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Self-Efficacy of General and Special Education Teachers for Inclusive Education Implementation in Cambodia

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ABSTRACT

Teachers' self-efficacy plays a critical role in the successful implementation of inclusive education for children with disabilities. The study exists on the comparative self-efficacy of general and special education teachers in Cambodia, and it aimed to examine the differences between general and special education teachers' self-efficacy in instruction, and collaboration is included deeply. (1) descriptive, (2) inferential statistics, namely SPSS AMOS Version 29 and Structural Equation Modelling (SEM), Confirmatory Factor Analysis (CFA) and Simple Linear Regression (SLR) to analyse quantitative data from 533 samples, the sample of 403 general education teachers, of which 115 teachers are primary school teachers and 288 teachers are secondary school teachers; and the sample of 130 special education teachers, of which 83 teachers are primary school teachers and 47 teachers are secondary school teachers, who are teaching in the target special education high schools and mainstream schools of five provinces; and it used SWOT to analyse existing qualitative secondary data. As the results found that the significant relationship between general and special education teachers' self-efficacy in instruction and disability-inclusive education background, teachers' self-efficacy in collaboration and disability-inclusive education background, teachers' disability-inclusive education background and inclusive education implementation, teachers' self-efficacy in instruction and inclusive education implementation, teachers' self-efficacy in collaboration and inclusive education implementation, teachers' self-efficacy in managing behaviour and inclusive education implementation. The study indirectly contributed to understanding the challenges and opportunities in inclusive education implementation in Cambodia by analysing the strengths, weaknesses, opportunities and threats. Recommendations were made to increase teacher self-efficacy and to enhance inclusive education implementation in Cambodia.

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I. INTRODUCTION

1.1. Introduction to research

Disability is increasingly understood as human rights and the one of the most serious barriers to education across the globe into force of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). An estimated 240 million children worldwide live with disabilities (UNICEF, n.d.). In Asia and the Pacific, it is estimated that there are about 650 million persons with disabilities, accounting for 15% of the total population, who are being ignored or excluded. Estimates for the number of children (0–14 years) living with disabilities range between 93 million and 150 million (WHO, 2011). According to the Inter-Census Report 2019 (MP, October 2020), there were 689,532 persons with disabilities in 2019, accounting for 4.9 % of the total population of 15,552,211 compared to the Inter-Census Report 2013 accounting for 2.06 % of the total population of 14,676,591. Of the 689,532 individuals with a disability, 74.3 % had some disabilities (or mild disabilities), 19.4% had moderate

disabilities and 6.3 % had severe disabilities ("cannot do at all"). The 2019 disability rate for Cambodia increases as age increases, rising from 1.2 % for the population aged 5-14 years to 25.6 % for population aged 60 years and above. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognizes the right of all children with disabilities both to be included in the general education systems and to receive the individual support they require. Systemic change to remove barriers and provide reasonable accommodation and support services is required to ensure that children with disabilities are not excluded from mainstream educational opportunities (WHO, 2011). The goal of educating children with disabilities is the same as that of educating children without disabilities: to support children in reaching their full potential and leading productive lives as active members of their communities. Children with disabilities often require specialized services and supports to master content being taught. Unfortunately, however, in many countries, specialized education services take the form of segregating students with disabilities in separate classrooms or schools, with no opportunities for engaging with peers who do not have disabilities and often no access to the curriculum that these peers are learnings (Hayes & Bulat, 2017). Inclusive education is the most effective way to give all children a fair chance to go to school, learn and develop the skills they need to thrive (UNICEF, n.d.). The inclusion of children with disabilities in regular classrooms is now a worldwide trend that has been growing in popularity during the last three decades. Several developed countries (e.g., USA, UK, Canada and Australia) have legislation or policies that emphasise an inclusive model of teaching students with diverse needs in regular classrooms. Similarly, several developing countries have now formulated policies that support the broader principles of inclusive education to educate students with specialized needs (Kuyini and Desai, 2007; Wu-Tien, Ashman and Yong-Wook, 2008). This change in the needs of students at classroom level over this period of time has made it necessary for universities to change their teacher education practices (Nougaret, Scruggs and Mastropieri, 2005).

The inclusion of children and adults with disabilities in education is important for four main reasons (WHO, 2011, p. 205): (a) education contributes to human capital formation and is thus a key determinant of personal well-being and welfare; (b) excluding children with disabilities from educational and employment opportunities has high social and economic costs; (c) countries cannot achieve Education for All or the Millennium Development Goal of universal completion of primary education without ensuring access to education for children with disabilities; and (d) countries that are signatories to the CRPD cannot fulfil their responsibilities under Article 24. Students with disabilities spend more time engaged in learning and feel more comfortable interacting with their peers when they are included in their regular classroom. Bricker (2000) also found that students with disabilities have more positive role models to learn from when they are involved with their non-disabled peers.

1.2. Problem

Schools and teachers need to commit to the transformation of their school communities for the implementation of inclusive education to be successful. Teacher efficacy has proved to be powerfully related to many meaningful educational outcomes such as teachers' persistence, enthusiasm, commitment and instructional behaviour, as well as student outcomes such as achievement, motivation, and self-efficacy beliefs. Teacher efficacy is a simple idea with significant implications. A teacher's efficacy belief is a judgment of his or her capabilities to bring about desired outcomes of student engagement and learning, even among those students who may be difficult or unmotivated (Armor et al., 1976; Bandura, 1977). Researchers have found that teachers' sense of teaching efficacy was one of the strongest predictors of their attitudes to inclusion Soodak, Podell and Lehman (1998); Weisel and Dror (2006); Almog and Shechtman (2007); Sharma et al. (2008); Forlin, Loreman and Sharma (2009); and Sharma, Moore and Sonawane (2009). Efficacy beliefs influence teachers' persistence when things do not go smoothly and their resilience in the face of setbacks. One potential reason behind the popularity of teacher self-efficacy research may be its cyclical nature: stronger self-efficacy beliefs are believed to result in greater efforts by teachers, which in turn leads to better performances, which again provides information for forming higher efficacy evaluations (Tschannen-Moran, Woolfolk Hoy, & Hoy, 1998). Although teacher self-efficacy has given many benefits to inclusive learning and teaching processes, there have been no systematic studies conducted on teacher self-efficacy for inclusive education implementation in Cambodia. Therefore, the present study was aimed to examine general and special education teachers' self-efficacy for inclusive education implementation in Cambodia by investigating the difference between self-efficacy of general and special education teachers; and the relationships between three sub-dimensions of teachers' self-efficacy including efficacy in

instruction, efficacy in collaboration and efficacy in managing behaviour and perceptions.

1.3. Research objectives

The specific objectives for this study are:

1. To compare the self-efficacy levels of general and special education teachers in implementing inclusive education.
2. To examine different level of general and special education teachers' perceptions on implementing inclusive education.
3. To explore the relationship between teachers' self-efficacy and their effectiveness in inclusive education implementation.
4. To assess the impact of professional training on teachers' self-efficacy for inclusive education.
5. To analyse problems and prospects of inclusive education implementation in Cambodia.

1.4. Research questions

1. What are the existing problems and prospects of inclusive education implementation in Cambodia?
2. How is the different level of general and special education teachers' perceptions on implementing inclusive education?
3. Why does the relationship between teachers' self-efficacy and their effectiveness explore in inclusive education implementation?

1.5. Significance of the study

This study provides valuable insights for policymakers, leaders and trainers of teacher training colleges and higher education institutions, technical leaders and staff, school leaders, teachers, national and international organizations, development partners and relevant stakeholders in Cambodia, guiding them in developing strategies to increase teacher self-efficacy and improve inclusive education practice leading to a more quality, inclusive, equitable education system. Inform the MoEYS and relevant stakeholders including provincial teacher training college, regional teacher training centres, TECs, NIE, NISE and target schools about difference between general education teachers' and special education teachers' self-efficacy in instruction, collaboration and managing behaviour; general education teachers' and special education teachers' perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation; the relationship and difference between general and special education teachers' self-efficacy and perceptions on inclusive education implementation; and existing problems and prospects of inclusive education implementation in Cambodia.

II. LITERATURE REVIEW

2.1. Disability and Inclusive Education

Disability refers to difficulties encountered in any or all three areas of human functioning such as impairments, activity limitations and participation restrictions (WHO, 2011). Similarly, disability refers to persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2006). There is some disagreement on the definition of the term "Disability." The different definitions depend on the model used for looking at disabilities. The handbook "Making Poverty Reduction Strategy Papers (PRSP) Inclusive", HI, CBM, and GTZ (2006) categorizes the attitudes, assumptions, and the perception of disability, for a better understanding of its definition, into four models: (a) Medical model: it considers persons with disabilities as patients, considering if they can or not be cured. (HI, CBM & GTZ, 2006); (b) Social model: it recognizes that barriers for people with disability to participate in society are created by the environment, rather than by an individual (UNICEF, 2007). It tries to remove the obstacles caused by societal environment that restrict people with disabilities from having full rights and opportunities (United Nations Children's Fund, 2014); (c) Charity model: is a model of disability that sees people with disabilities as helpless victims caused by their impairments, as they cannot walk, talk, see, learn, or work (HI, CBM & GTZ, 2006); and (d) Right-based model: is a model of disability that was developed based on the spirit of the Universal declaration of Human Rights (1948), explaining that all human beings regardless of their disabilities have certain rights ("Disability human-rights", 2011). Therefore, society needs to show its effort to create an environment that can ensure that people with disabilities have equal rights, opportunities, and possibilities to participate in society like others (HI, CBM & GTZ, 2006).

