

Measuring Teacher Cultural Competence

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(Received: 14-7-14 / Accepted: 18-8-14)

Abstract

Demographic changes anticipated over the next decade magnify the importance of addressing racial/ethnic disparities in education. A paradigm shift has occurred among scholars concerning the approach for addressing the academic achievement gap by emphasizing the reeducation of teachers in the way they view the widening diversity of students in the United States. Cultural competence has emerged as a method to resolve the disconnect between teachers and students. This study surveyed 70 teachers of students at a high poverty American elementary school and a high poverty American middle school using the *Cross Cultural Adaptability Inventory* by Kelly and Meyers. The study results were analyzed through the lens of previous analysis of cultural competence self-assessments by researchers in the health care profession. The revelations question the validity of using self-assessments to measure cultural competence.

Keywords: Cultural competence, high poverty, academic achievement gap, diversity, cross cultural, elementary school, middle school, teachers.

Background

Demographic changes anticipated over the next decade in the United States magnify the importance of addressing racial/ethnic disparities in education. These disparities have been highlighted by The National Center for Educational Statistics (NCES) that define the academic achievement gap as occurring when one group of students outperforms another group and the difference in average scores for the two groups is statistically significant, larger than the margin of error (NCES, 2011). A recent *Education Week* editorial further explained the present disparities in educational academic achievement by reporting that the NCES in 2009 and 2011 confirmed that Black/African American and Hispanic American students scored lower than their white American peers by an average of more than 20 test-score points on the NAEP math and reading assessments at 4th and 8th grades, a difference of about two grade levels (Education Week; <http://www.edweek.org/ew/issues/achievement-gap/>; August

14, 2012). The gaps have continued despite the score discrepancies between Black/African American and white American students narrowing between 1992 and 2007 in 4th grade math and reading and 8th grade math (NCES, 2009, 2011). Consequently, scholars have altered the approach for addressing the academic achievement gap by focusing less on changing the way the students learn to a greater emphasis on reeducating teachers in the way they view the widening diversity of students in the United States. Such a paradigm shift ensures that teachers are well equipped to engender greater academic achievement among students of diverse backgrounds and abilities.

1. Review of Literature

1.1 Cultural Competence- A Paradigm Shift

As purported by Boykin and Noguera (2011) “race, class and linguistic and cultural differences between students and teachers certainly do not cause the achievement gap; however, they do contribute to its persistence and often complicate efforts to reduce or eliminate disparities in student learning” (p. 29). Many scholars have written about the disconnect between the student’s and the teacher’s culture and methods for resolving the divide, including the subject of multiculturalism (Banks, 1993), cultural responsiveness (Gay, 2000), and cultural relevance (Ladson-Billings, 1995). Ladson-Billings describe culturally relevant teachers as those who utilize students’ culture as a vehicle for learning (Ladson-Billings, 1995). She furthers the initiative of cultural competence by asserting that cultural competence can be achieved by training prospective teachers in a manner where culture is clearly understood (their own and others) and in the manner in which it functions in education (Ladson-Billings, 1995). Gallavan maintains that cultural competence involves guiding teachers through the processes of knowing themselves, discovering one another, and constructing their own thoughts and beliefs about society (Gallavan, 2005).

Many American educational organizations have also advocated for the inclusion of cultural competence in educator preparation and practice. The National Association of School Psychologists (NASP) maintains that a commitment to culturally competent practices benefit children in many ways. NASP affirms its pledge to promote inclusive educational environments that respect and respond to differences in race, culture, ethnicity, and language. The association encourages school psychologists to possess improved cross-cultural communication and to strive to ensure that consultation, intervention, and assessments are appropriately designed to meet student, staff, and parental needs (<http://www.nasponline.org/resources/culturalcompetence/mission.aspx>). The National Association of State Boards of Education (1994) addressed culturally competent schools in the policy update, *Cultural Competence and Education*. It strongly recommended that policies regarding cultural relevance or competence be linked to teacher training and in-service professional development programs so that teachers are able to meet the needs of a diverse student body. (NASBE, July 2004). The National Education Association (NEA) purports that the rationale for cultural competence stems from 1) the diversity of the student population; 2) the critical role culture plays in learning; 3) a connection to more effective teaching; 4) a need to better connect with students’ families; 5) efforts to lower the student academic achievement gap; 6) a reinforcement of American and democratic ideals; and 7) efforts to meet accountability requirements (NEA, 2008).

