

Developing Graduate and Undergraduate Student Cultural Sensitivity and Emerging Competence Using the Intercultural Development Inventory®

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Abstract

The results of an assessment tool used to improve cultural competence, demonstrated its efficacy when used with graduate and undergraduate students from the Bachelor of Science nursing, school counseling credential and preliminary teacher credential programs. These candidates will be employed in settings requiring them to exemplify the skills of cultural competence as they engage in routine interactions with ethnically and culturally diverse clients. The development of cultural competence by university programs, though not a precatory obligation, is a prudent gesture, or stated more profoundly, is an ethical obligation, necessitating investment in the future requisite skills of its graduate candidates. Graduate programs are ideally structured to imbue the principles of cultural competence using pedagogically sound methods in this critical area. The results of this study postulate the need to engage candidates in the ongoing pursuit of cultural competence.

Keywords: Cultural Awareness, Cultural Competence, Cultural Sensitivity, Intercultural Development Inventory, Developmental Model of Intercultural Sensitivity

1. Introduction

The need persists to explore the intersections of oneself as a cultural being and that of others with whom we interact. Examining culture as a social construct aids in the understanding of the influences upon our identity development, perceptions of self, of others and our worldview. This study focuses on measuring the level of cultural sensitivity using the Intercultural Development Inventory® and competence among specified populations across a developmental continuum (Hammer, 2011) and is contextualized in those settings. The Intercultural Development Inventory, IDI, and IDI Guided Development are registered trademarks of IDI, LLC in the United States and other countries and was the principle assessment used in this study. The groups assessed were undergraduate students who will pursue careers as registered nurses, and graduate students who will pursue careers as K-12 teachers and preK-12 school counselors. In addition to gaining proficiency in a profession, improving one's cultural sensitivity and competence can moderate the relationship between the client and the professional, increasing effectiveness in the delivery of services. Sensitivity has been construed as a developmental process as "the construction of reality as increasingly capable of accommodating cultural difference that constitutes development" (Bennett, 1993 cited in Paige's Education for the Intercultural Experience, p.4). The necessity for graduate students to develop cultural sensitivity is of enduring relevance, however, developing skills in cultural competence eclipses that level of awareness, thereby increasing effectiveness, developing an appreciation for the client's experiences and providing the quality of care clients are deserving of from today's practitioners. There are numerous definitions of cultural competence that define this practice as the outcome of a reflective journey, deeply influential upon the individual who engages with diverse groups (Garneau, 2016). Developing competence is the infusion of knowledge and intentionality into a superficial awareness thereby developing "arguably one of the most critical skills that college graduates need for careers and citizenship in a diverse global society" (Chun & Evans, 2016, p.7). There is a general appreciation for the process of growing in the direction of cultural competence across professions and the need to facilitate learning opportunities for its candidates by university programs.

1.1 Nursing Candidates

The literature supports this impetus as the “nursing professions initiative to integrate multicultural, diversity training into its educational programs” (Esposito, 2013, p. 4). McFarland and Eipperle (2008, p.49) discuss Leininger’s Theory of Culture Care Diversity and Universality and state that “the nurse practitioner needs to be able to sensitively and competently integrate culture care into contextual routines, clinical ways, and approaches to primary care practice through role modeling, policy making, procedural performance and performance evaluation, and the use of the advance practice nursing process.” Leininger states (2006) negating or ignoring important cultural differences, values, and beliefs of health care clients often leads to misdiagnoses, harmful care, and non-adherence to treatment. As the population in the United States experienced an increase in diversity in the areas of culture, race, ethnicity and languages spoken, the United States Department of Health and Human Services’ (HHS) Office of Minority Health conducted an extensive study “to ensure that all people receive equitable and effective treatment in a culturally and linguistically appropriate manner”(U.S. Department of Health and Human Services, 2000). As such, HHS developed the *National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)*. The CLAS Standards targeted health care organizations with recommendations that they “ensure cultural competence in their professional staff by offering them education and training in the field”(HHS, 2000). The Bureau of Health Professions Division of Nursing identified *Domains and Core Competencies of Nurse Practitioner Practice* (2002, p.48). Included is a Cultural Competence Domain that explicates the behavioral outcomes the culturally competent nurse would engage in to deliver the best quality patient care

