

CULTURAL COMPETENCE OF INTERNATIONAL HUMANITARIAN WORKERS

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As global interaction and cultural diversity become prominent, cultural competence has received more attention. To understand nonprofit organizations' (NPO's) international workers' learning process in terms of cultural competence, this study used a cultural competence attainment model as a theoretical framework, enlisted 10 Taiwanese international humanitarian workers, and explored how their expatriate experiences of local service influenced their cultural competence. This study identified three levels of influence, namely, the peripheral, cognitive, and reflective levels. Based on these findings, this study suggests the practice of designing related developmental activities in accordance with the three levels and more future research focusing on the process of acquiring cultural competence.

Keywords: *cultural competence; cross-cultural learning; multicultural education; expatriate workers; humanitarian assistance; nonprofit organization*

As global interaction and cultural diversity become prominent, cultural competence has received more attention. Today, how to treat people from different cultural backgrounds considerably and with equality has become a pivotal issue. In the past few decades, many professionals in the so-called melting pot of the United States have endeavored to enhance cultural competence to improve their service to various ethnic groups. For example, in the field of adult education, a great number of articles have discussed the multicultural classroom, cultural diversity in learning, and teachers' education for intercultural abilities (e.g., Barnard, Burney, & Hurley, 1990; N. Davis, Cho, & Hagenson, 2005; Johnson-Bailey &

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Cervero, 2002; Ogbu, 1992; Paige, 2003; Sheared, 1999; Taylor, 1994). Such discussions seem to have become a dominating value. As Dreher and MacNaughton (2002) wrote, "One would be hard pressed to deny that the flurry of activity around cultural competency is a very good thing" (p. 181).

However, in current literature, most authors have discussed cultural competence from the perspective of domestic workers. Based on such a perspective, the major inquiry in those studies has been how people in the domestic systems (e.g., education and health care) could approach people from underrepresented groups. Such an inquiry started from the position of the majority or dominant cultural groups, and the major purpose of those articles was to find methods to help those educators, administrators, nurses, or physicians who belonged to dominant cultures to take steps toward minority groups. Yet in this study, I extend the research lens into the international humanitarian corps. These personnel work in a cultural context with which they are not familiar, and cultural competence is even more critical for their service abroad. In contrast to those domestic health care people, they themselves are the minority in other countries. This study used international workers of nonprofit organizations (NPOs) as the research population because cultural competence is basic equipment for those who physically go abroad and provide service to underserved areas, and their expatriate experience, being different from that of multinational business corporations, can provide a different perspective in the knowledge development of cultural competence.

Faced with a culturally diverse society, adult educators are expected not only to have a multicultural perspective in their teaching but also to shoulder the responsibility for designing learning programs for cultural competence. Given the complex, multidimensional nature of culture, the learning process for cultural competence requires more than merely transmitting culture-specific knowledge; it involves a variety of reactions to cultural situations that learners must internalize. However, as Altshuler, Sussman, and Kachur (2003) observed, in the literature, little has been written on what constitutes effective instructional ingredients for cultural competence. Although many articles (e.g., Johnson-Bailey, 2001; Kerka, 1992; Lankard, 1994; Ross-Gordon, Martin, & Briscoe, 1990; Sheared, 1999) have advocated the importance of multicultural abilities in adult education, this study goes one step further to explore practitioners' experiences of the cross-cultural context to clarify the process of their learning and change. With an understanding of the cultural competence process, adult educators will have a clearer picture of learner needs and be able to develop an appropriate environment for multicultural workers.

RESEARCH QUESTIONS

To understand the NPO international workers' perspective in terms of cultural competence, this study enlisted 10 Taiwanese who had served in international humanitarian corps, explored their experience, and examined it from the theoretical

perspective of cultural competence. The corps included nurses, physicians, an evangelist, pastors, and NPO administrators. The research questions were as follows:

1. What cross-cultural experience do Taiwanese international humanitarian workers have?
2. How do international humanitarian workers' local experiences influence their cultural competence?

This is a study of the humanitarian workers' perception as to how expatriate experience influenced their cultural experience. This article will first review the literature associated with cultural competence, then describe the research methods and present and discuss the findings. Finally, it will provide suggestions for practice and future research.

LITERATURE REVIEW

Because cultural competence is used as the major theoretical perspective in this study, this section discusses definitions, connotations, and the stages of cultural competence to clarify the developmental process of intercultural learning.