The 2008 Convention on the Rights of Persons with Disabilities (CRPD) states that "persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interactions with various barriers may hinder their full and effective participation in society on an equal basis with others". In line with the International Classification of Functioning, Disability and Health (ICF), published by the World Health Organization (WHO) and endorsed by Cambodia, in this definition "disability" is as an umbrella term for impairments, activity limitations, and participation restrictions referring to the negative aspects of the interaction

between an individual with a health condition (e.g., cerebral palsy, Down syndrome or depression) and that individual's personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports) (WHO, 2011). This definition is based on a combination of the medical and social models.

2.2. Classification of Disabilities in Cambodia

Following the medical model, Chapter 1, Article 4 of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities of Cambodia defines persons with disability as "any persons who lack, lose or damage any physical or mental functions, which result in a disturbance on their daily life or activities such as physical, visual, hearing, intellectual impairments, mental disorders and other types of disabilities toward the insurmountable end of the scale." (RGC, 2009). In practice, nevertheless, the 2012 MoEYS Module of Inclusive Education, in line with the social model, considers that people with physical and mental challenges are considered to have an impairment, and it is when they are discriminated against or excluded from society through other social barriers that they are considered to have a disability. While the medical model makes sense in an inter-sector or inter-ministerial environment, providing inclusive education requires looking at disability from a functional social model that identifies and attempts to eliminate the barriers that turn impairments into disabilities.

The 2008 Cambodian Population Census considers five types of disability: seeing, speech, hearing, movement, and mental (MoP, 2009). Based on a purely medical model, in 2011 Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and Ministry of Health (MoH) worked together to establish an inter-ministerial PRAKAS on the assessment of the type and level of disability. This PRAKAS adds "internal organ impairment" as a disability, separates intellectual from mental disability, and provides a wide category for people who have difficulties fulfilling their physical or social duties and do not fit into any of the other categories. This PRAKAS stipulates four levels of disabilities: (1) profound, (2) severe, (3) moderate, (4) and mild. The MoEYS Module of Inclusive Education provides a guide for teachers to identify and teach CWDs with five types of difficulties: movement, seeing, hearing, speaking, and learning difficulties. Nevertheless, the module defines nine types of disabilities that are different from the ones in the 2011 Prakas, adding the following to the list: sensory difficulties, mental difficulties, seizure (epilepsy and other causes), and other difficulties (it adds to the list "sensory" and "seizure", but excludes "internal organs"). This classification is used on the forms that are used by schools and sub-national administration to report on CWDs to the Special Education Department. The module does not provide tools to assess level of disability. Unfortunately, instead of using the classification of disabilities from the inter-ministerial Prakas, for the 2014 Cambodia Demographic Health Survey (CDHS), NIS used the Washington Group Short Set of Questions on Disability, which looks at difficulties of doing certain activities in six parts: (1) seeing difficulties, (2) hearing difficulties, (3) walking or climbing difficulties, (4) memory or concentration difficulties, (5) self-care difficulties, and (6) communication difficulties.

2.3. Persons with Disabilities in Cambodia

Although there are several mechanisms that collect data on adults and/or children with disabilities, accurate, comprehensive, and comparable data is not available. Different RGC data collection mechanisms employ significantly different definitions and classifications of disabilities, which results in important disagreements on the number of persons with disabilities in Cambodia. Identification is also a challenge as no standard tools are employed to assess the type and level of disabilities. Besides this, there is no national data that can be disaggregated by age group, province, district, or commune. As a result, policy makers do not have reliable data that they can use to produce adequate policies that can effectively respond to the needs of CWDs, especially when access to education is concerned. The 2008 National Census recorded a total of 193,000 people with disabilities in a total population of 13.4 million (1.44%), of which 51,793 were under age 19. This study considered five types of disabilities: seeing, hearing, speech, movement, and mental (MoP, 2009). The data is disaggregated by age group, location of residence (urban/rural), and gender but not by province, district, or commune. The data also does not include information on multiple disabilities. The 2011 Commune Database includes 85,636 persons with disabilities (0.59% of the population), including 27,257 (32%) female and 58,379 (68%) males, of which 6,190 girls and 17,580 boys were under age 18 (Bailey & Nguon, 2014).

After consultations with Commune/ Sangkat Councils, it would appear that not all communes/Sangkats collected comprehensive data on persons with disabilities. Publicly available data is disaggregated by province, district/Khan, and commune/Sangkat, but not by gender, location of residence, rural/urban, or age group. According to the 2013 Cambodia Inter-Censual Population Survey, a nationally representative sample survey, 301,629 Cambodians lived with disability, (2.1 percent of a

total population of 14,676,591), including 144,622 females (48%) and 157,007 males (52%). The majority of persons with disabilities (86%) lived in rural areas. Of the total number of persons with disabilities, 52,240 (17.3 percent) were under age 19 (MoP, 2013).

Table 1: Disability Penetration by Types of Disability and Gender

Percentage of disabled population by type of disability	Total (%)	Male (%)	Female (%)
Difficulty in seeing	34.8	31.4	38.6
Difficulty in speech	5.4	4.4	6.5
Difficulty in hearing	9.0	7.4	10.8
Difficulty in movement	33.4	41.4	24.7
Mental	12.2	9.8	14.7
Mental retardation	5.2	3.6	6.8
Mental illness	7.0	6.2	7.9
Any other	3.5	3.9	3.1
Multiple disabilities	1.6	1.7	1.0

Unlike in 2008, this 2013 data produced by MoP included six types of disabilities: (1) seeing, (2) speech, (3) hearing, (4) movement, (5) mental, and (6) others. It also mentions the multiple disabilities possessed by respondents in the study. The data on people with disabilities is aggregated by age group, location of residence, and gender but not by province, district, or commune. It must be remembered that the 2013 survey is only a sample of the population, while in 2008 there was a complete census, which should be more accurate. The 2014 Cambodia Health Demographic Survey found that 10% of the people aged 5 and over had disabilities. According to the survey, 5% of household members have seeing difficulties, 3% hearing, 4% walking, 4% concentrating, 1% self-care, and 2% communicating. Looking at the prevalence of disability by age group, 1.8% of children aged 5-14 were found to have some form of disability, much lower than for those aged 15-34 (3.5%), 35-59 (13.2%), and 60 and over (44.2%). The data is disaggregated by age group (but does not include children below 5) and it is disaggregated by gender, location of residence, and province. Different sources provide numbers of people with disabilities in Cambodia that vary from 85,000 to 1,400,000, depending on the tools they use to assess disability and their data collection methodology. Disparities in gender are also important, with data that varies from 32% to 48% of people with disabilities being women and girls. According to the Inter-Census Report 2019 (MoP, October 2020), there were 689,532 persons with disabilities in 2019, accounting for 4.9 per cent of the total population of 15,552,211 compared to the Inter-Census Report 2013 accounting for 2.06 per cent of the total population of 14,676,591. Of the 689,532 individuals with a disability, 74.3 percent had some disabilities (or mild disabilities), 19.4 percent had moderate disabilities and 6.3 percent had severe disabilities ("cannot do at all"). Among the total number of persons with disabilities, 286,659 persons are male, accounting for 41.57 per cent, while another 402,873 persons are female, accounting for 58.43 per cent. The 2019 disability rate for Cambodia increases as age increases, rising from 1.2 percent for the population aged 5-14 years to 25.6 percent for population aged 60 years and above. The rate of educational attainment in the population with any disability was low. 29.9 percent of disabled persons aged 7 and above who had ever attended a school or educational institution had completed primary education; 17.3 percent had completed lower secondary education; 1.4 percent had received the secondary/ diploma (Secondary School/Baccalaureate, Technical Diploma/Pre-Secondary and Technical Diploma /Post-Secondary), and only 1.3 percent had completed tertiary/beyond secondary education (Graduate Degree, Master's Degree and PhD Degree holder). Overall, 55.7 percent of the disabled population reported that they had not completed primary school, whilst a small proportion of the disabled literate population (1.4 percent) had become literate without any formal education. There was a low rate at all levels of education compared to the general population. The data from these can be used as a foundation to determine realistic actions and necessary investments for all persons with disabilities.

2.4. Inclusive Education

Since Cambodia had been in crisis of devastating war that caused over 2,000,000 people to live with difficulty and over 320,000 to live with significant difficulties (WHO, 2011) and in order to respond to the above global conventions, policies, and goals, Cambodia has signed or ratified some of the document above to show its commitment to protecting the rights of children and promoting the living conditions of people with disabilities. In 1992, Cambodia became a signatory of the International Convention on the Rights of the Child (CRC) and in 2000 committed to the Dakar Framework for Action on Education for All. Cambodia agreed to the global Millennium Development Goals (MDGs) in 2002, adding one additional goal relevant to the Cambodian context. One of these nine goals (Goal 2) is to achieve universal primary education. On September 2012, Cambodia

ratified the Convention on the Rights of Persons with Disabilities (CRPD). In the Asia Pacific region, Cambodia is a member of the Economic and Social Commission for Asia and the Pacific (ESCAP) and has adopted the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific (UN, 2012).