Upon review of the various definitions of cultural competence, Byrd-Blake & Olivieri (2009) defined cultural competence in teacher education as 1) the ability to engage in self-reflection and self-critique of one’s belief system about oneself, individuals and groups of people; 2) the knowledge, understanding, acceptance and appreciation of diversity among students (Ward & Ward, 2003); 3) the ability to demonstrate behaviors that are congruent with an understanding of differences among learners; 4) and the ability to effectively operate within different

cultural contexts (NASP, 2003). This definition encompasses the notion that “when teachers recognize that student differences influence their academic needs and acknowledge the likelihood that personal biases influence teacher-student interactions, they will be more likely to take measures that address these issues” (Boykin & Noguera, 2011, p. 31).

Becoming culturally competent is “an on-going contextual, developmental, and experiential process of personal growth that results in a professional understanding and improved ability to adequately serve individuals who look, think, and behave differently from us” (Suarez-Balcazar & Rodakowski, 2007, p. 15). Assessments that measure the knowledge, skills and dispositions that reflect cultural competence of teachers have not yet been comprehensively identified, described, or evaluated. Krentzman and Townsend (2008) examined the existing measures of cultural competence from a wide range of disciplines to find those that were optimal for measuring the cultural competence of social work students. They concluded that many questionnaires and scales designed to measure cultural competence have been developed from the following multidisciplinary perspectives: counseling and psychology, social work, nursing medicine, dental education, business and business education, communications and school psychology.

1.2 Measuring Cultural Competence

There are numerous validated measures and assessment instruments that are available to measure cultural competence of health care professionals (Capell, Veenstra & Dean, 2007; Suarez-Balcazar et. al. 2011). The field of medicine has approached cultural competence assessment of health care professionals through evaluations and critiques of various measures (NCCC, 2011, Gozu, et. al., 2007). For 15 years, the National Center for Cultural Competence (NCCC) at Georgetown University, USA has had an impact on advancing and sustaining cultural and linguistic competency for health practitioners. NCCC promotes the use of its validated self-assessment measures for both organizations and individuals within health care and human service agencies. It views self assessments as an ongoing process to measure progress over time and not just a onetime occurrence. The Center’s guiding principles of self-assessment reflect it as a strength’s based model to identify and promote growth among individuals and organizations, a means of providing a safe and non-judgmental method of measurement, involve all stakeholders and use of the results to build capacity (NCCC, 2011, <http://nccc.georgetown.edu/orgselfassess.html>).

Kardong-Edgren (2007) used the Campinha-Bacote’s Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) to measure the cultural competence of 170 baccalaureate nursing (BSN) program faculty. The survey also assessed factors that were helpful in increasing comfort levels in caring for individuals from other cultures and gathered self-report data on cultural content in faculty academic preparation and current employing programs. Results indicated BSN faculty were culturally competent. Faculty teaching in the states with the most immigrants were more culturally competent than faculty teaching in the states with the least immigrants. Immersion or working in another culture were the most frequently cited methods of increasing cultural comfort.

Forty-five English Language articles published from 1980 to 2003 evaluating the effectiveness of cultural competence curricula for health professionals were reviewed by Gozu, et. al. (2007). The researchers reviewed studies that used at least one self-administered cultural competence tool. The 45 unique assessment instruments included 32 learner self-assessments and 13 written exams. They abstracted information about targeted providers, evaluation methods, curricular content, and the psychometric properties of each tool. A majority of the studies that assessed cultural competence used self-administered tools that were not yet validated. Only 1/3 (15/45) of the tools assessed demonstrated either validity or reliability, and only 13% (6/45) demonstrated both reliability and validity. The researchers

cautioned that the lack of validated tools used to assess cultural competence hindered accurate interpretation of their success (Gozu, *et. al.* (2007).