With regard to the definition, in the literature, authors have often viewed cultural competence as an "integrative" and "transformative" process. For example, Taylor (1994) viewed intercultural competence as "an adaptive capacity based on an inclusive and integrative world view which allows participants to effectively accommodate the demands of living in a host culture" (p. 154). Cross, Bazron, Dennis, and Isaacs (1989) defined cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable them to work effectively in cross-cultural situations. As McPhatter (1997) argued, the three components—enlightened consciousness, a grounded knowledge base, and cumulative skill proficiency—are interrelated and should be embraced together. Such an integrative feature demonstrates the complex nature of cultural competence.

Second, the cultural competence process is transformative. For instance, K. Davis (1997) viewed cultural competence as the transformation of knowledge about people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services. Similarly, McPhatter and Ganaway (2003) pointed out that cultural competence is the ability "to transform knowledge and cultural awareness" into practical interventions (p. 105). Holding a similar standpoint, Taylor (1994) used Mezirow's transformative learning as a framework to examine how expatriate adults develop adaptive strategies and adjust their perspective in host cultures. Mezirow's transformational learning theory in adult education emphasizes that through critical self-examination, adults sometimes experience a significant transformation of their perspective to respond to important events or difficult stages in their lives. Because the theory

involves "new or revised interpretation of the meaning of one's experience" (Mezirow, 1994, p. 222), it helps explain the process of intercultural competence. For instance, Gallo (2001) used transformative perspective to explore the mental journal of adult immigrants in a new culture. From the transformative aspect, cultural competence was perceived as a continuing learning process for better accommodating to the intercultural environment. Based on the definition review, this study views cultural competence as a process composed through experience of internal discovery and external adjustment. Faced with a new culture, adults discover cross-cultural similarities, differences, novelties, and difficulties, and therefore they adjust their actions, behaviors, interpreting perspectives, or even their mind-sets to help themselves work more effectively and comfortably.

Focusing on the learning process to become interculturally competent, Taylor (1994) discussed the process from five stages: learning readiness, facing cultural disequilibrium, utilizing different cognitive approaches (reflective/nonreflective), developing learning strategies, and evolving intercultural identity. In addition, McPhatter and Ganaway (2003) suggest five progressive stages in cultural competence: precontemplation, contemplation, preparation, action, and maintenance. Furthermore, Bennett (1993) built the developmental model of intercultural sensitivity (DMIS) that included six stages: denial of difference, defense against difference, minimization of difference, acceptance of difference, adaptation to difference, and integration of difference. In Bennett's DMIS, intercultural sensitivity was viewed as a "developmental phenomenon" (Paige, 2003, p. 53).

The previous review shows that many scholars have held a developmental viewpoint toward cultural competence. Although this viewpoint needs to be validated through more comparison with empirical data, this present study still chose to use the developmental viewpoint because of the studied population. The studied population was expatriate workers; they were a minority in the area where they served. As they entered an unfamiliar cultural environment, a learning process was expected and critical to their physical and emotional accommodation to perform well in their jobs. Therefore, this study employed a developmental viewpoint to explore what changes these workers went through and how their experience influenced their cultural understanding. This study used 10 enlisted Taiwanese humanitarian workers who have had experience in an intercultural setting. Therefore, the development of their cultural competence is still an ongoing process as they continue to include various types of experience.

THEORETICAL FRAMEWORK

To increase the understanding of cultural competence among social welfare practitioners who work with children, families, and communities, McPhatter (1991, 1997) and McPhatter and Ganaway (2003) discussed cultural competence assessment, model, and practice. In 1997, based on literature review from psychological, social work, and educational sources as well as her experience

from child welfare practice, McPhatter developed a cultural competence attainment model for social welfare practitioners. This model assumes that achieving competence is developmental and that learning may take place in thinking, feeling, sensing, and behavioral dimensions. This model comprises enlightened consciousness, a grounded knowledge base, and cumulative skill proficiency. These three components are interconnected and must be embraced as essential parts in the competence attainment process.