1.2 School Counseling Candidates

School Counselors are advocates for the preK-12 school-age children they serve. Diversity in schools is inclusive of many defining factors some of which include culture, race, religion, language, gender identity, social class, economic status and disability. In their role as multidisciplinary team leaders, school counselors promote equity and access in the learning environment for all students and believe all children, with adequate support systems addressing their educational, social and emotional needs, can achieve academic success leading to productive, enriched lives and careers. Graduate counseling programs prepare candidates using curriculum designed to address the comprehensive counseling needs of the students in today’s schools and ascribe to ethical standards and principles informing their practice. The American School Counselor Association (ASCA) developed the *Ethical Standards for School Counselors* as a way “to clarify the norms, values and beliefs of the profession” (ASCA, 2016). These standards delineate the organization’s perspective on what is considered best practices for school counselors as they engage in numerous areas of responsibility that fall within the scope of practice and standard of care deemed appropriate for the profession by the state licensing or credentialing agency. As advocates for children, school counselors respect the diversity found among children in the school population and support their right to learn in a safe environment without fear of rejection or reprisal. ASCA (2016) lists responsibilities in three key areas that school counselors should embody:

- Responsibilities to Parents: school counselors “are culturally competent and sensitive to the diversity among families”
- Responsibility to the School: school counselors “promote cultural competence to help create a safer more inclusive environment” and “use culturally inclusive language in all forms of communication
- Responsibilities to Self: school counselors should “monitor and expand personal multicultural and social-justice advocacy awareness, knowledge and skills to be an effective culturally competent school counselor.”

Counselor educators validate the importance of the ASCA *Ethical Standards for School Counselors* for its graduate candidates when standards are integrated into the curriculum in a strategic and purposeful manner with the broader goal of preparing candidates to become reflective, conscientious, ethically informed, scholar-practitioners working toward cultural competence. Ideally, candidates would embrace and actuate the Standards throughout their careers, thereby contributing to the overall profession of school counseling. Many universities seek regional accreditation and must comply with the established Standard 1, *Defining Institutional Purposes and Ensuring Educational Objectives* states that institutions of higher education must respond to the diverse landscape represented in our communities “through its policies, educational and co-curricular programs” (p.14), as stated in the WASC Senior College and University Commission (WSCUC), *Handbook of Accreditation 2013 Revised*. For accreditation purposes, graduate programs construct curriculum maps to illustrate at which points throughout the program relevant information and skills are introduced, practiced and assessed. This allows the counselor educator to strategically integrate this knowledge of cultural competence by utilizing case study examples, research findings, and empirical fieldwork experiences as best practices for counseling candidates.

The American School Counselor Association (ASCA) revisited its *Position Statement* (2015) on *The School Counselor and Cultural Diversity*, stating the school counselor should “demonstrate cultural responsiveness” in “embracing cultural diversity” in schools (2015). The impetus on cultural competence is an anticipated derivative of a profession that requires its members to engage effectively in cross-cultural interactions with its constituents. The Association of Multicultural Counseling (AMCD) published the *Multicultural Counseling Competencies* in the early 1990’s after decades-long discussions by numerous groups regarding the dearth of information in graduate counseling programs addressing the “study of race and minority groups” (Sue, Arredondo & McDavis, 1992), although the demographic landscape of the United States had grown increasingly diverse. The pre-K-12 population continues to reflect the changing demographics within our schools, a reminder of the need for school counselors to demonstrate a propensity for ongoing cultural sensitivity and awareness. During the mid-1990’s, Sue, Arredondo, and McDavis (1992) reviewed the Multicultural Counseling Competencies and made clear the central concepts of *Awareness, Knowledge and Skills*, which would become foundational to the training of future generations of counselors. The founding purpose was to ensure that counselors would explore the realities of their own cultural heritage, values and biases, become knowledgeable about the influence of oppression and stereotyping in their lives and seek additional education and training to improve personal effectiveness in working with diverse populations (1996). As stated here, central to the development of cultural competence are opportunities for individuals to engage in self-reflection exercises. These competencies continue to be relevant as the diversity within our school communities grows exponentially each year. Becoming culturally competent is a skill set that Chun and Evans (2016, p.7) state “college graduates need most critically for careers and citizenship in a diverse global society.”

