

# Through the Fears and Years: Applying a Transformative Learning Model to ABE and Workplace Learning

Barbara P. Heuer, Ed.D.  
Fordham University, New York, NY USA

Kathleen P. King, Ed.D.  
Fordham University, New York, NY USA

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**Abstract:** The process and effects of applying a model of transformative learning to three adult learning settings are examined. They suggest benefits of collaborative learner centered adult education and qualitative evaluations.

## Introduction and Purpose

While many Adult Basic Education (ABE) and workplace settings privilege instrumental learning, a transformative learning lens provides a more comprehensive perspective on gains in student lives. This paper reviews and synthesizes the evolution of research, conducted by the authors and colleagues over eight years, which applied a transformative learning model to ABE and workplace learning. The purpose of this meta-analysis is to synthesize the findings of these alternative approaches to practice and uniquely extend the implications of applying transformative learning theory to ABE and workplace settings.

## Theoretical Framework

Mezirow's (2000) theory of perspective transformation is intrinsic to the work here in describing the social, affective, and dialectical aspects of transformative learning. Key concepts of the transformative learning process are the disorienting dilemma, critical reflection, and new, lived perspectives. The constructivist approach (Fostnot, 1996) emphasizes learner-centeredness and underlay the development of the model. Interpretors of the process underscore its recursive rather than linear trajectory and its intrinsic contextual nature. King (2005) built on these aspects of the theory and her research to develop the Transformative Learning Opportunities Model (TLOM) and later the Contextualized Model of Adult Learning (CMAL).

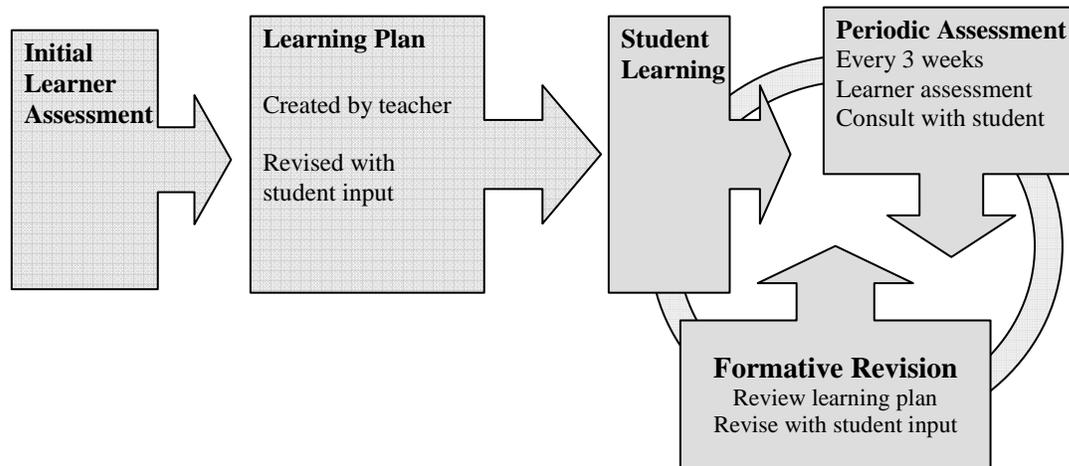
Differences in learning progress and stages were considered (Belenky, Clinchy, Goldberger & Tarule, 1986; Grow, 1991). Rather than the "deficit" model (Quigley, 1997), which regards adult learners as lacking knowledge and skills decided by others, or the "autonomous" view (Street, 2001) which narrowly defines alphabetic and numeral literacy, the model developed here appreciated the learners' context and built on their capabilities.

King's CMAL model provides a framework/guide, for educators and learners to engage in a dynamic transformative learning process which reflects specific individuals and contexts. For instance, by using the model to guide instruction and research educators and learners may probe assumptions about prior experiences with teaching, learning, learning environments, organizational contexts, and content relevance. At the same time, this learning incorporates a transformative learning emphasis on personal assessment and transformation opportunities.

Figure 1, "The CMAL", provides a visual representation of central concepts, processes and overall dynamics of this model. Characteristics of the CMAL include interactivity, reflection, and

dialogue among learners and educators regarding their experiences, goals, aspirations and needs, and multiple avenues for learner assessment. All of these activities are used and valued in the CMAL model in multiple ways.