1. **Enlightened consciousness.** *Enlightened consciousness* involves the fundamental processes of restructuring people's primary worldview and shifting their consciousness. The term *consciousness* indicates the mind-set and also a well-entrenched belief system that profoundly affects one's values and ways of behaviors, and the term *enlightened* means a shift from a monocultural worldview to a multicultural worldview. She stated that "this essential transformation begins with a shifting of consciousness and awareness of just how endemic and narrow one's socialization has been" (McPhatter, 1997, p. 263). This transformation process often leads a person to move beyond cultural superiority and creates a sense of equality between oneself and others.
2. **Grounded knowledge base.** McPhatter (1997) argued that as an ethnocentric bias is inevitably embedded in formal and informal education, it is often difficult for us to recognize the deeply culturally bounded closet in which we were raised. Therefore, a grounded knowledge base "begins with the premise that everything must be exposed to a process of critical analysis" (p. 265). Critical analysis requires using a wide range of information in various disciplines and a reflection on one's existing knowledge through which a reformulation of a new knowledge base is possible.
3. **Cumulative skill proficiency.** Cumulative skill proficiency assumes that cultural skill can be accumulated, and the process of skill proficiency does not occur by chance; rather, "it is focused, systematic, reflective and evaluative" (McPhatter, 1997, p. 272). The ultimate goal of the cumulative process is to develop the pivotal skills for a culturally competent practitioner, that is, the ability to engage a person from a culturally different group and create a climate of acceptance, equality, and considerateness for the interaction.

Although McPhatter's work was not based on empirical studies and did not address important factors such as individual background, value conflicts, and emotional factors, this model was nevertheless chosen as the framework for this study for two reasons. First, this model was developed for welfare practitioners who work not only with children but also with adults, including parents and community members in different cultural groups. These responsibilities were similar to those carried by many international humanitarian workers who had lived in remote villages, visited families, and tried to deliver medical assistance or educational information to the communities. Second, this model assumes that cultural competence can be learned and that the process is developmental. Based on such an assumption, this study utilized an empirical research design, explored how international humanitarian workers' local experience influenced their cultural competence, and provided implications to adult educators in facilitating cultural learning and competence evaluation.

RESEARCH METHODS

The purpose of this study is to understand international humanitarian workers' cultural experiences and their influence on these people's cultural competence. To achieve this purpose, this study utilized a qualitative design (Mertens, 1998; Patton, 1990), including participatory observation at the preparation stage, individual semistructured interviews at the data collection stage, and open-coding and categorizing techniques at the data analysis stage.

To increase background knowledge and determine the criteria of sampling, I participated in conferences and training activities for international humanitarian workers and also joined a medical assistance trip to several mountain villages in Taiwan, during which time I had the opportunity to experience the lifestyle of the humanitarian workers—especially those in remote areas without water and electricity. Through participation and observation, this study found that international assistance could be divided into direct and indirect service. Cultural competence was particularly important for those expatriate workers who had to deliver service in person in a different country. For those expatriate workers, cultural ability played a significant role not only in helping them to perform successfully but also in helping them to avoid mistakes and conflicts. For example, some African ethnic groups refused a blood test because they felt it would bring them bad luck; some Haitian women would rather stay home and have a traditional midwife help them deliver their baby than go to a modern hospital where they felt unfamiliar and uncomfortable.

Based on the primary analysis from the participation stage, two criteria for the sample selection were determined. First, the person had to have been involved in international humanitarian assistance and have had the experience of physically going abroad to deliver service. Second, the person had to have had direct contact with the local served group more than once and be presently involved in humanitarian work in the said country.

In this study, data were collected from 10 Taiwanese international humanitarian workers through semistructured interviews. These 10 people (3 females and 7 males) had all had the experience of participating in humanitarian assistance projects in underdeveloped countries. Working for hospitals or social welfare organizations, their positions included nurses, doctors, clerics, and NPO administrators. They ranged in age from 30 to 60, and their international service experience ranged from 3 to 10 years. The countries in which they had served were Malawi, Thailand, Burma, Kirghizia, and Vietnam. To place these workers in appropriate positions, their organizations depended on connections with local hospitals, nongovernmental organizations (NGOs), and church systems. Generally, doctors and nurses performed medical treatments and assisted local hospital operation; NPO workers and clerics were responsible for public health education, literacy education, orphan care, family visitation, and material distribution (e.g., food, clothes, medicine, and books), but in practice, their job divisions were often blurred because of a scarcity of labor. For

example, in some emergencies, adult literacy teachers had to help doctors in delivering babies, or doctors had to make decisions related to local education systems.

However, structured and comprehensive intercultural training from their organizations was often limited because many of them were *avant couriers* performing services in remote areas for their organizations. Learning by doing, short-term visits, and mentoring by experienced workers were the most common ways these workers gained intercultural knowledge. For them, the importance of cultural competence was pivotal, not only for their service to the local people but also for their own adaptation to the up-country areas. The interview questions for them focused on their organization's missions, their service experience, encountered shocks, unforgettable incidents, and reflection.