Kumas-Tan, *et. al.* (2007) critically examined quantitative measures of cultural competence most commonly used in medicine and in the health professions to identify underlying assumptions about what constitutes competent practice across social and cultural diversity. A review of approximately 20 years of literature identified the most frequently used cultural competence measures, which were then thematically examined following a structured analytic guide. The analysis resulted in the identification of 54 instruments. The 10 most widely used cultural competent instruments were then analyzed closely and six prominent assumptions embedded in each were identified. The results indicated that the instruments equated culture with ethnicity and race and conceptualized culture as an attribute possessed by the ethnic or racialized Other. Cultural incompetence was seen as to have arisen from a lack of exposure to and knowledge of the Other, and also from individual biases, prejudices, and acts of discrimination. Many of the instruments reviewed assumed that the health care practitioners are white and Western and that greater confidence and comfort among the practitioners signified increased cultural competence. The researchers concluded that the existing measures embed highly problematic assumptions about what constitutes cultural competence. The measures ignored the power relations of social inequality and assumed that individual knowledge and self-confidence were sufficient for change. It was suggested that measures that assess cultural humility or actual practice were needed if advancements were to occur so that health professionals could move forward in their efforts to understand, teach, practice, and evaluate cultural competence. In addition, based on the thorough review by Kumas-Tan *et. al.* there was little uniformity in the methods used to evaluate cultural competence for health care professionals. They identified 54 distinct instruments and a number of studies that used instruments developed specifically for those studies. The most prominent cultural competence measures, after a thorough review (Kumas-Tan *et. al.*, 2007) were quantitative instruments developed to measure the cultural competence of individual students or practitioners. The most prominent measures were identified as: 1) Multicultural Counseling Inventory (MCI); 2) Cultural self-efficacy Scale (CSES); 3) Inventory for assessing the process of cultural competence among health professionals (IAPCC and IAPCC-R); 4) Cross-Cultural Adaptability Inventory (CCAI); 5) Quick discrimination index (QDI); 6) Cultural Attitude Scale or Ethnic Attitude Scale (CAS/EAS); 7) Multicultural Awareness Knowledge, and Skills Survey (MAKSS & MAKSS-CE-R); 8) Cultural Competence Self-Assessment Questionnaire (CCSAQ); 9) Cross-Cultural Counseling Inventory (CCI and CCI-R); and 10) Multicultural Counseling knowledge and Awareness Scale (MCKAS) (pp. 550-551). The authors assert that the MCI, the MAKSS-CE-R, the MCAS-B/MCKAS, and the CCCI-R were the four measures that have been the most frequently reviewed due to perhaps them being the original measures.

2. Methods

2.1 Assessment Instrument: The Cross Cultural Adaptability Inventory

The Cross-Cultural Adaptability Inventory (CCAI) was chosen from the ten scales reviewed by Kumas-Tan, *et. al.* (2007) to administer to Title I teachers in a study of cultural competence and cross cultural adaptability. Kelley and Meyers (1995) describe the instrument as comprising excellent reliability, face validity and construct validity. The CCAI was first developed in 1987 and revised in 1992. The authors convey its purpose as a “training instrument designed to provide information to an individual about his or her potential for cross-cultural effectiveness” (p.2). The CCAI consists of 50 items, a six point Likert scale (definitely not true to definitely true) and four subscales identified as emotional resilience, flexibility/openness, perceptual acuity, and personal autonomy (Kumas-Tan, *et. al.*, 2007;

Kelley & Meyers, 1995). Kelley and Meyers (1995) surmised that the CCAI was designed to respond to the following needs:

1) to understand the factors and qualities that facilitate cross-cultural effectiveness; 2) To increase self-awareness regarding the factors and qualities that influence cross-cultural effectiveness; 3) to improve skills in interacting with people from other cultures when an individual is already in a new culture or multicultural setting; 4) to decide whether to work in a culturally diverse or multinational company, whether to live abroad, and so on; and 5) to prepare to enter another culture such as a multinational environment or a new country through preparatory training customized to the individual (p. 3).