**Figure 1. The Contextualized Model of Adult Learning (CMAL) © Kathleen P. King, 2005.**



The CMAL is also unusual because it does not require in-depth knowledge of advanced adult learning theory and is therefore more accessible to the majority of adult education practitioners. Instead it may be effectively introduced at different stages of adult educators' professional learning and used to scaffold their understanding of the larger body of knowledge and practice. In this paper, we describe specific research findings from applying the CMAL in three adult educational settings, and articulate benefits of working across multiple efforts with this evolving model.

### **Research Design**

The research design is a meta-analysis of three case studies of ABE and workplace settings where transformative learning was explored. Mixed methodology collected quantitative and qualitative data through surveys, interviews, and observation. In the first case, students who were enrolled in a multi-level ABE class were interviewed using multiple-choice, open-ended and probe questions. Demographic information of race, age, gender was collected. In the second case, 300 health care workers engaged in participatory worker empowerment training. Pre- and post-surveys, interviews, and observation provided objective and subjective data. In the third case, teachers of at-risk students participated in a year-long professional development program. Longitudinal data were collected through questionnaires, observation, interviews, and focus groups. Gathered data were analyzed through constant comparison (Creswell, 1998) for emergent themes. Additionally the authors reflected on the application of the transformative models to these ABE and workplace settings.

**Participants:** Participants in the first case were 19 adult basic education students at a federally and state funded learning center in a New York City suburb. Most of the 19 students read below a 9<sup>th</sup> grade level as determined by the test of adult basic education (TABE). They self identified as 16% Hispanic; 21% White, non-Hispanic; and 63% Black. They ranged in age from 21 to 49 years. Most had been attending the class for from 3 to 6 months and were required to attend class for 35 hours a week to maintain public assistance funds.

In the second case, the participants were largely female workers in the nursing home/health care industry. The sample of 300 self-identified as 56% Hispanic, 41% African-American and 4% White. 19% held associate's degrees, 19% bachelors and 10% Masters while 29% held GED or high school diplomas and 19% claimed some high school. Most were experienced (38% with 11-20 years in their job and 29% having 6-10 years).

The third case involved 101 teachers and administrators in alternative high schools in a large city school system engaged in university sponsored professional development over one year. Among these participants, 69 were female and 32 were male, with teaching experience ranging from five to twenty years. Ethnicity was 60% Euro-American and 40% African-American. These educators worked within school programs for at-risk high school students including those in incarcerated settings, pregnant teen programs and low literacy programs.

### **Findings**

Findings from these rich data sets illustrate the Contextualized Model of Adult Learning (CMAL) in practice. They build on overlapping parts of the transformative learning theory based model: the disorienting dilemma (or initial realization that situations have changed), critical reflection, discourse, and context. They featured classroom applications and new instructional paradigms, teacher/worker collaboration, and empowerment. Peer assistance was often evident. In all three cases, the context and learner attitudes were not only acknowledged, but also addressed in planning and throughout activities. This, in itself, was a "disorienting dilemma" for ABE students who viewed "school" as difficult and condescending, for health care workers who rarely interacted with their supervisors, and educators who expected professional development to be passive and unrelated to their real needs. To discover a situation where they could not only voice these assumptions and pre-conceived perspectives, but also have a say in what and how they learned jolted many participants. They said they valued, "the sharing of the vast experiences of the participants," and the "high level of group participation," and "the focus on the learner." Others mentioned the importance of "the gathering of our concerns about what's ahead."

Participants indicated growth of their problem-solving abilities in collaboration with their colleagues. Two of the research studies were designed around collaborative groups and enabled structural, curricular and direct maximization of this instruction design. Working in groups was not a customary setting for these participants and certain obstacles around communication and trust needed to be overcome initially. However once these barriers were dealt with, the participants began to enjoy group work and built communities for present and future needs. Being exposed to resources, both human and in print, broadened the learners' perspective and made them feel part of a supportive community that tied into the collaborative learning. These groups and resources were new learning experiences on several levels including content learning, relationships, communication and negotiation. Whether their ideas and opinions were addressed in the large group, small groups, or their workplace setting, part of the transformation these participations experienced was importantly tied to self-respect, voice and the resulting empowerment.

The health care training sessions and extended worksite (medical floor) problem solving workgroups demonstrate this supportive environment. The participants identified these on-site groups as fostering empowerment, changing their frequency of communication with and attitudes toward management. A comparison of the pre- and post-survey shows a change in participants' rating of elements management/staff relationships and teamwork. On the pre-survey, 38.3% gave a poor/below

average rating to the management and staff working together as a team, while on the post-survey only 20.6% rated the poor/below average, 50.0% as average and 29.4% rated teamwork as above average. Thus not only did individual empowerment occur, but also the perception of teamwork markedly improved following the training.