1.3 Preliminary Teaching Credential Candidates

For candidates in the preliminary teaching credential program, developing cultural awareness and competence is also understood as necessary to become an effective, knowledgeable, education professional in the pre-K-12th grades. One document that affirms what the Commission on Teacher Credentialing believes to be true for the preparation of future teachers is outlined in the *California Standards for the Teaching Profession* (CSTP, 2009). The standards listed in this document are comprehensive and “are intended to provide a common language and a vision of the scope and complexity of the profession by which all teachers can define and develop their practice” (2009, p1). The Standards assert the changing demographics found among the students in California schools and cites the “critical need for teachers who are responsive” to the needs of a widely diverse student population across numerous criterion including socio-cultural, linguistic, learning differences, gender identity, and family structure to name a few (2009). The Standards are established as a guide to teachers and repeatedly state across six domains, the importance of valuing diversity in student backgrounds, learning styles, creating equitable learning environments, instruction and design, assessment and professional development of the teacher.

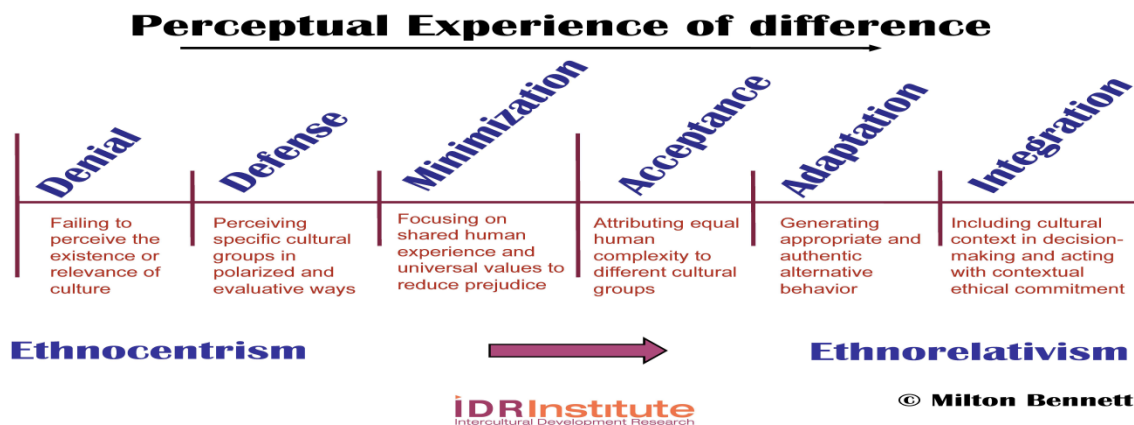
In *Standard 3, Understanding and Organizing Subject Matter for Student Learning*, teachers are challenged to apply knowledge of proficiency development to organizing subject matter that values different cultural perspectives (p.10). In *Standard 6, Developing as a Professional Educator*, teachers are urged to continue establishing goals for professional development and ask how they can increase their understanding of the cultures and dynamics of their students’ communities (p.16). The Association of American Colleges and Universities (AAC&U) developed rubrics to address the learning outcomes of quality of the educational experience. The call to integrate intercultural knowledge and competence into the heart of education is an imperative born of seeing ourselves as members of a world community, knowing that we share the future with others. (AAC&U, 2009). While there is an interest in developing cultural competence among soon-to-be graduates, the challenge has been agreeing upon a common definition of terms. In the literature, competence is used interchangeably with the terms intercultural, cultural sensitivity and cultural awareness. Each suggests or implies a transformation of or an added dimension to the individual, preparing them for meaningful cross-cultural interactions. There is uncertainty whether cultural competence is used as a verb, noun, or adjective. At times, it is equated with understanding, relationship development, satisfaction, effectiveness, appropriateness, and adaptation (Spitzberg & Changnon, 2009). Alizadeh & Chavan (2016) describe cultural competence “as the ability to work and communicate effectively and appropriately with people from culturally different backgrounds” and further state “the term “cultural competence” is apparently more popular in the healthcare field than in the business field.” Arguably, due to globalization, there is an immediate need for individuals who engage in business ventures outside the United States, to prepare for those crosscultural interactions by acquiring the knowledge, skills (Spitzberg & Changnon, p.4 in Deardorff) and awareness necessary to project successful outcomes. Is there a cognitive or behavioral outcome that university programs desire for their candidates that comport with the term competence? What yardstick could be used to measure cultural competence?