During the data analysis, all the interviews were transcribed. I then used the techniques of "open coding" (Strauss & Corbin, 1990) to break down the transcripts, examining each piece and designating codes. After the coding process, the paragraphs with the same code were grouped together for further categorizing. Heeding the idea of developmental viewpoint that emerged from the literature review, I divided all the codes into three categories and named them "peripheral level," "cognitive level," and "reflective level."

During the analysis stage, my background as a Taiwanese provided me with insight into participant cultural experiences in Taiwan. For example, when evangelist May mentioned the condition of civil war in the remote village and when nurse Kui found that an ambulance was out of gas during duty in Malawi, I understood why they felt so shocked. In the study, the three categories emerged from consistent comparison between transcript (practice) and literature (theory). Then, through revisiting interviewees' stories and cultural competence literature, I continued to fine-tune the emerged categories. The process was similar to the "interaction between display and analytic text" (Huberman & Miles, 1994, p. 433). It was a researcher's dance with empirical data and theoretical concepts. During the analysis process, the software ATLAS.ti was used to assist data coding, categorizing, and organization.

RESEARCH FINDINGS

Three Levels of Influence on Cultural Competence

In this study, when international workers met up with a different culture, the influence of their experience on cultural competence was divided into three levels. From the exterior to interior, they are (a) peripheral level: encounter and recognize; (b) cognitive level: familiarize and adjust; and (c) reflective level: transform and enlighten.

Peripheral level: encounter and recognize. This level of influence occurs in the interface between the individual and the new culture as he or she meets it. It is the

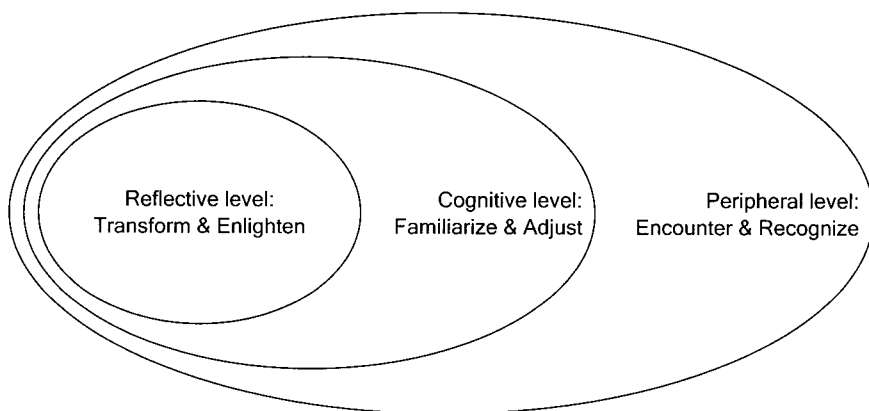


Figure 1. Three Levels of the Cultural Competence Process

first and direct reaction that occurs when people contact a new area or meet a new group of people. The terms *cultural differences* or *culture shock* are often used to describe such primary experience. At this stage, individuals are able to describe the situation that surprised them and how they feel; however, it is less likely for them to systematically analyze why they feel such a way at this early stage. The interviewees in this study described their encounter experience by telling a story, describing a picture they could not forget, or relating an experience that made them feel uncomfortable. In this study, all interviewees mentioned experience at this level.

First, with regard to work environment, because humanitarian assistance is usually delivered to underdeveloped areas, the international service providers have to face environmental challenges, such as civil war, undeveloped traffic communication, or dreadful sanitary situations. For example, May said,

We met a lot of difficulties. . . . We live in Taiwan where it is peaceful, but the place where we served was in the midst of a war. . . . There were no roads, medical equipment, or medicine. We had to carry all of those materials by ourselves . . . [and] walk two to three hours to another ethnic group to help deliver a baby.

Also surprised by the situation of the local condition, Pastor Kun said, “Those people did not have nationality. . . . Their life was difficult—no water, electricity, or toilet.” Pastor Yen said, “For us who have lived in affluent Taiwanese society, there were so many surprises as soon as we arrived. . . . One pastor used the local water to brush his teeth. Then he suffered from diarrhea all along the trip.”

In addition, several participants (May, Jay, Liu, and Dr. Ping) mentioned that poverty and inconvenience in the served areas significantly affected local people’s

lives. For example, the female evangelist, May, said that because of a food shortage, she ate squash as her main meal for 3 straight months. Similarly, shocked by the local scarcity of food, Dr. Ping said once the local villagers gave each of them some pork. Some Taiwanese workers spat out the pork because in Taiwan, people often throw fat meat away. However, the villagers collected what they spat out and preserved it with salt. The villagers told Dr. Ping that they would save these preserved meats for festivals or special occasions. Dr. Ping said, "I was sad and felt compassionate. When I went there again, I never ate their meat. They gave us their best, but we were disgusted with that food. This was unforgettable."