The six dimensions of the Child Friendly Schools (CFS) Framework, including inclusive education, are now part of the pre-service training for primary and secondary school teachers. A total of 28 hours of training in inclusive education is provided to all teacher trainees during the second year of training in Provincial Teacher Training Colleges (PTTCs) and Regional Teacher Training Colleges (RTTCs). In order to provide this training, MoEYS, with support from UNICEF, released in 2012 a Module of Inclusive Education. This module covers identification of CWDs, how to provide proper support to children with disabilities, how to integrate those children based on their age, how to ensure their participation in activities, teaching aids, assistive devices, teaching and learning materials, classroom organization, communication with CWDs, special infrastructure, and cooperation teachers and family. In addition, with support from Catholic Relief Services (CRS), in March 2015, MoEYS published a support document for identification and referral services of children with disabilities to provide support to staff from Provincial and District offices of Education, as well as to schools (MoEYS, 2015). This document has not yet been disseminated. Moreover, the Guideline 22 on the Implementation of Identification System and CWDs Referral Services was approved by the minister in the same year. This guideline was updated in 2017 to enlarge its focus to cover both Education of Children with Disabilities and Multi-Lingual Education. Guideline 22 assigns to each level of sub-national education administration, as well as to schools, specific roles related to providing inclusive education (MoEYS, 2015 & 2017).

While in 2000 MoEYS worked with UNICEF and Disability Action Council (DAC) to implement the first IE pilot project in Svay Rieng province – which would be expanded to 15 provinces in 2008 (Carter, 2008), it is only in 2000 that MoEYS established the Special Education Office (SEO) under the management of the Early Childhood and Primary Education Department to deliver educational services to learners with disabilities, learners of ethnic minorities, learners of poor and disadvantaged economic backgrounds, and girls. Then, the office was upgraded to the Special Education Department in 2016 to deliver more inclusive education services to individuals with special needs such as special education, inclusive education and multilingual education ranging from kindergarten to higher education levels (MoEYS, 2018).

2.5. Models

Service models for students with disabilities vary depending on the type of institutional setting in which they function and may represent a spectrum of teaching arrangements, student placements, and levels of student IEP implementation (Friend, Cook, Hurley-Chamberlain, & Shamberger, 2010). In the public-school setting, there are two types of inclusion, full inclusion and partial inclusion, both, according to Giangreco (2007), provide students with disabilities an equal opportunity to learn in the same environment as their regular education peers. Full inclusion occurs when all students with various levels of ability and disability receive instruction entirely in the regular education classroom with their same-aged peers (Council for Exceptional Children, 2011). This instruction includes any additional support needed by students with disabilities (provided by special education teachers) and requires that general education teachers collaborate with special education teachers to design and implement appropriate instructional strategies to meet the needs of students with disabilities (Fuchs, 2009).

Partial inclusion, also called pull-out or resource services, occurs when students receive some instruction in the regular education setting (as described for full inclusion) and some instruction in a resource room (a self-contained classroom in which students with disabilities receive instruction directly from a special education teacher; Friend, 2008). Specifically, partial inclusion is defined by student participation in special education and related services outside the regular education setting for at least 21% and no more than 60% of the school day (Centre for Effective Collaboration and Practice, 2001). Instruction in the inclusive setting may occur in the form of co-teaching. The practice of co-teaching occurs when a general education teacher and a special education teacher partner in order to deliver special education and related services to students with disabilities in the general education setting (Friend et al., 2010). At the time of this study, co-teaching as an approach to collaboration in the classroom was becoming increasingly popular (Fenty & McDuffie-Landrum, 2011; Forbes & Billet, 2012), had been shown to improve student outcomes (McDuffie, Mastropieri, & Scruggs, 2009), and in fact was one of the most common ways that teachers could deliver instruction to meet the needs of diverse learners (Conderman, 2011; Pugach & Winn, 2011). Co-teaching involves mutual cooperation and participation in the planning, implementing, and assessing aspects of classroom instruction (Conderman, Johnston Rodriguez, & Hartman, 2009) and may occur in a variety of formats: one teaches one assists, station teaching, parallel teaching, alternate teaching, and team teaching (Friend et al., 2010). Joy and Murphy (2012) asserted that

classrooms that integrate various models of co-teaching models are most beneficial to all students in the inclusive setting.

Working as collaborative partners, co-teachers combine their expertise and share responsibilities for teaching curriculum standards and for meeting students' individual needs and IEP goals (Conderman, 2011; Conderman & Hedin, 2012; Murawski, 2012). Successful co-teachers are typically receptive to sharing roles, dedicated to collaborating with each other (Wastson & McCathren, 2009), communicative, encouraging, and supportive (Murwaski & Dieker, 2008). Teachers who share similar positive perspectives about educating students with disabilities tend to collaborate more successfully than those who do not share similar perspectives in this regard (Carter, Prater, Jackson, & Marchant, 2009).

In Cambodia, education provision for blind and deaf children as well as children with learning disabilities occurs in special schools, in inclusive education settings or in integrated classes according to the following breakdown: (a) Special education for learners with visual and hearing impairments is provided in five special schools; (b) Blind students are progressively integrated, studying half of the school day in regular classes and half in special schools from grade 3 until grade 6. Deaf children are included starting in grade 5; and (c) Integrated classes for blind and deaf children and learners with learning disabilities are established in regular schools, reaching out to remote areas where there are no special schools. Currently, MoEYS has been implementing integrated classes for 40 deaf learners in 8 schools with 12 classes in Svay Rieng, Prey Veng, Preah Sihanouk, Kandal and Kampong Chhnang provinces. There are 30 schools with 51 integrated classes for 871 students with intellectual disabilities in Kandal, Kampong Speu, Siem Reap, Kratie and Phnom Penh. One private school has 30 classes for 205 students with intellectual disabilities (MoEYS, 2021).

2.6. Description of Teacher Self-efficacy

Generally, teachers with low levels of efficacy tend to become frustrated easily and give up quickly when they receive undesirable outcomes (Gibson & Dembo, 1984). On the other hand, teachers with high levels of efficacy tend to be confident, motivated, persistent, academically focused in the classroom (Gibson & Dembo, 1984), and dedicated to academic excellence (Hoy & Woolfolk, 1993). Swackhammer, Koellner, Basile and Kimbrough (2009) found that teachers with high levels of self-efficacy were professionally and personally motivated to enrol in math and science content courses to improve their levels of content knowledge. Chong, Klassen, Huan, Wong and Kates (2010) asserted that in comparison to teachers who teach in typical schools, teachers who teach in schools especially designed for high-achieving students' demonstrated significantly higher levels of self-efficacy. This condition may be the result of prior student performance and teacher expectation (Chong et al., 2010). Specifically, teacher perception that students are highly capable and motivated and less likely to engage in off-task or disruptive behaviour may promote higher expectations for positive teaching experiences (i.e., increased levels of teacher self-efficacy; Chong et al., 2010). Weisel and Dror (2006) similarly investigated the effect of school organisation and educational climate, and teachers' sense of self-efficacy (using Teacher Efficacy Scale) on the attitudes of 139 teachers from 17 primary schools in Israel towards the inclusion of students with disabilities. The researchers found that teachers' sense of self-efficacy was the single best predictor of their attitudes towards inclusion. Also, teachers who perceived a more positive school climate (e.g., supportive leadership, collaborative planning and autonomy) tended to express more positive attitudes towards inclusion. In another Israeli study of 33 teachers, Almog and Shechtman (2007) established that there were positive correlations between teacher democratic beliefs, teacher efficacy and effective strategies to work with students with difficult behaviour problems.

In a series of studies, Sharma et al. (2008), Forlin, Loreman and Sharma (2009), and Sharma, Moore and Sonawane (2009) examined the relationship between pre-service teachers' attitudes towards inclusion with variables such as contact with people with disabilities, knowledge of local legislation and policies, and confidence level. The researchers found that confidence in teaching in inclusive classrooms was the single best predictor of participants' attitudes.

2.7. Factors Affecting Teacher Self-efficacy

Teachers' background variables such as such as their age, teaching experience with children with disabilities, and training in pedagogy have been found to play significant roles in teachers' perceptions of inclusive education (Tiwari, Das & Sharma, 2012; Specht, 2016). For example, depending on teachers' experience in inclusive education, the teaching skills they select to use and their perceptions of inclusive education may greatly vary, which may ultimately affect the success of inclusive education. In fact, there is evidence that teachers who had more opportunities to interact with children with disabilities during their teacher training period tended to

support and view inclusive education positively (Lancaste & Bain, 2010). Additionally, Lee, Yeung, Tracey, and Barker (2015) found a positive correlation between teachers' experience with children with disabilities and their positive perception of inclusive education. It was also found that Korean teachers who had four to six years of teaching experience showed more positive perceptions toward inclusive education than those with less years of teaching experience (Lee & Kim, 2010).