The CCAI was the chosen instrument for this study of American teachers in high poverty schools based on its design purpose that states it provides feedback regarding an individual's relative strengths and weaknesses in relation to the four CCAI dimensions of emotional resilience, flexibility and openness, perceptual acuity, and personal autonomy (Kelley & Meyers, 1995). The authors also indicate that feedback from the instrument increases self-knowledge and awareness regarding potential difficulties and concerns of cross-cultural effectiveness. Kumas-Tan et. al. reported that there were conflicting reports of the measure's psychometric properties and one report indicated that the four-factor structure was not replicable and that the instrument did not measure cross-cultural adaptability (p. 550).

Kumas-Tan et. al (2007) describe six underlying assumptions embedded in the most widely used cultural competence measures (Kumas-Tan, et. al., 2007). They provide a summary of how the ten most widely used cultural competence measures embed the underlying assumptions (p. 550-551). Following is a summary of the underlying assumptions along with an analysis of the CCAI in relationship to the identified assumptions:

Assumption 1: Culture is a matter of ethnicity and race. Although the term cultural competence is increasingly used in reference to “a variety of cultural (e.g., racial, ethnic, gender, social class, and sexual orientation) groups,” each of the ten existing measures, including the CCAI, seem to conceptualize culture as more or less equivalent to ethnicity and race (p. 549).

Assumption 2: Culture is possessed by the other; the other is/has the problem. A majority of the measures reviewed also tended to equate culture with the (ethnic and racialized) Other. The measures identify dominant groups as not having a culture. Many existing measures rarely acknowledged or examined dominant cultures. Even when these measures recognize the culture of dominant groups, the result is sometimes the same (p. 551). This is the only assumption that the authors did not indicate as being prevalent in the CCAI.

Assumption 3: The problem of cultural incompetence lies in practitioners' lack of familiarity with the other. Practitioners should be aware of, knowledgeable about, and seek contact with the Other. The measures imply that cultural competence is achieved when practitioners acquire sufficient awareness and knowledge of the Other, often through repeated exposure to the Other. Along with the CCAI, the measures were found to assume that cultural incompetence is rooted in practitioners' lack of familiarity with cultural differences; heightened cultural competence is thought to depend on increased familiarity through increased contact (p. 552).

Assumption 4: The problem of cultural incompetence lies in practitioners' discriminatory attitudes toward the other. The measures were stated to indicate that ethnocentrism and racism are by nature individual failings— individual ignorance and individual prejudice. The *flexibility/openness* subscale of the CCAI includes items such as “People who know me would describe me as a person who is intolerant of others’

differences,” and “I can enjoy relating to all kinds of people”; these items test for the presence of discriminatory attitudes. The CCAI was indicated to purport the understanding that if practitioners would only educate themselves about ethnocentrism and racism and then free themselves of biased worldviews and prejudice, ethnocentrism and racism would no longer be a problem for either practitioner or patient. Some instruments clearly suggest the “correct” attitude is one of comfort with or celebration of diversity (p. 552, 554).

Assumption 5: Cross-cultural health care is about Caucasian practitioners working with patients from ethnic and racialized minority groups. Although the authors reported that none of the cultural competence measures reviewed claim to be culture specific (the CCAI is supposedly “culture general,” or valid for use with all cultural groups), most of the measures were identified as assuming that the respondent is white and that recipients of care are patients from ethnic and racialized minority groups (p. 554).

