 4 ("very suitable"), with $I-CVI \geq 0.78$ considered acceptable; the scale-level average (S-CVI/Ave), the mean of all item I-CVI scores, with a target threshold above 0.80; and the modified kappa statistic (k^*), which adjusts agreement for chance. Reliability was assessed using Cronbach's alpha for internal consistency, test-retest correlation over a 14-day interval ($n = 15$), corrected item-total correlations, and split-half reliability (Boateng et al., 2018; Polit & Yang, 2014).

4. Results

4.1 Content validity and cognitive pretesting

The Arabic GRiPS achieved an overall Scale-Level Content Validity Index (S-CVI/Ave) of 0.86, exceeding the established 0.80 psychometric threshold (Lynn, 1986; Polit & Yang, 2014). Six of the eight items (75%) demonstrated high validity indices ($I-CVI = 0.86-1.00$; $k^* = 0.85-1.00$), and the remaining two items were rated acceptable ($I-CVI = 0.71$; $k^* = 0.69$) with lower readability ratings (< 0.80) during adolescent cognitive debriefing:

Item 4: "I would take a risk even if it meant I might get hurt" (Harm Tolerance). Item 7: "I am a believer of taking chances" (Belief in Taking Chances) as shown in Table 1.

Table 1: Content validity indices for the Arabic GRiPS-A ($n = 7$ experts) (Lynn, 1986; Polit & Yang, 2014)

Item	Core psychological construct	I-CVI	Modified kappa (k^*)	Evaluation
1	Sensation Seeking	0.86	0.85	Excellent
2	Social Perception of Risk	1.00	1.00	Excellent
3	General Engagement	0.86	0.85	Excellent
4	Harm Tolerance	0.71	0.69	Acceptable (rephrased)
5	Personal Values	0.86	0.85	Excellent
6	Decision-Making Patterns	1.00	1.00	Excellent
7	Belief in Taking Chances	0.71	0.69	Acceptable (rephrased)
8	Risk Attraction	0.86	0.85	Excellent
Overall S-CVI/Ave		0.86	0.85	Excellent

Qualitative debriefing indicated that literal Arabic translations of "hurt" and "chances" conveyed physical harm or fatalistic luck. These items were rephrased to emphasize situational probability and general vulnerability, which improved comprehension among the adolescent panel (Wild et al., 2005). Figure 2 displays the item-level indices against the 0.78 acceptability threshold, and Figure 3 summarizes the distribution of item evaluations: 75% of items achieved excellent validity and 25% required rephrasing before reaching final form.

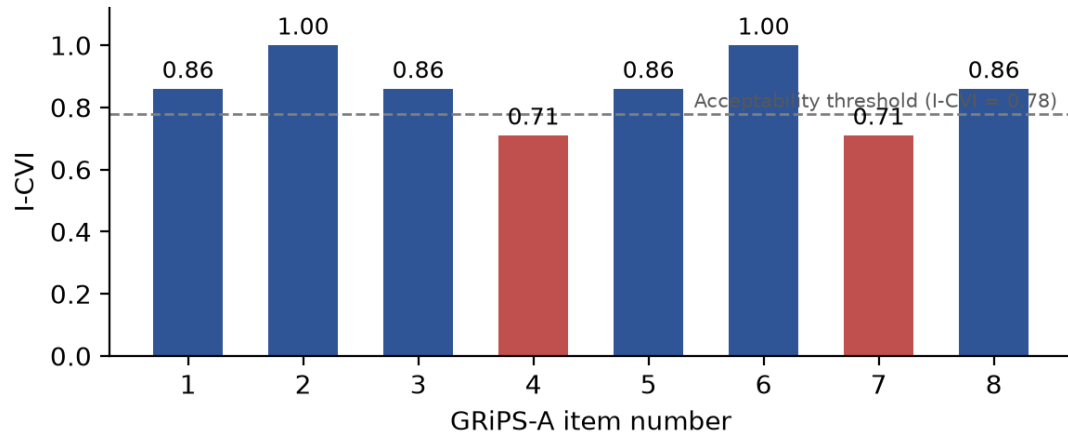


Figure 2: Item-level content validity indices (I-CVI) for the GRiPS-A against the 0.78 acceptability threshold (n = 7 experts).