Previous studies have emphasized the development and expansion of teacher training programs that facilitate the acquisition of knowledge and skills for inclusive education among teachers to increase their positive perceptions towards inclusive education (Waitoller & Artiles, 2013). Kim and Chung (2012) found that teachers reported the greatest need for more training for educating children with disabilities in order to successfully implement inclusive education. Furthermore, Kim (2013) similarly found that early education teachers reported wanting to receive more direct training and support from special education teachers and institutions. In fact, workshops, practical trainings, seminars, and teacher training sessions about children with disabilities were found to improve teachers' positive perception of inclusion and the rate of agreement about the importance of inclusive education (Lee & Kim, 2010). Additionally, other studies demonstrated that teacher training and education focusing on enhancing teachers' knowledge and positive beliefs about inclusive education were related to their improved ability to meet the special needs of children with disabilities (Lancaster & Bain, 2010; Carroll, Forlin, & Jobling, 2003), supporting the importance of providing practical training and support for teachers in inclusive education. Another teacher variable investigated for its relationship with teachers' perceptions toward inclusive education is age, based on the belief that teacher age may act as an important factor influencing their beliefs toward more recent educational practices. However, inconsistent results have been reported. For instance, Schimidt and Vrhovnik (2015) concluded that teachers in their 20s have more positive beliefs towards inclusive education than those in their 30s, 40s, and 50s in Slovenia. However, other studies ((Tiwari, Das & Sharma, 2012; Lee, Kang & Jung, 2016) reported that there is no significant correlation between teacher age and their perceptions. In an attempt to reconcile the inconsistent findings of previous research, this study investigates whether teachers' age has an effect on their beliefs towards inclusive education.

Many studies have argued that the positive beliefs of the teachers towards inclusive education play a significant role in the successful implementation of inclusive education (Sailor & McCart, 2014; Song, 2016). The positive effects of inclusive education for both children with and without disabilities may be divided into their improved social and cognitive development and improved understanding of children with disabilities by those without disabilities. According to the study conducted by Kim and Cho (Kim & Cho, 2008) in which six early childhood inclusive education teachers were subjected to in-depth interviews, the improved social and cognitive development of children with disabilities was pointed out by the teachers as one of the positive aspects of inclusive education. Specifically, teachers reported that children with disabilities developed positive social behaviour s and skills through having frequent interactions with their peers without disabilities and gained confidence and a sense of achievement. Moreover, teachers reported that through inclusive education, children without disabilities developed a higher level of understanding of the needs of children with disabilities and felt more comfortable when interacting with them.

2.8. Self-Efficacy Models for Inclusive Practices

2.8.1. Chinese Model

Special education teachers considered themselves more efficacious in collaboration, while the mainstream teachers felt they were more efficient in managing student behaviour than their colleagues in special education. One potential factor causing the Chinese special education tteachers' lower efficacy in managing behaviour is the difference that commonly exists between the school context and student populations that special and mainstream educators need to deal with. In China, special education teachers work mainly in schools teaching students with profound disabilities, while the mainstream education teachers usually teach a class of students who usually follow the rules and the teachers' instruction. It is quite natural to expect that a special education teacher who works, for example, with students with severe autism spectrum disorders who have difficulties in social interaction and communication, would feel less competent in managing her class, compared to a mainstream education colleague who seldom encounters any major behaviour issues in her work. The same school context factors that we assume to be behind the difference between the behaviour management efficacy of Chinese mainstream and special educators are probably a reason behind special education teachers' higher self-efficacy in collaboration. The variables that formed the collaboration factor were more closely linked to student with disabilities than the variables in other two factors of teacher self-efficacy. One can expect most special

education school teachers to have much more opportunities and need to cooperate more with parents, colleagues and other professionals in teaching students with disabilities, than their colleagues in mainstream schools.

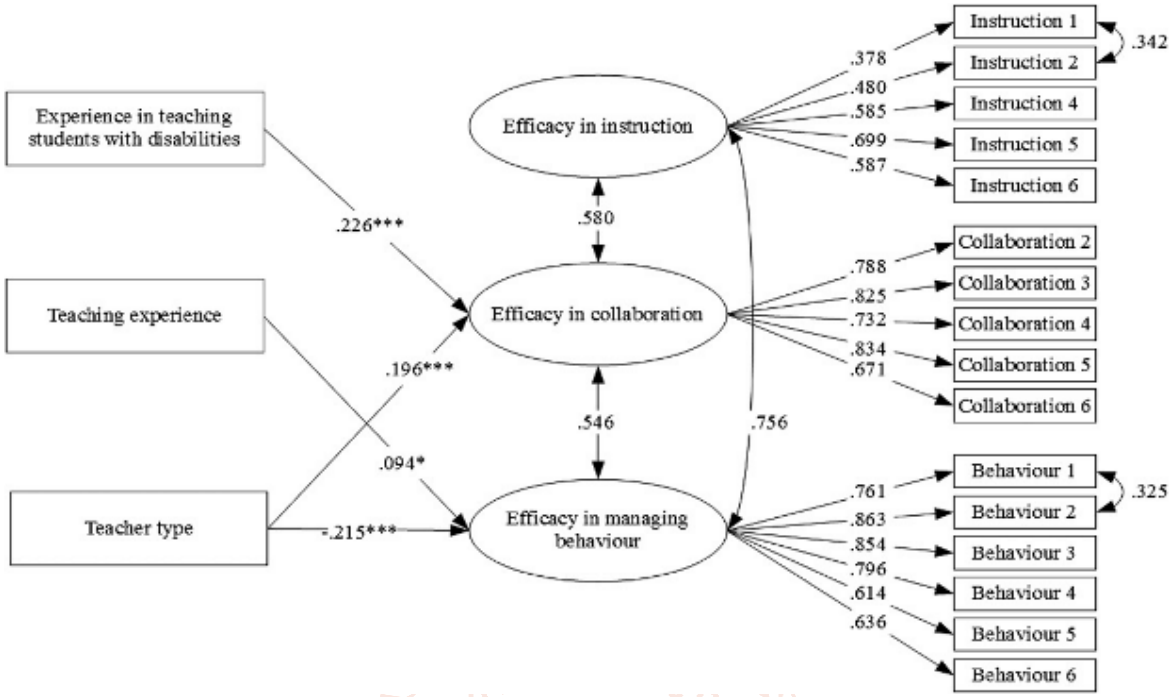

Figure 1. Chinese (N= 437) model for explaining teacher self-efficacy for inclusive practices (Malinen, Savolainen, et al., 2013).

2.8.2. Finnish Model

The testing of the hypothetical predictive model showed that in the Finnish sample, only experience in teaching students with disabilities and the amount of training related to inclusive education explained significantly all self-efficacy factors. Participants' The testing of the hypothetical predictive model showed that in the Finnish sample, only experience in teaching students with disabilities and the amount of training related to inclusive education explained significantly all self-efficacy factors. Participants' teaching experience or previous interactions with persons with disabilities did not have a significant effect on any factor; thus, they were left out from the successive models. Adding the covariates resulted in only one change in the Finnish model, as a significant path from gender to efficacy in managing behaviour was added. This indicated that the male teachers rated higher their capability to prevent and manage undesirable student behaviour.

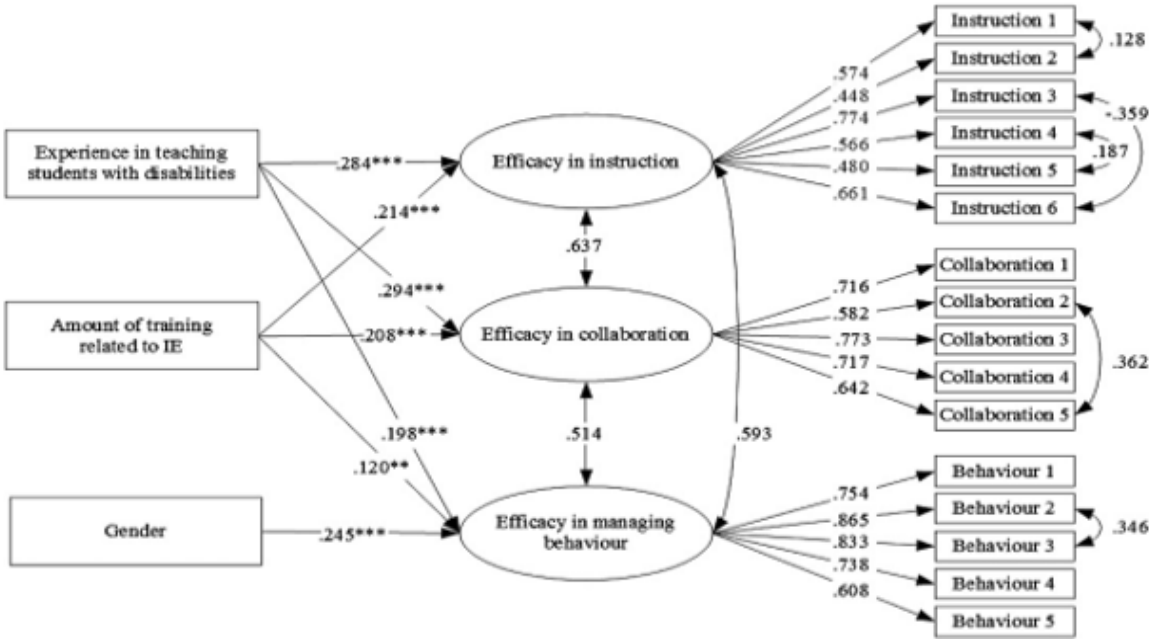

Figure 2. Finnish (N = 867) model for explaining teacher self-efficacy for inclusive practices (Malinen, Savolainen, et al., 2013).