Assumption 6: Cultural competence is about being confident in one self and comfortable with others. Eight of the ten cultural competence measures, including the CCAI, were reported to rely to some extent on respondents’ self-ratings of their own confidence or comfort. The implied assumption was that culturally competent practitioners are, above all else, confident in themselves and comfortable with others (p. 554).

2.2 Population Sample

A total of 70 teachers from two high poverty schools completed Cross-Cultural Adaptability Inventory (Kelley & Meyers, 1995). There were 44 elementary (Kindergarten – sixth grade) school teachers who completed and 26 middle school teachers who completed the survey. Of those who identified their gender, 54 were females and 13 were males (three participants did not indicate their gender). The ethnic categories were that 67 of the respondents identified themselves as not Hispanic/Latino and 3 indicated they were Hispanic/Latino. Twenty-two identified themselves as Black/African American, 44 indicated they were white American, and one that was of mixed race. A majority of the participants were between the ages of 30 – 49 years of age (51.4%) and 50 – 64 years of age (34.3%). At the time of the survey the elementary school had a 93% high poverty population and a 93% minority rate. The middle school (grades 6 – 8) had a 79% high poverty rate 75% minority rate (<http://schoolgrades.fldoe.org/>).

Table 1: Responders Demographics

| Ethnic Category | Females | Males | Total |
|---|----------------|--------------|--------------|
| Hispanic or Latino | 2 | 1 | 3 |
| Not Hispanic or Latino | 54 | 13 | 67 |
| Unknown (individuals not reporting ethnicity) | | | |
| Ethnic Category: Total | 56 | 14 | 70 |
| | | | |
| Racial Categories | | | |
| American Indian / Alaskan Native | 0 | 0 | 0 |

| | | | |
|------------------------------------|-----------|-----------|-----------|
| Asian | 0 | 0 | 0 |
| Black or African American | 14 | 8 | 22 |
| Native Hawaiian / Pacific Islander | | | |
| White | 39 | 5 | 44 |
| More than one Race | 1 | 0 | 1 |
| Unknown or Not Reported | 0 | 0 | 0 |
| Racial Categories: Total | 54 | 13 | 67 |

3. Procedures

Volunteers from the targeted population were solicited by the researchers. Letters to the participants describing the research were distributed with consent forms. Surveys were collected by the researchers. Each page of the surveys was assigned an identification number. The following demographic data was gathered: Age, Gender, Race/Ethnicity, Highest Degree, Level Taught, and years taught. Frequency distributions and descriptive statistics were performed by analyzing the four scale areas (Emotional Resilience, Flexibility/Openness, Perceptual Acuity, Personal Autonomy) by demographic variables of by age, race/ethnicity, years taught, gender, highest degree and level taught.

4. Results

The results revealed there were no differences were found in the cross cultural adaptability total or sub-scale rating of elementary and middle school teachers in high poverty schools by gender, race/ethnicity, parents' education, level of education, or school level.

Reliability statistics for this sample:

Total scale $\alpha = .896$, 50 items

Emotional Resilience (ER) $\alpha = .823$, 18 items

Flexibility/Openness (FO) $\alpha = .735$, 15 items

Perceptual Acuity (PAC) $\alpha = .723$, 10 items

Personal Autonomy (PA) $\alpha = .521$, 7 items (low reliability)

Teachers with fewer years of experience however, showed significantly more Perceptual Acuity (PAC) than more experienced teachers (< 10 years $M = 51.12$, $SD = 4.65$; 11 + years $M = 48.41$, $SD = 5.26$; $t(65) = 2.21$, $p < .05$). The effect size was medium ($d = 0.54$). In contrast, older teachers (age 50 years and older) reported greater Flexibility/Openness (FO) than younger teachers (age 18-49 years) (younger $M = 71.17$, $SD = 7.81$, older $M = 75.84$, $SD = 6.71$; $t(68) = -2.51$, $p < .05$). The effect size for this test was medium ($d = 0.63$).