Is it a destination at which one arrives and stops working toward? According to Alizadeh & Chavan (2016), it is an ongoing process. Perhaps the university's goal is to help shape culturally competent scholar-practitioners who have embodied an informed, reflective worldview, which is continually refined by ongoing experiences with culturally diverse persons throughout one's lifetime. The lack of a clear definitional framework is a key reason that colleges and universities struggle with the operationalization of cultural competence (Chun & Evans, 2016). Without a universally accepted definition, development of a pedagogy that is theoretically sound and consistent may present challenges for the university program. This article contextualizes cultural competence as a developmental process experienced by the individual. The term *cultural sensitivity* is used in this article to describe one's ability to discern the differences between one's personal, cultural influences and that of another person, whereas *cultural competence* is used to characterize cognitive and behavioral outcomes as referred to by Hammer, Bennett and Wiseman (2003) as "the ability to think and act in intercultural appropriate ways." These social attributes are experienced as having generative effects upon cross-cultural interactions. The purpose of this study was to examine the use of the Intercultural Development Inventory (IDI)® in developing cultural sensitivity and emerging competence among graduate students entering three credentialed or licensed professions. This study utilized the Developmental Model of Intercultural Sensitivity (DMIS) from Bennett's work (1986, 1993b), and is presented in figure 1, as the theoretical framework with which to measure the developmental phases of competence or sensitivity of each group.

2. Developmental Model of Intercultural Sensitivity (DMIS)

The stages of the DMIS demonstrate an increase in cultural sensitivity and were originally organized by Bennett (1986, 1993) from two stages of ethnocentric awareness of cultural difference (denial and defense) to a theoretically ethnocentric (Bennett, 2004) stage (minimization) to two stages of ethnorelativism (acceptance and adaptation). Ethnocentric levels on the DMIS continuum describe a simplistic or less refined perception of culture and cultural differences and the relation to one's own culture. Ethnorelative levels on this continuum describe an increasing refinement in one's cultural perception of differences, and increased sensitivity and awareness. The DMIS as stated by Bhawuk and Brislin (1992) "to be effective in another culture, people must be interested in other cultures, be sensitive enough to notice cultural differences, and then also be willing to modify their behavior as an indication of respect for the people of other cultures" (p.416). Future nurses, school counselors and preK-12 preliminary teachers would derive both personal and professional benefit having increased their competence to work effectively with a culturally diverse population of patients and learners.

Figure 1: Developmental Model of Intercultural Sensitivity (DMIS)
The Developmental Model of Intercultural Sensitivity (DMIS)



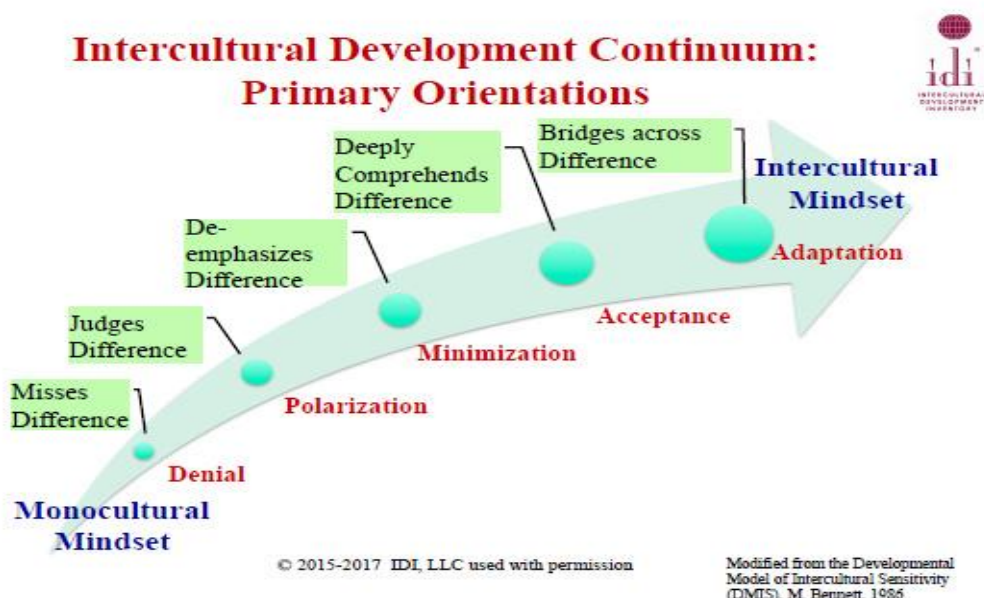
Used with permission of author, Milton Bennett

As described by Bennett (1983b), it is in the Denial stage that individuals experience little imagination around or appreciation for cultural differences. Their perceptions of culture are underdeveloped and myopic. Bennett (2004) asserts this as experiencing one's culture as "the only real one" and typically the result of an ethnocentric orientation. In the Defense stage individuals either avidly endorse the aspects of their culture and amplify aspects of other cultures or are highly critical of their own culture and overly solicitous of other cultures. In the Minimization stage Bennett describes the worldview of individuals at this developmental stage as generalizing one's needs and desires as "universal" to the human experience (Bennett, 2004).