2.8.3. South African Model

From the hypothetical model, experience in teaching students with disabilities as well as previous interactions with persons with disabilities explained significantly all the self-efficacy factors in the South African sample. The other two variables were left out from the later models. Participants' interactions with persons with disabilities were considered to be a potential source of mastery experiences. Even though these interactions may have taken place outside school context, among South African teachers they still seem to have some connection, especially with the ability to collaborate with parents, colleagues, and other professionals, in their work. These skills also seem to develop with age, since older South African teachers evaluating themselves more competently in collaboration between colleagues within a school, between parents and teachers, and with support professionals including educational psychologists, was the exception rather than the norm until recently. Since most teachers are not adequately trained and experienced, as mentioned earlier, the ability to understand what their roles and responsibilities are in a collaborative support process in the development of inclusive schools poses a key challenge in the implementation of inclusive education. Finally, when interpreting the South African results, one should also remember that the predictive power of the model was considerably higher for efficacy in collaboration than for efficacy in instruction or efficacy in managing behaviour. This means that the model did not explain particularly well the variation in the latter two teacher self-efficacy dimensions.

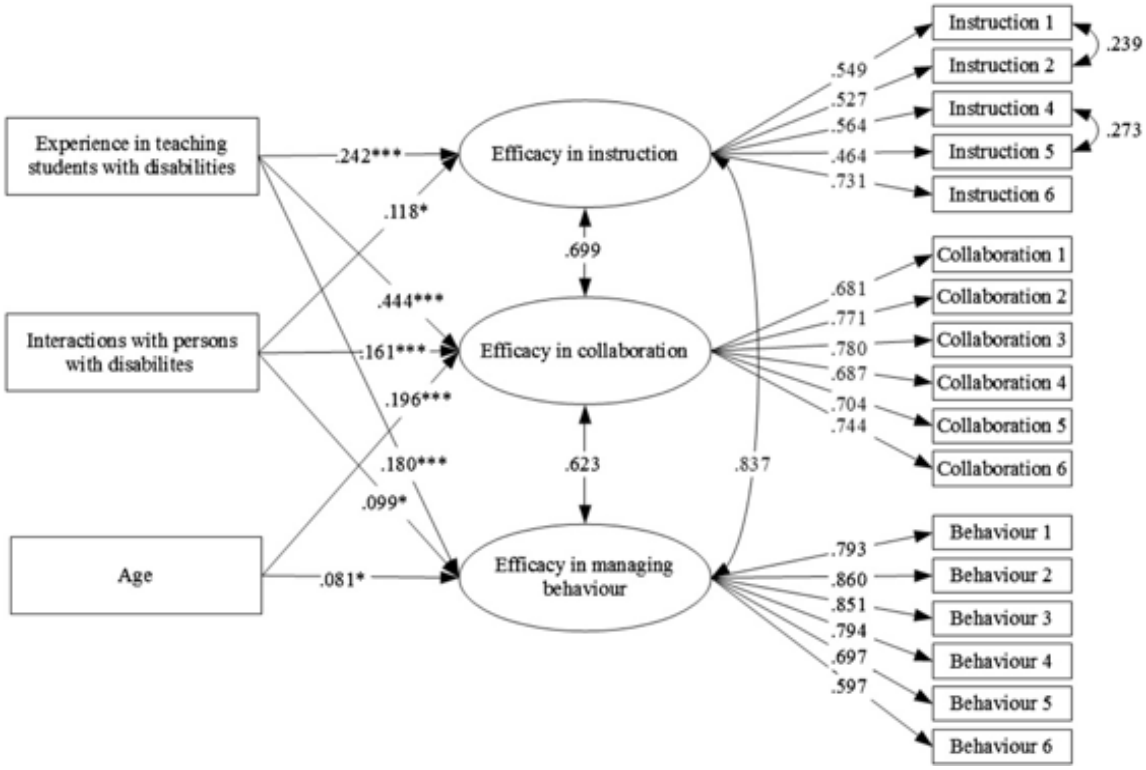

Figure 3. South African (N = 590) model for explaining teacher self-efficacy for inclusive practices (Malinen, Savolainen, et al., 2013).

2.9. Self-efficacy Model for Teacher Training

Using Bandura's theory of self-efficacy as a theoretical model for this study will provide a foundation for understanding the conditions associated with teacher attitude and self-efficacy toward inclusive practices. Training as a means of improving self-efficacy (Fuchs, 2009; Horne & Timmons, 2009). In addition, teachers who have successful student academic and social outcomes are more confident in their capabilities to teach various types of students (Tschannen-Moran & Woolfolk Hoy, 2001). Potential value of teacher training for improving teacher skills and ultimately student outcomes and how those improved student outcomes could work in a reciprocal fashion to further improve teacher self- efficacy. Teacher training could provide a means of altering Teachers' expectancy outcomes by not only serving as a tool for achieving success in combination with verbal persuasion but by providing a means of promoting mastery and vicarious experiences.

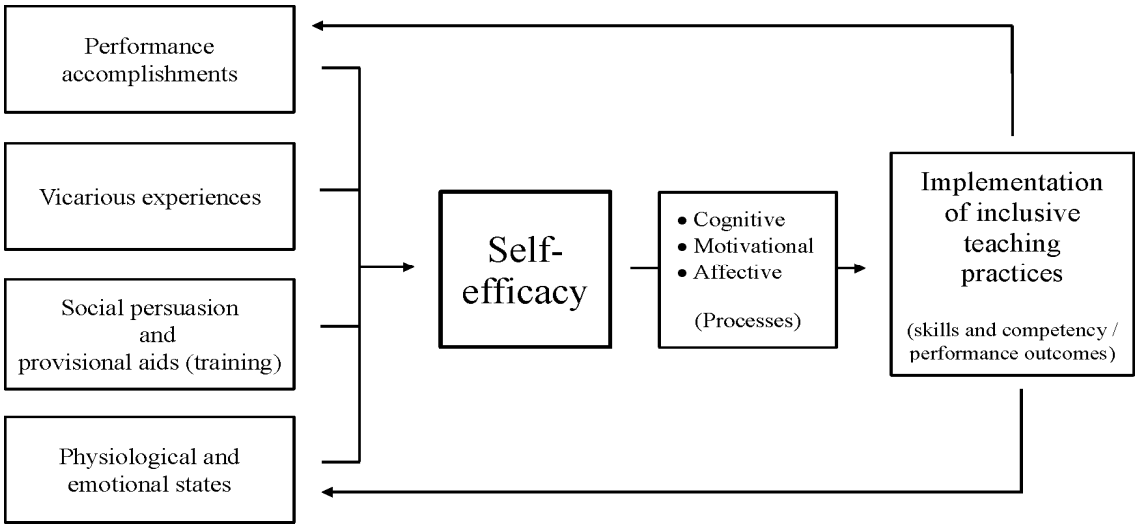

Figure 4. Conceptual model of the use of teacher training to influence self-efficacy and change teacher behaviour and performance (Charley, 2015).

2.9.1. Korean Teacher Efficacy Model

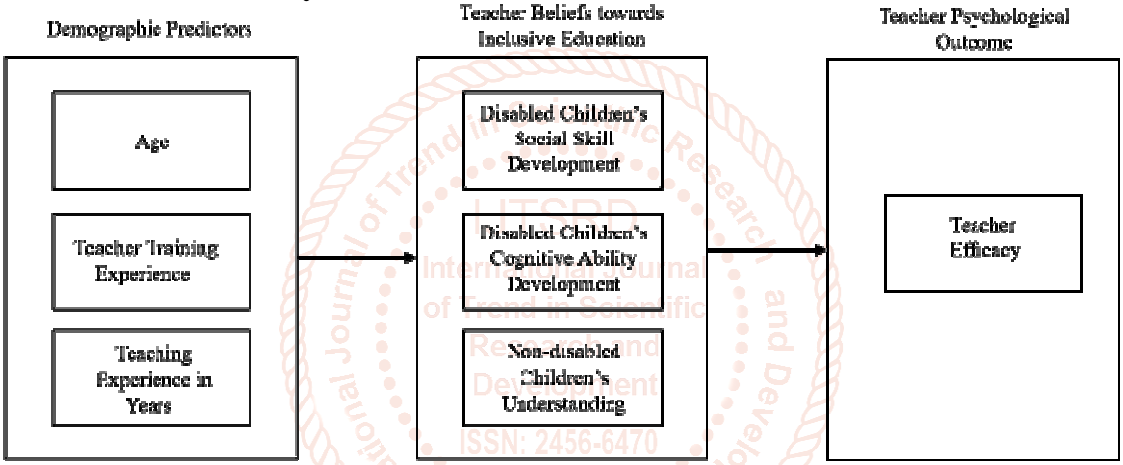

Figure 5. Teachers' Belief and Efficacy Toward Inclusive Education in Early Childhood Settings in Korea (Sukkyung, Eui Kyung & Kyulee, 2019)

2.9.2. Self-Efficacy Measures

Self-efficacy measures have been growing out of Rotter's concept of generalized expectancies of reinforcement (Tschannen-Moran & Woolfolk Hoy, .(1998

Table 2: Self-Efficacy Measures

Instrument	Structure	Example items
RAND measure (Armor et al., 1976)	2 items on a 5-point Likert scale from "strongly agree" to "strongly disagree." Scoring: sum of the 2 item scores.	When it comes right down to it, a teacher really can't do much because most of a student's motivation and performance depends on his or her home environment. If I really try hard, I can get through to even the most difficult or unmotivated students.
Teacher Locus of Control (Rose & Medway, 1981)	28 items with a forced-choice format. Scoring: Half of the items describe situations of student success (I+), and half describe student failure (I-).	Suppose you are teaching a student a particular concept in arithmetic or math and the student has trouble learning it. Would this happen (a) because the student wasn't able to understand it, or (b) because you couldn't explain it very well? If the students in your class perform better than they usually do on a test, would this happen (a) because the students studied a lot for the test, or (b) because you did a good job of teaching the subject area?