Table 2: Perceptual Acuity by Years of Experience Group Statistics

| | 1=1-10; 2= 11+ | N | Mean | Std. Deviation | Std. Error Mean |
|-------------------|----------------|----|---------|----------------|-----------------|
| Perceptual Acuity | 1.00 | 31 | 51.1290 | 4.65290 | .83569 |
| | 2.00 | 36 | 48.4167 | 5.26104 | .87684 |

Table 3: Independent Samples Test

| | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | | |
|-------------------|---|-------|------------------------------|-------|-----------------|-----------------|-----------------------|---|--------|---------|
| | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | | |
| | | | | | | | | Lower | Upper | |
| Perceptual Acuity | Equal variances assumed | 1.216 | .274 | 2.219 | 65 | .030 | 2.71237 | 1.22256 | .27075 | 5.15398 |
| | Equal variances not assumed | | | 2.239 | 64.945 | .029 | 2.71237 | 1.21129 | .29322 | 5.13151 |

Flexibility/Openness by Age**Table 4:** Group Statistics

| | 1=18-49, 2 = 50+ | N | Mean | Std. Deviation | Std. Error Mean |
|----------------------|------------------|----|---------|----------------|-----------------|
| Flexibility/Openness | 1.00 | 45 | 71.1778 | 7.81109 | 1.16441 |
| | 2.00 | 25 | 75.8400 | 6.71863 | 1.34373 |

4.1 Limitations

The limitations in the study were realized as: 1) the survey was administered as a self-report instrument which has its limitations when attempting to determine significant differences among teachers based on a topic that is associated with societal inhibitions; 2) Many responses were reported in a similar fashion without much variety in the responses. 3) The teachers in the middle school were given the option of returning the survey at their leisure while the elementary school teachers were surveyed in one sitting. 4) Incentives were provided for those who completed the survey (\$10 restaurant gift card).

5. Discussion

A slight significant difference was shown between teachers who reported their age as 18-29 years and those that reported as 50 years or older with the greater age scoring higher on Flexibility and Openness. Flexibility and openness (FO) scale measured the extent to which a person enjoys the different ways of thing and behaving that are typically encountered in a cross-cultural experience. This correlates closely with Assumption 6 with states that *Cultural competence is about being confident in oneself and comfortable with others*. The CCAI rely on the respondents' self-ratings of their own confidence or comfort. The implied assumption is that culturally competent practitioners are, above all else, confident in themselves and comfortable with others (p. 554). Therefore, it can be assumed that the respondents who were 50 years or older scoring higher on the Flexibility and Openness (FO) scale due to the correlation of the greater years lived equating with flexibility and openness. Kelley and Meyers (1995) indicate that open, flexible people have a positive attitude toward the unfamiliar and are able to deal constructively with differences. "They tend to be nonjudgmental and tolerant of people who are different and enjoy interacting with, learning about, and conversing with a wide variety of people. They are inquisitive, and they enjoy diversity" (p. 16). The authors identify the fifteen items from the inventory, grouped according to content focus, of the FO scale (p. 16, 17).

Liking for, openness toward, interest in and desire to learn from unfamiliar people and ideas:

- I can enjoy relating to all kinds of people;
- I like being with all kinds of people;
- When I am around people who are different from me, I feel lonely;
- When I meet people who are different from me, I am interested in learning more about them;
- I enjoy talking with people who think differently than I think;
- I am the kind of person who gives people who are different from me the benefit of the doubt; and
- When I meet people who are different from me, I expect to like them (p. 16).

Tolerance, nonjudgmentalness, and understanding toward others who are different from oneself:

- Impressing people different from me is more important than being myself with them; and
- I am not good at understanding people when they are different from me;
- People who know me would describe me as a person who is intolerant of others' differences; and
- When I meet people who are different from me, I tend to feel judgmental about their differences (p. 17).

Flexibility with regard to experiences:

- I believe that I could live a fulfilling life in another culture;
- If I had to adapt to a slower pace of life, I would become impatient; and
- I enjoy spending time alone, even in unfamiliar surroundings (p. 17).