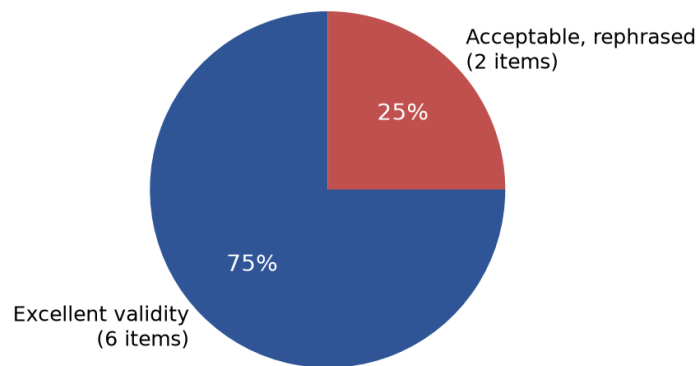


Figure 3: Distribution of item evaluations: 6 of 8 items (75%) rated excellent, 2 of 8 items (25%) rephrased after cognitive debriefing.

4.2 Reliability analysis

The scale demonstrated strong internal consistency, temporal stability, and item homogeneity across all metrics (Boateng et al., 2018). Table 2 and Figure 4 summarize the reliability estimates. Corrected item-total correlations ranged from 0.52 to 0.81, indicating strong item-construct coherence with no item approaching the 0.30 deletion criterion (Polit & Yang, 2014).

Table 2. Reliability indices of the Arabic GRiPS-A (Boateng et al., 2018; Polit & Yang, 2014)

Reliability measure	Value	Psychometric interpretation
Cronbach's alpha	0.88	High internal consistency
Test-retest reliability (r, n = 15)	0.82 (p < .001)	Strong temporal stability
Split-half reliability	0.86	High internal structural consistency
Corrected item-total correlations	0.52 to 0.81	Strong item-construct coherence

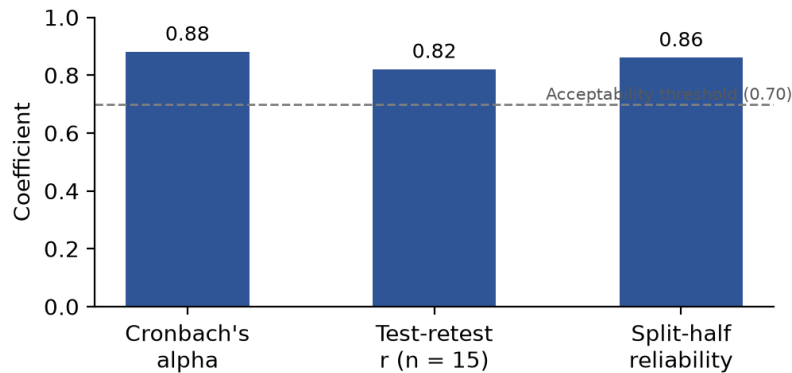


Figure 4: Reliability coefficients of the GRiPS-A against the 0.70 acceptability threshold.

5. Discussion

The Arabic adaptation of the GRiPS demonstrates strong psychometric properties, consistent with international validations of the scale (Bran & Vaidis, 2019; Zhang et al., 2018). The high internal consistency ($\alpha = 0.88$) and test-retest reliability ($r = 0.82$) confirm that domain-general risk propensity can be reliably measured in Arab adolescent demographics using a concise 8-item scale (Boateng et al., 2018; Zhang et al., 2018). These coefficients also sit comfortably within the range reported for recent Arabic adolescent scales in the Gulf, including the Arabic Peer Mental Health Stigmatization Scale ($\alpha = 0.86$) validated with Omani adolescents (Al Omari et al., 2023), the Arabic Adolescent Distress-Eustress Scale in Saudi Arabia (Merdad et al., 2024), and the Arabic Strengths and Difficulties Questionnaire in Qatar (Gilstrap et al., 2023), supporting the viability of brief Arabic screeners in GCC school systems.

Refining Items 4 and 7 highlighted key cross-cultural nuances in risk communication. In traditional Omani contexts, literal translations of "taking chances" and "getting hurt" carry fatalistic or physical injury interpretations (Wild et al., 2005). Re-articulating these items ensured alignment with general psychological willingness rather than deterministic concepts (Polit & Yang, 2014). This finding is consistent with regional evidence that distorted risk perception, rather than ignorance of harm, drives adolescent risk engagement: even where 61.7% of Omani adolescents recognize tobacco's harms, misconceptions and social influences sustain use (Prashanth et al., 2025), and low harm perceptions of waterpipe smoking contribute to youth experimentation across the Eastern Mediterranean region (Mehrtash & Parascandola, 2020). A trait-level screener such as the GRiPS-A can therefore identify vulnerability before distorted perceptions translate into behaviour.