Webb Efficacy Scale (Ashton et al., 1982)	7 items, forced choice. Participants must determine if they agree most strongly with the 1st or the 2nd statement.	(A) A teacher should not be expected to reach every child; some students are not going to make academic progress. (B) Every child is reachable; it is a teacher's obligation to see to it that every child makes academic progress. (A) My skills are best suited for dealing with students who have low motivation and who have a history of misbehaviour in school. (B) My skills are best suited for dealing with students who are academically motivated and generally well behaved.
Responsibility for Student Achievement (Guskey, 1981)	Participants are asked to give a weight or percentage to each of the 2 choices. Scoring: a global measure of responsibility, with 2 subscales: responsibility for student success (R+) and responsibility for student failure (R-).	If a student does well in your class, would it probably be (a) because that student had the natural ability to do well, or (b) because of the encouragement you offered? When your students seem to have difficulty learning something, is it usually (a) because you are not willing to really work at it, or (b) because you weren't able to make it interesting for them?
Science Teaching Efficacy Belief Instrument (Riggs & Enochs, 1990)	25 items on a 5-point Likert scale from "strongly agree" to "strongly disagree."	I understand science concepts well enough to be effective in teaching elementary science.
Teacher Efficacy Scale (Gibson & Dembo, 1984)	30 items on a 6-point Likert scale from "strongly disagree" to "strongly agree." Scoring: a global measure of teacher efficacy derived from the sum of all items. Two subscales emerge from factor analysis: personal teaching efficacy and general teaching efficacy.	When a student gets a better grade than he usually gets, it is usually because I found better ways of teaching. The hours in my class have little influence on students compared to the influence of their home environment. If a student masters a new math concept quickly, this might be because I knew the necessary steps in teaching that concept. Even a teacher with good teaching abilities may not reach many students.
Bandura's Teacher Efficacy Scale	30 items on a 9-point scale anchored at "nothing," "very little," "some influence," "quite a bit," "a great deal." 7 subscales: influence on decision making, influence on school resources, instructional efficacy, disciplinary efficacy, enlisting parental involvement, enlisting community involvement, and creating a positive school climate.	How much can you influence the decisions that are made in your school? How much can you do to overcome the influence of adverse community conditions on student learning? How much can you do to get children to follow classroom rules? How much can you assist parents in helping their children do well in school? How much can you do to get local colleges and universities involved in working with your school? How much can you do to make students enjoy coming to school? How much can you do to get students to believe they can do well in school work?
HEIP Scale (Sharma, Loreman & Forlin, 2011)	An 18-item anchored at 6-point scale ranging from "Strongly disagree", "Disagree", "Disagree somewhat", "Agree	I am confident in designing learning tasks so that the individual needs of students with disabilities are accommodated. I am able to provide an alternate explanation or example when students are confused.

	somewhat", "Agree" to "Strongly agree" and 3 subscales: efficacy for instruction, efficacy for collaboration and efficacy for managing behaviour	I am able to work jointly with other professionals and staff I can assist families in helping their children do well in school. I am confident in my ability to get parents involved in school activities of their children with disabilities. I am able to calm a student who is disruptive or noisy. I am able to get children to follow classroom rules.

2.10. Conceptual Framework

The hypothetical model for explaining teacher self-efficacy for inclusive practices that is presented in Figure 6 was built on the foundation of Bandura's (1977, 1994) theory of self-efficacy. As already mentioned, self-efficacy is constructed from four main sources: mastery experiences, vicarious experiences, verbal persuasion, and emotional and somatic arousal. Based on the try-out by key informants' ranking, the result showed that the first five predictors /mediating variables were level of experience teaching a child with disabilities, amount of training related to inclusive education and teaching experience, level of interactions with persons with disabilities and government support for inclusive education implementation. The try-out result fitted with the Bandura's model. The other four predictors including teacher type, highest level of education completed, age and gender were considered as covariates and left from the hypothetical model. In the hypothetical model, mastery experiences were represented by participants' teaching experience, experience in teaching students with disabilities, and interactions with persons with disabilities. It was assumed that longer experience in the teaching profession, extensive experience in teaching students with disabilities, and previous exchanges would increase the probability of gaining more mastery experiences for building a stronger sense of teacher efficacy. Vicarious experiences were represented by the amount of training the participants had received about inclusive education.

It was hypothesised that more training would offer more possibilities to observe and model successful inclusive teaching, which would increase the participants' own level of teacher self-efficacy for inclusive teaching. The amount of training related to inclusive education was also assumed to represent verbal persuasion, since it is quite likely that during such training the teachers would have been encouraged to believe in their abilities in inclusive teaching. The fourth source of self-efficacy, namely, emotional and somatic arousal, was seen as the most challenging to capture using the independent variables available. Therefore, in the discussion of the results, we do not pay much attention to the role of emotional and somatic arousal in forming teachers' self-efficacy in Cambodia.

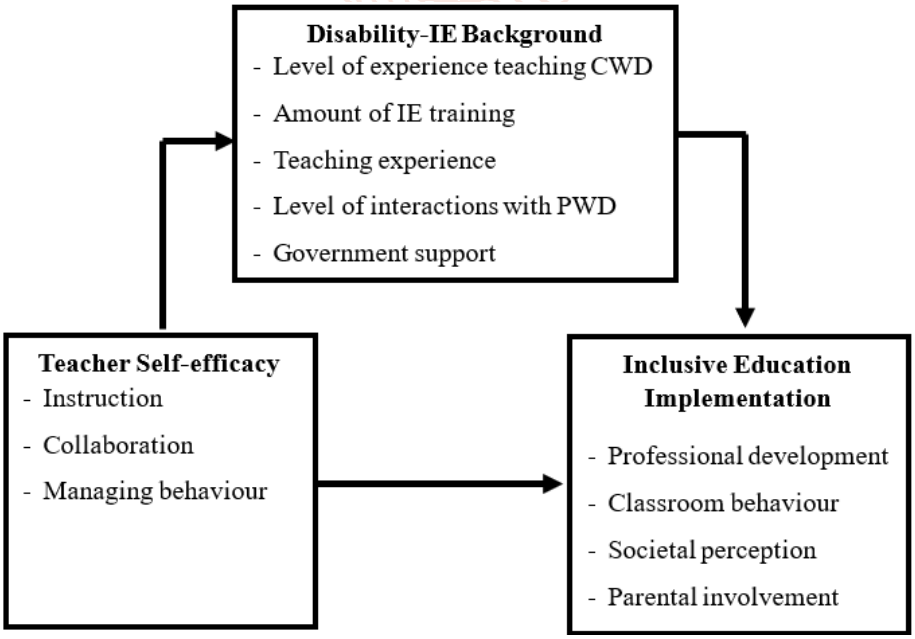

Figure 6. Proposed model of teachers' self-efficacy for inclusive education implementation in Cambodia

2.11. Concluding Remarks

Since there was no systematic study concerning self-efficacy of general and special teachers regarding in inclusive education implementation in Cambodia, the present study was conducted to investigate the status of teacher self-efficacy and inclusive education implementation.

III. METHODOLOGY

3.1. Research design

Mixed methods research seems applicable to a wide variety of disciplines in the social, behavioural, and health sciences (Cresswell & Plano Clark, 2018). Mixed methods research design allows the researcher to use both qualitative and quantitative methods in a single study to understand a research problem (Creswell, 2018). Johnson et al. (2007) defines mixed methods research as the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration (Cresswell & Plano Clark, 2018). The researcher will use mixed methods designs, namely, quantitative and qualitative. Both descriptive and inferential statistics will be used in quantitative data analysis.

3.2. Setting and participants (533 respondents)

The researcher has limited the scope of this study to four dependent variables: (a) professional development, (b) classroom behaviour, (c) societal perception and parental involvement; and three independent variables: (a) efficacy in instruction, (b) efficacy in collaboration, and (c) efficacy in managing behaviour.

3.3. Data collection

The study is based on both primary and secondary data. Primary data for the purpose of this study have been collected from general and special education teachers through questionnaire. The survey consisting of 18 items on teachers' self-efficacy for inclusive practices will be conducted with general education teachers and special education teachers. Secondary data will be collected from existing and relevant documents, namely school planning and school reports available at the target schools, disability-inclusion legislation documents enacted by the government, congress reports, and reports compiled by technical department and relevant research findings. Respondents commented in the box of the survey will be used.