Upon analyzing the specific items of the FO scale, the sometimes leading questions regarding flexibility and openness may not be accurate predictors of a respondent's attitude or behavior. The underlying assumption identified by Kumas-Tan et al (2007), *Cultural competence is about being confident in oneself and comfortable with others* holds true for these findings.

The researchers found that eight of the ten cultural competence measures rely to some extent on respondents' self-ratings of their own confidence or comfort. The inferred notion is that culturally competent practitioners are, above all else, confident in themselves and comfortable with others. Asking respondents to indicate their perceived flexibility and openness may be a measure of the respondent's confidence rather than the self-perceived flexibility and openness. In addition, a respondent's self-perceived higher levels of confidence and openness may be indicative of that respondent's lower insight and lower self awareness of their true flexibility and openness (p. 554). Prior to administering the survey to the 70 teachers, there was a limited explanation of the rationale for the survey without any exercises emphasizing the powerful benefit of self reflection. Thus, although a difference was shown between teachers who reported their age as 18-29 years and those that reported as 50 years or older with the greater age scoring higher on Flexibility and Openness, the validity is questionable considering the assumptions of the instrument themselves and the respondent's perception of the assumptions by the transparent nature of the survey. For example, how a respondent rated him/herself on the item stating, "I enjoy relating to all kinds of people" or "When I meet people who are different from me, I expect to like them" may be a reflection of the perceived correctness of the given response. In a profession where teaching children of varying cultural backgrounds is becoming more commonplace; the tendency may be to respond in the ideal rather than in a true reflective manner of the joy of interacting with people who are different. Otherwise stated, the nature of the profession of teaching may serve as a limitation for asking such self reflective questions due to respondents indicating how they perceive they should respond.

A difference was shown between teachers who taught 15 or more years and those who taught 4-10 years concerning their Perceptual Acuity (PAC). The greater the years taught, the lower the (PAC). Perceptual acuity is associated with confidence in one's ability to accurately perceive the feelings of others. It is also associated with valuing other cultures and being willing to suspend judgment of others (Meyers and Kelley, p. 17). "People who are perceptual acute are attentive to verbal and nonverbal behavior, to the context of communication, and to interpersonal relations" (p. 17). The authors identified 10 PAC items that they stated describe behavior that is useful in cross-cultural communication:

- I try to understand people's thoughts and feelings when I talk to them;
- I have a realistic perception of how others see me;
- I am the kind of person who gives people who are different from me the benefit of the doubt;
- I can perceive how people are feeling, even if they are different from me;
- I believe that all cultures have something worthwhile to offer;
- I pay attention to how people's cultural differences affect their perceptions of me;
- I consider the impact my actions have on others;
- When I am with people who are different from me, I interpret their behavior in the context of their culture;
- When I am in a new or strange environment, I keep an open mind; and
- In talking with people from other cultures, I pay attention to body language (p. 18).

The results indicating that respondents who reported less years of teaching experience perceived themselves to be more perceptually acute than the respondents who reported more years of teaching experience is quite intriguing. Initially, thoughts could prevail that the more years the respondents taught, the less confident they have in their ability to perceive the thoughts and feelings of those of different cultures. However, when a more critical analysis occurs within the context of the underlying assumptions of cultural competence self reflection instruments identified by Kumas-Tan et al (2007), a different insight is achieved. Assumption 3 states that *the problem of cultural incompetence lies in practitioners' lack of familiarity with the other*. The teachers who reported less years teaching could naturally foresee the

assumptions inherent in the questions and thus indicate a greater familiarity in their confidence to accurately perceive the feelings of others of a different culture. Another critical analysis of Assumption 4 that *The problem of cultural incompetence lies in practitioners' discriminatory attitudes toward the Other* could also lead to such analysis. Lastly, requiring a teacher to self-reflect on an item such as "I try to understand people's thoughts and feelings when I talk to them" is indicative of questions that reflect character traits of effective teachers. Kelley and Meyers (1995) also indicate that perceptual acuity is associated with confidence in one's ability to accurately perceive the feelings of others. The results could be an indicator of the greater confidence of the teachers who reported less years teaching than an indicator of their greater perceptual acuity in comparison to those who reported more teaching experience.