In addition to environment and poverty, a sense of shock often came from value differences. For example, Pastor Yen described that the villagers he worked with believed in elves, viewed twin babies as abnormal, and threw the bodies of dead children away without a coffin or memorial ceremony. In addition, Dan, a male pastor, found that local women used leaves to stop blood when delivering a baby. These local customs were considerably different from those in Taiwan.

Finally, from a medical aspect, the medical corps were surprised by the underdeveloped local medical systems; for example, on an emergent occasion, nurse Kui (in Malawi) was surprised to find that the ambulance was out of gas, a scenario that never happened during her service in Taiwan. In another occasions, electricity suddenly blacked out in the hospital where she worked. In the darkness, she and her colleagues quickly realized that there was no alternative source of power to maintain the supply of a patient's oxygen, so each of them had to take turns pumping the machine, making sure the oxygen supply continued. In addition to nurse Kui, some doctors observed syndromes and diseases that rarely appear in Taiwan. For example, in Vietnam, a Taiwanese doctor, Duo, was surprised by a case of nyctalopia, blindness caused by vitamin A deficiency, which is extremely rare in industrialized Taiwan. Dr. Duo said,

Since studying in medical school, even after becoming a doctor, I have never found a case of nyctalopia. I could not imagine it. It made me realize that doctors from civilized places did not necessarily know how to be doctors here . . . because *different types of societies have different types of diseases* [italics added].

The doctor's statement "different types of societies have different types of diseases" echoed Ahmann's (2002) viewpoint that culture affects local peoples' diseases, causes, and how they perceive illness.

At the peripheral level, these international workers met the target culture, tasted different food, observed new types of diseases, and experienced inconvenient daily life, feeling surprise, shock, discomfort, difficulty, compassion, or inspiration. At this level, people had not yet had sufficient time to examine what they had just gone through; their knee-jerk reactions sometimes surprised them and helped awaken their sense of culture.

Cognitive level: familiarize and adjust. At this level, people begin to become familiar with the differences in the new environment and to take steps to adjust their behaviors, such as their way of thinking and their work style. In this study, most of the interviewees mentioned their adjustment during their work period. In a more personal vein, for example, nurse Liu said that when she had just arrived in northern Thailand, the local people gave her only one cup of water for each day, and she did not know how to handle it. "After a few years," she said with a smile, "I could make do with only half of the water in the cup for one day."

In the interview, most of the adjustments interviewees mentioned were associated with their professional work. For instance, in Malawi, after experiencing the ambulance running out of gas and a sudden blackout in the hospital (mentioned in the previous level), nurse Kui reexamined her experience and said, "Even though you are willing to devote yourself to the service, it does not necessarily mean that you can do it well. You had to consider their background and culture. . . . Such experiences were a lesson to us." During her service in Malawi, she and her colleagues learned to solve various problems, such as medical workers' taking days off of their own initiative without any previous notice; children freezing to death in the hospital during the winter; and having to use body language to communicate about medical symptoms with local senior citizens. Through the accumulation of such experiences, these expatriate workers became more familiar with the local environment, problems, and needs so they could change their behaviors and strategies to respond accordingly.

In Thailand, Pastor Kun's experience also illustrates such a process when dealing with supplying medicine:

Epidemics were a serious problem in local area. In the beginning, we brought medicine from Taiwan. . . . After a few years, we found it was not appropriate for two reasons. First, Thai customs became harsh with us as they thought we would sell the medicine that we carried. Second, the local people didn't need much strong medicine. . . . So now we buy local medicines that are more suitable to the local people's health needs.

In the process, the pastor and his medical team adjusted their view of medicine logistics as they better understood the reaction of Thai customs officials and the local people's needs. Similarly, Dr. Ping also recalled his experience in Northern Thailand:

The first time, I went there out of a strong sense of compassion and tried to apply what I had learned from textbooks. But during my stay, on deeper introspection, I saw that this would not work. For example, we taught children to pay attention to personal hygiene, cutting their hair, and paring fingernails and toenails. However, later we realized these efforts had been in vain because they did not even have the money to buy soap and scissors. So this time, we just gave them soap and scissors.

In this scenario, the doctor changed his way of thinking and practice after learning of the scarcity of resources in the local area. In another organization, two

interviewees mentioned that after a few years, they learned that to build a trusting relationship with the local government, they needed to shift the organization from being Buddhist based to being secular and independent in several ways, including (a) reducing direct connections with Buddhist groups, (b) inviting individuals with no connection to Buddhist organizations to be board members and project sponsors, and (c) providing support equally to children in need rather than to particular schools founded by Buddhists.