3.4. Data analysis

For quantitative data analysis, SPSS AMOS Version 29 will be used to calculate and analyse all data collected from the questionnaire using both descriptive (mean, mode, median, standard deviation) and inferential statistics (t-test and regression) to determine the significant difference between general education teachers' (GET) and special education teachers' (SET) self-efficacy in (instruction, collaboration, managing behaviour) and perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation. Moreover, Confirmatory Factor Analysis (CFA) and Structural Equation Model (SEM) were utilized to examine and develop a model of the relationship between general and special education teachers' self-efficacy (instruction, collaboration, and managing behaviour) and perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation in Cambodia. For qualitative data analysis, SWOT will be used to investigate the existing problems and perspectives regarding inclusive education implementation.

3.5. Validity and Reliability of Research Instrument

3.5.1. Validity of Research Instrument

Construct validity created by specialized scholars and experts will be used in the study. The Teacher Efficacy for Inclusive Practices (TEIP) scale (Sharma, Loreman, & Forlin, 2011) was developed to collect data from participants. An 18-item scale was developed on a sample of 607 pre-service teachers selected from four countries (Canada, Australia, Hong Kong and India). An 18-item anchored at 6-point scale ranging from "Strongly disagree", "Disagree", "Disagree somewhat", "Agree somewhat", "Agree" to "Strongly agree" and 3 subscales: efficacy in instruction, efficacy in collaboration and efficacy in managing behaviour. The teachers' self-efficacy survey used in this study was composed of four main sections. The first section of the instrument (Questions I-VIII) was made up of Teachers' personal profile (1) age, (2) gender, (3) teaching experience, (4) currently teaching, (5) teacher type, (6) school type, (7) school level, (8) highest level of education completed), The second section of the instrument (Questions I-V) focused on teacher's disability-inclusive education background variables (1) level of experience teaching a child with disabilities, (2) amount of training related to inclusive education, (3) teaching experience, (4) level of interactions with persons with disabilities, (5) level of

government support for inclusive education implementation) are taken as moderators. The third section consisting of three sub-dimensions (instruction, collaboration, managing behaviour) of teacher self-efficacy are taken as independent variables (Questions 1-18); and teachers' perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation are considered as dependent variable (Questions 1-18).

3.5.2. Reliability of Research Instrument

To determine the reliability of this instrument, the researcher conducted scale reliability analysis. According to Multon and Coleman (2010), Cronbach's alpha coefficient is the most commonly used method to quantify the reliability of an instrument by determining scale reliability (internal consistency) of the instrument.

The formula of Cronbach's alpha:

$$\alpha = \frac{N\bar{c}}{\bar{v} + (N-1)\cdot\bar{c}}$$

Where:
N = the number of items.
$\bar{c}$ = average covariance between item-pairs.
$\bar{v}$ = average variance.

Table 11: Reliability Evaluation Criteria

Cronbach's Alpha	Internal Consistency
$\alpha \geq 0.9$	Excellent
$0.9 > \alpha \geq 0.8$	Good
$0.8 > \alpha \geq 0.7$	Acceptable
$0.7 > \alpha \geq 0.6$	Questionable
$0.6 > \alpha \geq 0.5$	Poor
$0.5 > \alpha$	Unacceptable

The table below shows varimax-rotated factor matrix, reliabilities and summary statistics for 18 items retained in the Teacher Efficacy for Inclusive Practices Scale (N = 607) (Sharma, Loreman & Forlin, 2011).

Table 12: Varimax-rotated Factor Matrix

Item Topic	I	II	III	Total
Efficacy to use inclusive instruction				
Item 1 (Using variety of assessments)	0.85			
Item 2 (Providing alternative explanations)	0.90			
Item 5 (Designing individualised learning tasks)	0.79			
Item 6 (Ability to gauge student comprehension)	0.86			
Item 7 (Working with very capable students)	0.84			
Item 8 (Making students work in small groups)	0.86			
Efficacy in collaboration Item 23 (Work jointly with professionals) Item 24 (Involving parents in school activities) Item 25 (Making parents feel comfortable) Item 26 (Collaborating with professionals) Item 28 (Informing others about laws and policies)				
Item 19 (Assisting families to help their children)		0.70		
Item 23 (Work jointly with professionals)		0.75		
Item 24 (Involving parents in school activities) Item 24 (Involving parents in school activities)		0.84		
Item 25 (Making parents feel comfortable)		0.77		
Item 26 (Collaborating with professionals)		0.71		
Item 28 (Informing others about laws and policies)		0.59		
Efficacy in managing behaviour				
Item 10 (Ability to prevent disruptive behaviour)			0.78	
Item 11 (Controlling disruptive behaviour)			0.81	
Item 12 (Ability to calm a disruptive student)			0.77	

Item 13 (Getting children to follow classroom rules)			0.68	
Item 14 (Dealing with physically aggressive students)			0.66	
Item 15 (Making expectations clear)			0.52	
Alpha coefficients	**0.93**	**0.85**	**0.85**	**0.89**

3.6. Concluding Remarks

Hence, the above discussions will clearly explain about the methodology adopted in the present study. To conclude, the study will use both primary and secondary data, quantitative analysis will be applied in the study by using t-test, multiple linear regression, confirmatory factor analysis (CFA) and structural equation model (SEM). Finally, results of the study will be presented through tables and graphs.

IV. FINDINGS

4.1. Research Finding

The study found a significant difference between general and special education teachers' perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation, supporting Hypothesis 2. The difference can be found in previous studies such as (Kalyanpur, 2011; Fiske, 2008; Kong, 2012; Grimes, Stevens, & Kumar, 2015; Moeun & McCallum, 2017; McLaughlin & Evert, 2010). These studies found that many general education teachers report a lack of adequate professional development in inclusive education, which negatively affects their confidence in implementing inclusive practices. The study found a significant relationship between general and special education teachers' self-efficacy in instruction and disability-inclusive education background, supporting Hypothesis 3. Disability-inclusive education background such as prior training, experience in working with students with disabilities, targeted professional development programs that focus on disability inclusion, formal training in special education and extensive knowledge of inclusive education contributes teacher self-efficacy in instruction, as evidenced by prior studies (Tschannen-Moran & Woolfolk Hoy, 2001; Avramidis, Bayliss & Burden, 2000; Soodak, Podell & Lehman, 1998; Sharma, Loreman & Forlin, 2012; Subban & Sharma, 2006; Forlin, Keen & Barrett, 2008; Loreman, Sharma & Forlin, 2013; Meijer & Foster, 1994; Brackenreed, 2008; Cameron & Cook, 2007).

The study supports Hypothesis 4. There is significant relationship between general and special education teachers' self-efficacy in collaboration and disability-inclusive education background, aligning with existing studies (Tschannen-Moran, & Woolfolk Hoy, 2007; Brownell, Adams, Sindelar, Waldron & Vanhover, 2006; Sharma & Desai, 2002; Soodak & McCarthy, 2006; Friend & Cook 2010; Loreman, Deppeler & Harvey, 2005; Leatherman, 2007; Scruggs & Mastropieri, 2007; Pugach & Blanton, 2009; Hwang & Evans, 2011). The research findings indicated that a background in disability inclusion significantly enhances teacher self-efficacy in collaboration, particularly in co-teaching and cooperative planning. Special education teachers typically report higher self-efficacy in collaboration due to their specialized training, though professional development and training programs can also boost the collaborative self-efficacy of general education teachers.

The study rejects Hypothesis 5, suggesting a positive relationship between teacher self-efficacy in managing behaviour and disability-inclusive education background, as evidenced by previous studies (Avramidis & Norwich, 2002; Jordan, Schwartz & McGhie-Richmond, 2009; MacFarlane & Woolfson, 2013; Gibbs & Miller, 2014; Cook, Cameron & Tankersley, 2007; Forlin & Chambers 2011; Schmidt & Kennedy, 2009; Emam & Farrell, 2009; Mastropieri & Scruggs, 2010; Woolfson & Brady, 2009). The studies indicate that teacher self-efficacy in managing classroom behaviour is not necessarily connected to their background in disability inclusion. Rather, factors such as overall teaching experience, school support systems, and general classroom management training are more influential in determining their confidence in managing student behaviour.

The study confirms that Hypothesis 6 which predicts a significant relationship between teachers' disability-inclusive education background and inclusive education implementation, consistent with previous researches (Forlin,Loreman, Sharma & Earle, 2009; Sharma & Desai, 2008; Avramidis,Bayliss & Burden, 2000; Mastropieri & Scruggs, 2004; McGhie-Richmond, Underwood & Jordan, 2007; De Boer,Pijl & Minnaert, 2011; Chhabra, Srivastava & Srivastava, 2010; Pearce, 2009; Loreman, 2007; Monsen, Ewing & Kwoka, 2014). These studies show a significant positive relationship between teachers' backgrounds in disability inclusion and their ability to implement inclusive education. Teachers with specialized training and experience in disability inclusion are better equipped to modify teaching strategies, collaborate with other professionals, and manage diverse classrooms, making them more effective in fostering inclusive environments.