By providing a validated Arabic measure of latent risk propensity, this tool supports a shift toward proactive health screening in a region where adolescent tobacco use disorder reaches 19.39% pooled prevalence (Chan et al., 2021) and where enforcement of sales bans remains uneven (Monshi et al., 2024). School health systems can utilize the Arabic GRiPS to identify adolescents with elevated risk propensity and deliver targeted life-skills training, aligning with public health objectives under Oman Vision 2040 and strategic research frameworks (Al-Mawali et al., 2017).

6. Limitations, Future Directions, and Implications

6.1 Limitations and geographic constraints

This study was geographically limited to Sur City in the South Sharqiyah governorate. To establish broader regional validity, future studies should implement and validate the Arabic GRiPS across diverse metropolitan, industrial, and rural centers within Oman, such as Muscat, Sohar, Salalah, and Nizwa, as well as major GCC urban centers including Riyadh, Dubai, Abu Dhabi, Doha, and Kuwait City. The regional evidence base assembled above (Chan et al., 2021; Al-Zalabani, 2024; Mohammad et al., 2024) makes a coordinated GCC validation network both feasible and timely, since a common Arabic screener would enable direct cross-country comparison of adolescent risk propensity for the first time.

6.2 Unanswered scope question

Due to time, scope, and resource constraints, this study could not address whether baseline latent GRiPS scores directly predict longitudinal trajectories of actual risk behaviours (e.g., progression to substance initiation or dangerous driving) over multi-year developmental periods (Albert et al., 2013; Zhang et al., 2018). Answering this question requires cohort follow-up, and regional behavioural surveys (Al-Zalabani, 2025; Prashanth et al., 2025) provide the surveillance infrastructure to link propensity scores with documented outcomes.

6.3 Methodological recommendations

Future research should build upon these baseline psychometric findings by employing: (a) Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM) in larger, nationally representative samples ($N > 1,000$) (Boateng et al., 2018); (b) multi-group invariance testing across age cohorts (early, middle, and late adolescence) and gender (Duell et al., 2018; Polit & Yang, 2014); and (c) objective behavioural tasks, such as the Balloon Analogue Risk Task (BART), or Ecological Momentary Assessment (EMA) tools to evaluate real-time decision-making alongside self-reported GRiPS scores (Bran & Vaidis, 2019).

6.4 New hypotheses

Based on the findings, two testable hypotheses are proposed for future research: Hypothesis 1: latent domain-general risk propensity (GRiPS) moderates the impact of peer pressure on early substance initiation among Arab adolescents (Albert et al., 2013; Zhang et al., 2018). Hypothesis 2: socio-cultural protective factors (e.g., family cohesion, school connectedness) moderate the relationship between high risk propensity and real-world risk engagement, suppressing harmful behavioural outcomes (Ajisuksmo, 2021).

6.5 Implications

Research implications: the GRiPS-A provides the first validated Arabic trait-level risk-propensity measure, giving GCC researchers a common metric for cross-national comparison and a basis for the CFA, invariance, and longitudinal work described above (Boateng et al., 2018; Zhang et al., 2018).

Practice implications: school nurses and counsellors can administer the 8-item screener in under five minutes during routine school health visits, enabling early identification of adolescents with elevated propensity and timely referral to life-skills and prevention programmes (Boateng et al., 2018; Al-Mawali et al., 2017).

Policy implications: embedding GRiPS-A screening in national school health surveillance would support Oman Vision 2040 prevention targets and strengthen the implementation of WHO Framework Convention on Tobacco Control measures, whose enforcement gaps in Oman and Kuwait are already documented (Monshi et al., 2024; Al-Mawali et al., 2017).

Theoretical implications: the strong psychometrics of a domain-general measure in an Arab adolescent sample supports the cross-cultural applicability of trait-level risk-propensity theory (Duell et al., 2018; Zhang et al., 2018), while the fatalistic readings of Items 4 and 7 demonstrate that construct equivalence, not merely semantic translation, must be secured when adapting personality-based measures to collectivist cultural contexts (Polit & Yang, 2014; Wild et al., 2005).