Near the border between Burma and Thailand, evangelist May also adjusted her approach to teaching children and teenagers. One of her major jobs was to teach Chinese. She usually began her class by introducing terms for family members (e.g., father, mother, sisters, and brothers). However, as most of these children had either been orphaned or forced to leave home to join the army when they were little, discussing family in the class often upset some students who barely remembered their family and parents. Therefore, a few years later when May realized this situation, she said, "I did not focus on family anymore. Rather I taught them vocabulary related to school and the army," such as *teacher* (they called May "teacher"), *students*, *classmates*, and *friends*.

At this level, interviewees began to move beyond the culture shock stage and were able to analyze their circumstances as well as the appropriateness of their work strategies. They showed a higher ability "to manage the varied contexts of the intercultural encounter" (Kim, 1988; cited in Taylor, 1994, p. 159). Although there were usually no standardized criteria to evaluate their work, they tried to adjust their strategies in the hope of performing their work more effectively and appropriately, at least from their personal viewpoints and judgments.

Reflective level: transform and enlighten. At this level, people begin to examine their mind-set and way of thinking, which often catalyzes a fundamental transformation in their perspective for understanding themselves or interpreting the world. This study found that after staying in the host culture for a period of time, humanitarian workers adopted new perspectives, leading them to reinterpret issues associated with their work environment. Even more fundamentally, their changing perspective caused them to reexamine their self-understanding and how they viewed the relationship between themselves and the outside world.

For example, after a period of time of assisting a Vietnamese boy who was blind and suffered serious face deformation, Jay began to view the issue with regard to who the giver and the receiver were from a different perspective. He said,

One day, when I visited him, I found some changes had occurred in my perspective. . . . Actually, [he] was the person most blessed. He did not know what was happening outside, but he was the most powerful individual in that he had changed all our lives. . . . For me, such recognition was a significant overturn, a reversal.

Such an overturn and reversal in interpretation was even more obvious when he said, "Suddenly I realized it was not us who had helped him; rather it was him

who had helped all of us." Just as another interviewee, Dr. Ping, pointed out during his service in Thailand, "[On the surface], it seemed that we went there to serve them; actually it was the opposite. It seemed they were teaching us." A twist in perspective had changed how they interpreted givers and receivers.

Such a twist also occurred between affluence and poverty in pastor Yen's experience. After coming back from the scarcity of village life in northern Thailand, he noted,

After coming back, I attended a wedding banquet. Looking at a great amount of food on the table, I had no desire to eat; rather, I felt a bit sad. There is a huge contrast [between the situations in a Thailand village and Taiwan]. Taiwan is sometimes too indulgent in luxurious and expensive habits.

The pastor perceived that although those poor village people were poor in one aspect, they were rich in some other aspects. As nurse Liu said, "Although they lived in poverty, their minds were not poor." Both Yen and Liu experienced a change in their perspective through which they came to appreciate some features in the host society. Because the appreciation matured naturally and was not dictated by ideas of being morally or politically correct, a sense of equality between the two cultures emerged, which made mutual respect more possible and achievable.

In addition to the different ways of perceiving the outside world, some participants placed the examination lens inside and realized their personal limitations as an assistance provider. For example, after many years of working, May said, "In the beginning, the ethnic group viewed us as omnipotence. However, after these years, I truly felt that what we could help with was so limited. . . . Through the process, I also revealed my own weaknesses." In the area where civil war raged, even after May learned some special skills, such as negotiating with the army to rescue coworkers or dealing with serious medical emergencies, she still profoundly perceived the limitation of human power, including her own. As Dr. Duo so aptly put it, "When you got involved, you realized that you were not almighty. Although you were a doctor, you were such a small human being." The cross-cultural service experience led May and Duo to develop a new understanding of themselves and to reinterpret the relationship between individuals and the world. Another example was Jay, who critically examined the role of assistance and whether assistance really brought help or actually damage. He said,

When we entered some ethnic groups, we found that our entry with assistance brought the ethnic group even more damage and splits. They became overly dependent on outside people. We saw that the assistance process was actually a damaging process in the community, causing many conflicts and collisions.