The study supports Hypothesis 7, indicating that teacher self-efficacy in instruction has connection with inclusive education implementation, in line with various studies (Sharma & Sokal, 2015; Avramidis & Kalyva, 2007; Bandura, 1997; Loreman, Sharma & Forlin, 2013; Tschannen-Moran & Hoy, 2001; Gibson & Dembo, 1984; Skaalvik & Skaalvik, 2010; Ross, 1998; Soodak, & Podell, 1996; Jordan, Glenn & McGhie-Richmond, 2010). These studies highlight a significant positive relationship between teachers' self-efficacy in instruction and their ability to implement inclusive education. Teachers with high self-efficacy in their instructional practices are more capable of accommodating diverse learners, adapting teaching methods, and effectively managing inclusive classrooms.

Hypothesis 8 shows a positive correlation between teachers' self-efficacy in collaboration and inclusive education implementation, echoing previous research findings (Sharma, Loreman & Forlin, 2012; Malinen, Savolainen & Xu, 2013; Tschannen-Moran & Hoy, 2007; Soodak & McCarthy, 2006; Woolfolk Hoy & Spero, 2005; Brownell & Smith, 1993; Jordan, Schwartz & McGhie-Richmond, 2009; Meijer, Soriano & Watkins, 2007; Scruggs & Mastropieri, 1996; De Boer, Pijl & Minnaert, 2011).

These studies highlight the importance of teachers' self-efficacy in collaboration for the successful implementation of inclusive education. Teachers who are confident in working with colleagues, support staff, and parents are better equipped to meet the needs of diverse learners and create inclusive classroom environments.

The study supports Hypothesis 9 that shows a positive correlation between teachers' self-efficacy in managing behaviour and inclusive education implementation, reflecting in previous researches (Sharma, Loreman & Forlin, 2012; Hastings & Brown, 2002; Emmer & Hickman, 1991; Soodak & Podell, 1996; Minke, Bear, Deemer & Griffin, 1996; MacFarlane & Woolfson, 2013; Chacon, 2005; Reinke, Herman & Stormont, 2013; Woolfson & Brady, 2009; Dibapile, 2012). These studies show that teachers' self-efficacy in managing student behavior is crucial for successful inclusive education implementation. Teachers who feel confident in handling disruptive behaviors are more likely to create effective learning environments for all students, thereby enhancing the success of inclusive education practices.

This study provides valuable insights for policymakers, leaders and trainers of teacher training colleges and higher education institutions, technical leaders and staff, school leaders, teachers, national and international organizations, development partners and relevant stakeholders in Cambodia, guiding them in developing strategies increase teacher self-efficacy and improve inclusive education practice leading to a more inclusive, equitable education system.

4.2. Summary of finding

- Assessing the Validity and Reliability for a Measurement Model

Confirmatory Factor Analysis Result, Composite Reliability (CR) and Average Variance Extracted (AVE)

Construct	Items	Factor Leading	AVE>0.50	CR >0.60	α >0.70
Instruction	IN4	0.873	0.857	0.892	0.902
	IN5	0.82			
	IN6	0.879			
Collaboration	CO2	0.872	0.825	0.866	0.861
	CO3	0.859			
	CO4	0.746			
Managing Behaviour	MB5	0.796	0.863	0.922	0.922
	MB4	0.883			
	MB3	0.922			
	MB2	0.854			
Disability-IE Background	ET	0.815	0.729	0.853	0.847
	IET	0.743			
	TE	0.601			
	PWD	0.877			
	GS	0.612			
Inclusive Education Implementation	IM1	0.835	0.811	0.885	0.880
	IM2	0.879			
	IM3	0.744			
	IM4	0.787			
	IM1	0.835			

➢ Weighted Arithmetic Mean

The results of Weighted Arithmetic Mean and correlation matrix

Variables	M	SD	IM	DB	IN	CO	MB
IM	2.6562	.80332	1	0.429**	0.443**	0.464**	0.395**
DB	1.9325	.57224		1	0.361**	0.370**	0.247**
IN	2.7405	.78465			1	0.668**	0.546**
CO	2.7348	.70009				1	0.624**
MB	2.8799	.61553					1

4.3. SWOT Analysis

Strengths	Weaknesses
1. Supportive policies and legislation 2. Leadership and management structure 3. Physical infrastructure and facilities 4. Data and evidence 5. Increased awareness and acceptance of inclusive practices	1. Weak policy and action plan implementation 2. Inadequate training and professional development 3. Lack of resources or support services 4. Negative attitudes or misconceptions among staff
Opportunities	**Threats**
1. Human resources and capacity building 2. Funding opportunities for training and resources 3. Partnerships with community organizations or disability advocacy groups 4. Advancements in assistive technologies	1. Funding cuts or resource constrains 2. Legal or policy barriers 3. Negative attitudes or misconceptions in community 4. Inequitable Access

V. CONCLUSION

5.1. Conclusion and recommendations

This research aimed to examine the differences between general and special education teachers' self-efficacy in instruction, collaboration and managing behaviour as well as teachers' perceptions on professional development, classroom behaviour, societal perception and parental involvement regarding inclusive education implementation. Furthermore, this research aimed to analyse the relationship between general and special education teachers' self-efficacy and perceptions on inclusive education implementation. The study used SPSS AMOS Version 29 and Structural Equation Modelling (SEM), Confirmatory Factor Analysis (CFA) and Simple Linear Regression (SLR) to analyse data from 533 samples. The research focused on identifying teachers' self-efficacy in instruction, collaboration and managing behaviour as key predictors.

The study found significant relationship between general and special education teachers' self-efficacy in instruction and disability-inclusive education background, teachers' self-efficacy in collaboration and disability-inclusive education background, teachers' disability-inclusive education background and inclusive education implementation, teachers' self-efficacy in instruction and inclusive education implementation, teachers' self-efficacy in collaboration and inclusive education implementation, teachers' self-efficacy in managing behaviour and inclusive education implementation. The study also examined the relationship between teachers' self-efficacy in managing behaviour and disability-inclusive education background, finding a negative correlation. The study indirectly contributed to understanding the challenges and opportunities in inclusive education implementation in Cambodia by analyzing the strengths, weaknesses, opportunities and threats. Strategies were presented to increase teacher self-efficacy and enhance inclusive education implementation.

5.2. Recommendations

Based on the study findings above, the recommendations can be made as the following:

➢ **Policy Level**

- Clearly define the roles and responsibilities of general and special education teachers in inclusive settings to improve collaboration and reduce misunderstandings.

- Encourage policymakers to mandate ongoing training in inclusive education practices for both teacher groups as part of certification and licensure requirements.
- Advocate for increased funding to support professional development, instructional resources, and collaborative planning time for teachers.

➢ **Practical Level**

- Develop targeted professional development workshops for general education teachers to enhance their skills in collaboration, behavior management, and instructional strategies tailored to diverse learners.
- Offer advanced training for special education teachers to further refine their specialized skills and keep them updated with the latest practices.
- Implement joint training sessions where general and special education teachers can learn and practice collaborative teaching strategies, such as co-teaching and interdisciplinary planning.
- Promote peer mentoring programs where experienced special education teachers mentor general education teachers in managing diverse classrooms.
- Equip general education teachers with behavior management tools, such as Positive Behavioral Interventions and Supports (PBIS) or Restorative Practices.
- Encourage schools to establish behavior support teams to provide consistent and tailored support across classrooms.
- Provide differentiated instructional materials and assistive technologies to general education teachers to help them accommodate students with special needs.
- Ensure special education teachers have access to a wide array of instructional tools for both individual and group interventions.

➢ **School Level**

- Schedule regular planning sessions between general and special education teachers to design inclusive lesson plans and address classroom challenges collectively.
- Encourage school leaders to foster a collaborative culture that values contributions from both teacher groups equally.
- Establish school-wide behavioral frameworks that integrate input from both general and special education teachers to ensure consistency.

5.3. Summary of key findings

In conclusion, quantitative data analysis results show significant difference between the self-efficacy in instruction, collaboration and managing behaviour of general and special education teachers as well as their perceptions on inclusive education implementation in Cambodia, specifically in mainstream and special schools. Moreover, more attention must be paid to the insignificant relationship between teacher self-efficacy in managing behaviour and inclusive education background. The recommendations will be provided in Chapter VII.

Table 29: Hypothesis Result of the Structural Equation Model

Hypotheses	Paths	Standardized Path Coefficients (β)	S.E.	T-value > 1.98	P-value < 0.05	Test Result
H1	IN→DB	0.273	0.042	6.581	0.000	Supported
H2	CO→DB	0.200	0.039	5.178	0.000	Supported
H3	MB→DB	-0.023	0.050	-0.450	0.653	Not supported
H4	DB→IM	0.410	0.061	6.720	0.000	Supported
H5	IN→IM	0.127	0.047	2.690	0.007	Supported
H6	DB→IM	0.267	0.047	5.719	0.000	Supported
H7	MB→IM	0.184	0.059	3.139	0.002	Supported
H8	CO→IM	0.267	0.047	5.719	0.000	Supported
H9	MB→IM	0.184	0.059	3.139	0.002	Supported

Author's own computation

6. Suggestions for future research

The study on teacher self-efficacy for inclusive education practice in Cambodia has limitations. It only focuses on self-efficacy of in-service teachers. Hence, the findings cannot be generalized to a broader context, thus requiring further research on pre-service teachers. Further research should involve both pre-service and in-service teachers. Moreover,

the findings of this study are based on participant self-reports. Thus, future study of how well teachers' reports of practice align with observations of teachers' classroom practice may provide further insight.

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