If ascribing that we are all equal and part of humankind, therefore, the assumption is that we must all desire and be motivated unilaterally as well. Minimization does not allow for different perceptions borne out of differing cultural experiences, values or beliefs. In the Acceptance stage individuals can discern and accept the ways in which people are different culturally from themselves but not elevate one culture as having greater significance over another. In the Adaptation stage individuals are capable of embodying the affective experiences of members of other cultural groups in authentic and valid ways as if they too were raised in that culture. In the Integration stage, individuals are able to access the worldview attributions of different cultures and conceive of themselves as culturally marginalized as either encapsulated, where they feel isolated or as constructive, where interactions within multiple cultures are a positive experience (J. Bennett, 1993).

In subsequent years, Hammer et al. revised segments of the DMIS framework and incorporated those revisions into the Intercultural Development Continuum (IDC), a modified framework (Hammer, 2012), (Figure 2). The revisions include the way in which the Minimization stage is conceptualized. It is considered neither ethnocentric nor ethnorelative but rather a transitional stage between the Monocultural and Intercultural Mindsets (Hammer, 2012). Hammer (2012) states that the Denial, Minimization and Adaptation stages represent the “primary orientations of intercultural competence” and that the Integration stage included in Bennett’s original DMIS model, is deemed part of an individual’s cultural identity rather than representative of the development of intercultural competence, therefore, it is no longer measured separately.

Figure 2: The Intercultural Development Continuum



Cultural Disengagement was later added to the DMIS intercultural competence orientations. It represents the way in which some individuals feel disconnected from any particular cultural group. However, this orientation is not included as part of the DMIS continuum. Further interpretation of the IDI® assessment results yield a Perceived Orientation (PO), a Developmental Orientation (DO), and an Orientation Gap score. The Perceived Orientation score reflects where on the DMIS Continuum, the individual believes they are. The Developmental Orientation score reflects where the individual actually falls on the continuum. The difference between these two locations on the DMIS continuum is referred to as the Orientation Gap and represents the developmental distance needed to gain to achieve parity.

3. The Study

This study was pre-approved by the university’s Institutional Review Board (IRB) and participation was strictly voluntary. Participants signed a *Consent Form* that delineated the purpose of the study, explained the procedures, risks, benefits, confidentiality and debriefing session related to the study. Additionally, participants responded to demographic questions and *Contexting Interview Questions* that surveyed their understanding, exposure and experiences with individuals or groups culturally different than the participant as well as the influences upon their cultural worldview.

Pre- and Post-Assessments were administered to candidates from each of the three groups with interventions provided to the nursing and school counseling participants between administrations. The preliminary teaching credential participants served as the control group, and therefore, received no intervention.

4. Method Participants and Procedure

The participants in this study included 58 students from the undergraduate School of Nursing (SON), 45 students were from two graduate programs housed within the School of Education (SOE). Specifically, 25 students participated from the preliminary teacher credential program (MAT) and 20 students participated from the school counseling credential program (PPSC).

5. The Instrument

The Intercultural Development Inventory® was used in the study. It is a 50-item, paper and pencil or electronically administered, statistically valid and reliable, theory-based instrument that empirically measures five worldview orientations toward cultural difference. The IDI is an equally robust and valid assessment for both individuals and groups (Hammer, 2011). The worldviews were based on Bennett's Developmental Model of Intercultural Sensitivity (DMIS), (Hammer, Bennett & Wiseman, 2003). This assessment inventory focuses on how individuals/groups construe their social world in dealing with cultural differences between themselves and people from other social/cultural groups.

6. Research Design

Pre- and Post-Assessment of the IDI® instrument given to all groups in addition to qualitative IDI Contexting Interview questions were used to inform the study. The Contexting Interview Questions inquired about participant experience working with persons from differing cultural backgrounds and to cite examples of those interactions. In this study, the preliminary teaching credential students served as the control group, whereas the nursing and counseling students served as the treatment group. IDI research demonstrates that intercultural competence development depends on interventions that help students increase their cultural self-awareness as well as their cultural other-awareness (Hammer, 2012). Interventions used with the treatment groups included article reflections, photograph perceptions, discourse regarding cultural preconceptions, DVD illustration of problematic cultural interactions, and both individual and group feedback regarding assessment results, significance of the DMIS and recommendations to further develop cultural competence which could move the student along the DMIS continuum which ranges from Ethnocentrism to Ethnorelativism. To analyze data, pre- and post-assessments were compared using the *t*-tests for dependent samples to identify differences per group and determine movement (collectively and independently) on the DMIS continuum. Participants were provided with a Group and Individual Profile during the feedback session illustrating their scores on the DMIS continuum. They were also provided descriptions of each of the dimensions on the DMIS that detailed the strength of each and what their developmental task would be to continue progressing along the continuum.