Jay's point calls Griekspoor and Sondorp's (2001) viewpoint to mind. They wrote, "Aid not only may be used to strengthen more positive forces, but potentially also may fuel local conflict" (p. 211). Therefore, assistance providers had no reason to be condescending because without engaging with the local culture

and people, it was even difficult to comply with the “do no harm” principle, a widely promoted requirement for humanitarian assistance (Griekspoor & Sondorp, 2001). Such a reality and recognition raised a sense of equality between cultures, turning the helper–receiver assumption into a cooperative assumption.

At the reflective level, the change often occurred at the deeper level of the individual, involving values, assumptions, or worldview. This process was, to some degree, similar to transformative learning (Mezirow, 2000) as well as being a process of enlightenment often mentioned in Eastern sutra.

In sum, the three levels mentioned above are the peripheral level, the cognitive level, and the reflective level. Based on the research participants’ experiences, this study assumes that the more an individual is involved in a host culture, the more he or she is likely to move from the first level to the second and third levels.

DISCUSSION

The literature on cultural competence and the three levels (peripheral, cognitive, and reflective) of the findings have been reviewed. Based on the review, this section discusses the relationship between the three levels and the literature, especially McPhatter’s (1997) framework, transformational learning, and Schein’s (1992) levels of culture.

At the peripheral level, the individual encounters and recognizes the similarities and especially the differences in another culture. As the participants of this study illustrate, in the beginning, they were shocked by the local isolated environment, different food and diet, slow medical procedures, rough ways of handling the bodies of dead children, and the negative interpretation regarding twin babies. In this confrontational period, while receiving a great amount of cultural stimulation, people usually do not have adequate time to process and analyze these incidents. These incidents would not only embarrass, frustrate, or shock the involved individuals but would also waken their cultural awareness. As the theoretical model of this study suggests (McPhatter, 1997), the cultural competence process begins with a shift of awareness and an understanding of one’s endemic viewpoints. These experiences then in turn become the fabric for constructing their mental repository of cultural knowledge (Caminha-Bacote, 2002).

At the cognitive level, individuals familiarize themselves and adjust to the new culture they face. This stage is reached when people are involved with the new culture for a period of time. After going through the emotional, hectic stage, they begin to be able to discern the leeway between cultures, adjusting their behaviors to accomplish their work, respond to the situation, or stabilize their pace of life. This process involves the “grounded knowledge bases” of McPhatter’s (1997) model, in which individuals critically analyze their existing knowledge and information in the hope of reformulating a new knowledge base for their particular situations. At this stage, understanding and knowledge of another culture increases, which provides a foundation for further cultural skills development.

The third is the reflective level. This level uses the term *transform*, which is based on Mezirow's (2000) transformational learning theory in adult education. In this study, through their humanitarian service, some participants reexamined their interpretation of "giver and receiver," "affluence and poverty," and "help and damage." Their perspectives were often "turned upside down," as an interviewee said. Through a different lens and critical comparison, they had more capacity to identify the unique characteristics of each culture and see the pros and cons. It calls McPhatter's (1997) words to mind that the transformation process (enlightened consciousness) often creates a sense of equality between oneself and others. In other words, they could see the equality behind the unequal facades between cultures. This is a very pivotal step in breaking the ethnocentrism that can be so deeply and unconsciously embedded in one's mind.

However, this study does not provide evidence to conclude that all individuals would experience perspective transformation or feel a sense of enlightenment. Merriam (2004) argues that transformational learning actually requires a "mature/advanced level of cognitive development" (p. 61). When we use the terms *mature* or *advanced*, we need criteria to evaluate the mental status. Therefore, this study conservatively chose not to label people experiencing transformation or enlightenment as having an advanced level of cognitive development. However, analysis of participant experiences in cross-cultural adaptation offers three conclusions: (a) Not everyone went through all three levels; (b) for those who did experience perspective transformation, they often expressed a sense of fresh, peaceful openness and awakening in their lives. They appreciated another culture, not because it was morally correct, but rather, they had felt deeply touched by something in the confronting culture and local people. When appreciation was kept in mind, treating people equally was more likely to occur, and it would become more of a natural behavior rather than a guideline or motto; (c) their professional backgrounds, such as medicine, nursing, religious education, or social work, often predicted the aspect through which they would begin to interact with another culture. For example, Dr. Duo began from a medical standpoint and was surprised by the nyctalopia case; the female evangelist began to learn a new culture through understanding local religions. In the first two levels, the professional backgrounds of these workers led them to work in various fields and experience different incidents. However, when they moved to the third level, they went beyond the differences, and several common concepts emerged in their cognition (e.g., values reexamination, perspective changes, and meaning of life).