7. Conclusion

The Arabic version of the General Risk-Taking Propensity Scale (GRiPS-A) is a culturally adapted, valid, and reliable instrument for evaluating latent risk propensity in Omani adolescents (Wild et al., 2005; Zhang et al., 2018). The scale addresses a critical screening gap in Arab youth health research (Al-Lawati et al., 2017; Chan et al., 2021), offering researchers, educators, and public health officials a reliable tool to support early prevention and intervention strategies in alignment with national health goals (Al-Mawali et al., 2017).

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الترجمة والتكيف عبر الثقافات والتحقق السيكومتري للنسخة العربية من مقياس الميل العام للمخاطرة (GRiPS-A) للفحص المبكر عن الميل إلى المخاطرة لدى المراهقين العُمانيين: أدلة من محافظة جنوب الشرقية، سلطنة عُمان

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الملخص:

الخلفية والأهداف: يواجه المراهقون في دول مجلس التعاون لدول الخليج العربية عبئًا متزايدًا من السلوكيات المحفوفة بالمخاطر الصحية، في ظل نقص الأدوات الموثوقة والمتاحة باللغة العربية لقياس الميل العام للمخاطرة لدى المراهقين. هدفت هذه الدراسة إلى ترجمة النسخة العربية من مقياس الميل العام للمخاطرة (GRiPS-A) وتكييفها عبر الثقافات، والتحقق من خصائصها السيكومترية لدى المراهقين العُمانيين في محافظة جنوب الشرقية، بوصفها أداة للفحص المبكر يمكن استخدامها في خدمات الصحة المدرسية.

المنهجية: اتبعت الدراسة تصميمًا منهجيًا وفق بروتوكول ISPOR المكون من عشر خطوات. أجرى مترجمان ترجمتين أماميتين مستقلتين، كما أجرى مترجمان آخران، دون الاطلاع على النسخة الأصلية، ترجمتين عكسيتين، وصولًا إلى نسخة عربية موحدة. وقيمت لجنة من سبعة خبراء صدق المحتوى باستخدام مؤشر صدق المحتوى على مستوى الفقرة (I-CVI) ومعامل كابا المعطل، كما أجريت مقابلات الاستيضاح المعرفي مع ٢٤ مراهقًا عُمانيًا تتراوح أعمارهم بين ١٣ و ١٨ عامًا. وتم تقييم الثبات باستخدام معامل ألفا كرونباخ، واختبار إعادة الاختبار بعد ١٤ يومًا (ن = ١٥)، وثبات التجزئة النصفية، ومعاملات ارتباط الفقرة المصححة بالدرجة الكلية. ويعكس حجم العينة المحدود طبيعة مرحلة التحقق من الأداة، إذ يُوصى عادةً بلجان خبراء تضم ٦-١٠ أفراد وعينات استيضاح معرفي تتراوح بين ١٥ و ٣٠ مشاركًا، على أن تُجرى اختبارات لاحقة على عينات أكبر.

النتائج: حقق مقياس GRiPS-A مؤشر صدق محتوى على مستوى المقياس بلغ ٠,٨٦، وأظهرت ست فقرات صدقًا ممتازًا تتراوح فيه I-CVI بين ٠,٨٦ و ١,٠٠، في حين أعيدت صياغة الفقرتين ٤ و ٧ ($I-CVI = 0.71$) بعد أن كشفت المقابلات المعرفية عن تفسيرات قدرية لكلمتي «الأذى» و«الفرصة». وأظهرت النتائج اتساقًا داخليًا قويًا (ألفا كرونباخ = ٠,٨٨)، وثباتًا جيدًا في اختبار إعادة الاختبار ($r = 0.82$)، ($p < 0.001$)، وثباتًا مرتفعًا بالتجزئة النصفية (٠,٨٦)، كما تراوحت معاملات ارتباط الفقرات المصححة بالدرجة الكلية بين ٠,٥٢ و ٠,٨١.

الاستنتاجات: يُعد مقياس GRiPS-A أداة مختصرة تنسم بالصدق والثبات والحساسية الثقافية لفحص الميل إلى المخاطرة لدى المراهقين في سلطنة عُمان ودول مجلس التعاون الخليجي، ويمكن أن يدعم جهود الوقاية الاستباقية بما يتماشى مع مستهدفات رؤية عُمان ٢٠٤٠.

الكلمات المفتاحية: الميل إلى المخاطرة، المراهقون، الترجمة، التكيف عبر الثقافات، التحقق السيكومتري، مجلس التعاون لدول الخليج العربية.