7. Results

The *t*-test for dependent samples was used in this study. The measure to be analyzed by the dependent *t*-test is the mean difference between the paired scores (Ary, Jacobs, Sorensen and Walker, 2014). When assessing individual subject's pre- and post-assessment scores, this measure is useful in determining if the scores are correlated. Table 1 illustrates the three sample pre- and post-assessment scores. In the first analysis, a dependent sample *t*-test was run to determine any increase following the intervention in school counselors' sample ($n=20$). The mean for cultural awareness increased from 99.14 (pre-assessment) to 110.33 (post-assessment). The *t*-test results were significant $t(19) = 3.5, p = .002$ indicating that the intervention increased awareness in the school counselor sample. The second analysis, a dependent sample *t*-test was run to determine any increase following the intervention in nursing students' sample ($n=58$). The mean for cultural awareness increased from 96.6 (pre-assessment) to 102.25 (post-assessment). The *t*-test results were significant $t(57) = 3.7, p < .005$ indicating that intervention increased awareness in the nursing student sample. The third analysis, a dependent sample *t*-test was run to determine any increase without any intervention in the preliminary teacher sample ($n=25$). The mean for cultural awareness increased from 91.15 (pre-assessment) to 93.43 (post-assessment). The *t*-test results were not significant $t(24) = .933, p = .36$ indicating that intervention may have been useful and any increase may have come as a result of time between assessments or other social factors.

Table 1
Means and standard deviations for pre- and post-test scores on the IDI for three samples
Pre- Mean SD Post- Mean SD Sample Size

	Pre- Mean	SD	Post- Mean	SD	Sample Size
Counselors	99.14	10.81	110.33	13.16	20
Nurses	94.6	11.95	102.25	17.15	58
Teachers	91.15	8.63	93.43	12.79	25

8. Discussion

The increased globalization of our society implores institutions of higher education to support students' preparation for positive and effective participation (ASHE, 2012) for the diverse interactions in which they will be participants. Developing increased cultural competence can be achieved developmentally through systematic exploration with the goal of eliminating interpretations and behaviors based on stereotypes and replace them with cultural generalizations and frameworks. The data illustrate the developmental nature of gaining cultural awareness and increasing cultural competence as a journey rather than an event. By providing opportunities for self-reflection, examining perceptions, stereotypes, communication styles, discourse regarding culture in the media, and the benefit of developing cultural competence in the workplace, candidates were able to identify areas of personal strength and areas in which they desired continued growth.

9. Conclusion

The ability to shift cultural perspectives and adapt behavior to cultural commonality and recognize and accept difference is beneficial to successfully accomplish improved cultural awareness leading toward competence. In the interest of best practices, graduate programs should incorporate the development of cultural competence to prepare candidates for the diversity found within present-day health care systems and school communities, and further, to preclude the export of individual cultural beliefs as universal. Graduate students who have had an opportunity to reflect consciously on their intercultural skills, receive feedback on those skills, and develop a foundation of intercultural knowledge will be better prepared to take on leadership roles in diverse groups (Dimitrov, Dawson, Olsen, & Meadows, 2014). It is prudent, therefore, to examine individual perspectives developed relative to one's cultural experiences and understand how the examination of those perspectives may inform and influence cultural interactions in the fields of health care and education. At the point where individuals are aware of their own biases and appreciate what effect this has on their personal adaptation and perceptions, is the point where they can most accurately assess their changes derived from both intercultural and crosscultural interactions (Taylor, 1998, p.14). This study demonstrated that the content of a university program curriculum could successfully improve a students' development of cultural competence using a pre- and post-administration of the Intercultural Development Inventory assessment. Improved cultural sensitivity and awareness helps to ensure an optimal patient/client practitioner relationship. The journey toward cultural competence is equally beneficial for patients and clients and contributes to the professional development and personal growth of the nursing, school counseling and preliminary teacher credential candidates.

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