6. Conclusions

The analysis of the results of the self-administered CCAI survey to teachers in high poverty schools via the lens of the hidden assumptions identified by Kumas-Tan (2007) proved to allow for a more critical analysis of the results. The assumptions of what constitutes competent practice across social and cultural diversity for health professions also holds true for educators. The results revealed that there were no differences were found in the cross cultural adaptability total or sub-scale rating of teachers by gender, race/ethnicity, parents' education, level of education, or school level. This however, may not be indicative of the authentic perceptions or cross cultural adaptability of those who responded to the survey. The teachers who responded have had access to the information regarding the academic achievement gap and the underlying assumptions of general society of the children who attend high poverty schools. Race, class, linguistic and cultural differences between students and teachers is often perceived to complicate efforts to reduce or eliminate disparities in student learning (Boykin and Nouera, 2011).

Also a factor are the federal, state and local pressures that are placed on schools that teach children that traditionally perform at levels below their middle class white counterparts. Both the elementary school and the middle school in this study were schools where the students were of high poverty, high risk, and culturally diverse communities. Thus, the pressures initiated by the American No Child Left Behind Act (NCLB) for schools to produce children that meet mandated state educational standards regardless of their race, social standing and background has been a primary factor in the culture of both schools. In a previous study, Byrd-Blake, et. al. (2010) surveyed teachers from urban, high poverty schools in the American Midwest regarding their morale in the wake of NCLB and found that those teachers suffered from a lower morale under the constant stresses. In this environment, asking teachers to complete a self report survey with evident assumptions concerning a topic that is of paramount significance in the school communities proved to provide results that the respondents felt were expected of them, which may or may not be authentic and valid.

The results of this study bring to question the use of self-report surveys to determine the cultural competence of teaching professionals. Other means of gathering data could make use of qualitative style measures such as focus groups, individual interviews, journals, open ended questionnaires and observations. The critical examination of the most prominent quantitative measures of cultural competence presented by Kumas-Tan, et al. (2007) confirms the slight uniformity of the methods used to evaluate cultural competence.

As indicated in the statement of limitations, many responses were reported in a similar fashion without much variety with respondents scoring themselves on the more positive end of the Likert Scale. This presents evidence that assuming a culturally responsive disposition is not a simple cognitive task that can be modeled and transferred; it is a personal struggle that challenges affective as well as cognitive capacities (Buehler, et. al, 2009). The individual must become aware of the personal internal and external behavioral characteristics that

distinguish them from others and become an objective observer as indicated in the Objective Self Awareness Theory (Hormuth, 2006). As discussed by Byrd-Blake & Olivieri (2009), Cultural competence requires an ability to engage in metacognitive reflection:

Culturally competent teachers are able to engage in self reflection, and thus step outside of their worldview, to discern how their experiences and cultural backgrounds affect what they perceive and interpret about the race, culture and ethnicity of students in their classrooms...It is imperative for teachers to recognize and address the characteristics associated with their personal dispositions. An initial understanding of identity development will enable them to see how their own personal identity can affect the way in which they interact with their students...This will allow teachers to gain a keen awareness of how their personal experiences have an impact on their actions and interactions with students (p. 6).

The critical analysis of the study results reveal a need for teachers to engage in self reflection of their prior and present beliefs to gain unbiased perspectives about teaching students of diverse races/ethnicities, language, exceptionalities, socioeconomic backgrounds and genders. This self reflection should explore their assumptions about children from high poverty, high risk and culturally diverse backgrounds. Upon such authentic self exploration, quantitative measures of self report surveys may serve to reveal more valid results.

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