The three levels related to the cultural competence process have been reviewed—peripheral, cognitive, and reflective. The order did not imply superiority, but it showed a tendency to move from exterior to interior and from knee-jerk reactions to more prudential examination. Such an order was similar to Schein's (1992) ideas with respect to three levels of culture, including artifact, espoused values, and basic assumptions. As Figure 2 shows, at the peripheral level, intercultural workers encountered artifacts in the new environment, and at

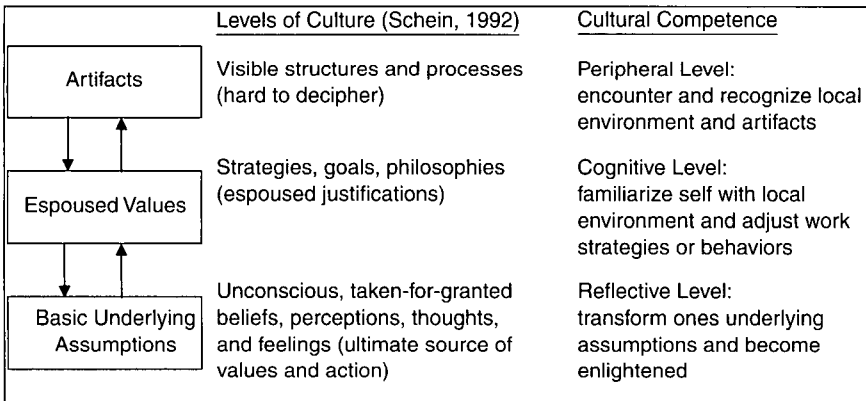


Figure 2. Levels of Culture and Cultural Competence

SOURCE: Adapted from Schein (1992, p. 17).

the cognitive level, they became more familiar with local cultures and began to adjust work strategies or behaviors. Finally, similar to Schein’s idea, the reflective level also involved people’s basic assumptions and perceptions, particularly those carried by international workers from their home culture.

IMPLICATIONS FOR PRACTICE AND FUTURE RESEARCH

The three levels indicated in this study have implications for adult educators and future research. For adult educators, especially those who are involved in program development for cross-cultural population (e.g., expatriate workers or immigrants), the three-level model (Figure 1) could help them design cross-cultural learning more closely related to participants’ needs. When people begin to prepare for their international missions, before departure, or right after arrival, they are at the first level (peripheral). In this period, in addition to providing the basic facts about the particular host country, the learning curriculum should provide people with opportunities to improve their language ability, watch introductory videos, taste the food, and study documents about typical days in the local area. As one interviewee said, when working in underdeveloped areas, the difficulties of daily life are often more than the difficulties encountered at work. Therefore, the learning objective at this level is to have participants experience the new culture in a more systematic way. After a period of time, people begin to adjust their work patterns to respond to the new environment. Learning at this level (cognitive) can focus on helping workers to identify the gaps between their expectations and local realities, benchmark similar cases, and draw alternative strategies for adjustment. Finally, learning programs for the third level (reflective)

should aim to provide a safe environment in which people can openly and honestly examine their positive experiences, negative emotions, and changes in values, mind-set, and behaviors.

For future research, there are two directions that should receive more attention. The first is people's reactions and resistance during the process. In regard to the individuals' reactions, more questions still need to be closely examined. For example, will everyone go through the three levels? What factors will encourage or hinder individuals' moving from the peripheral to another level? How do individuals' reactions affect their advancement through the process? Second, this study identifies three levels of cultural competence, which suggest three areas where learning programs can take place. Therefore, more studies should be conducted to understand the learning design and implementation in each area. However, in nonprofit practice for humanitarian assistance, because many managers are also volunteers with limited background on continuing education, more involvement on the part of adult learning professionals is an immediate and critical need.

CONCLUSION

This study explored the experiences of international humanitarian workers and identified three levels in their cultural competence process. Although in this study, the reflective level represents the deepest level, it is not the end of the cultural learning process. Rather when people begin to shift mind-sets and acknowledge the equality between cultures, they are more likely to continue in learning cultural competence. Once a student asked me, "To what extent can we claim our transformative learning successful?" I brought this question to Professor Mezirow when he visited Taiwan in 2005. "Transformative learning is a process through which we continue to communicate with the world," he said. Therefore, it does not have standardized and concrete criteria by which people can claim they have reached the endpoint. Such a thread also applies to learning to become culturally competent. This article, similar to many other studies, has demonstrated an effort to systematically understand cultural competence. The three-level model developed in this study provides an alternative way to conceptualize the process, which serves as a starting point for further discussion with regard to cultural competence learning and curriculum design.

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