Detailing the findings from one study is representative. In the case of the health care workers, the participants' job titles included Certified Nursing Assistants (56.7%), Licensed Practical Nurses (20%), and Occupational Therapists (20%), along with Therapeutic Recreation Specialists (5.85%), Housekeeping workers (3.43%) and Dietary workers (3.43%). Most participants were very experienced with 38.2% having had 11-20 years on the job and 29.4% having had 6-10 years on the job. Respondents' work shift assignments were divided across the typical hospital and morning (7am-3pm) (50%), night (3pm-11pm) (33%) and evening shifts (11pm-7am)(17%).

The most pressing issues that these respondents identified in their workplace settings were 1) lack of staff and supplies (53.6%), 2) the lack of teamwork and communication (17.9%), 3) the lack of cleanliness/aesthetics (14.3%), and 4) the inability to meet the needs of the residents (10.7%).

In studying the impact of a transformative learning model in healthcare training across a wide range of job positions and responsibilities, the findings were exciting. Perception of communication improved. Clarity of communication between units and unit managers post-training was highly regarded (55.9%) as compared to the pre-survey of 41.2% with only 11.8% feeling that it was poor/below average (as compared to the pre-survey of 26.3%). Communication within various departments showed only 20.5% still felt this area to be poor/below average" compared to a pre-survey majority of the participants (53%). Those choosing "above average/great" increased from 17.7% to 35.3%. Such results recommend that the training resulted in better communication between and within the participating departments. However, improvement did not increase between shifts on the unit itself.

Participants gained skill and confidence in problem solving, which we know, can be related to critical thinking skills and confidence (Caffarella, 2002). Here the focus of work group training was a custom approach of a rapid improvement cycle. The learners had to identify problems in their particular nursing home unit which needed to be improved and work through the development of group solutions. While the training classes met every six weeks, these work groups met 1-2 times each week on their unit floors to focus on the problems and solutions they had identified. These groups overcame communication barriers and were composed of members across job titles and rank. Further demonstrating these groups' problem-solving focus, were the outcomes of collaborative power and transfer of learning from the training sessions.

Participants in the worker study provided evidence of persistent empowerment and voice. Workers discussed how before the training they had been unable to speak to their supervisor or contribute in team meetings. Whereas these same people described how after the training experience this muted dynamic was completely changed. For example, in the health care worker training the participants were from across positions in the institution including, administrators, housekeepers, dietary workers, nursing assistants, and licensed nurses. Some of the workers, who were accustomed to being marginalized, overlooked, and underprepared to interact with patients and colleagues, revealed through the interviews that they had: gained confidence in self-esteem, work area, and personal lives; now asked for training programs that would provide certification; sought

information to pursue courses in higher education studies; requested more training in gerontology and patient care; gained more confidence in their work; described and created new open lines of communication across different levels of staff positions.

Not only did they gain these results initially, but also because the training program extended over several months involving work-based learning and action groups, the transfer of learning was direct, and the results were reinforced and sustained in their daily setting.

In all three cases, the process of change took time. The GED adult classroom was studied for 8 months, the health care workers over 2 years and the professional development for the alternative high school personnel one year. Pre-planning, preparation, program execution, formative and summative evaluations extended each case study. This supports the time intensive, discursive and gradual nature implied in transformative theory. Learners' progression needs time for insights, missteps, reflection and action.

Consideration of context was inseparable here from theory application. In the professional development case, for example, before any class meetings, months of planning involved school administrators on many levels. The entire school system was undergoing change with shifting priorities. Similarly with the health care workers, a top down directive initiated the university-based professional development. Employees in both settings, therefore, were coming to these endeavors with not only pre-conceived notions of continuing education and training in general, but also nervousness about their jobs in particular.

On a practical level, this research suggests adaptive instructional strategies. From the ABE classroom experience, it is evident that students are often hesitant to show that they do not understand. Besides creating a climate of trust within the classroom, emotional and personal sides of learning must be addressed. The individual's privacy or incremental engagement in discussion must be respected. Here, opportunities for personal reflection were essential parts of the learning. The learner centered classrooms provided safe, supportive, and collaborative environments where adult learners constructed their own knowledge. Multiple learning activities included teacher and student presentations, worksheets, workbooks, problem solving, discussions, writing assignments, personal journals, role-playing and group projects. Instructional approaches that are group and dialogue based, such as role-play, critical open-ended questions, and group projects are strong foundations to empowerment.

Findings particularly illustrate the effects of learned-centeredness and the process of transformative learning in the lives of ABE and workplace learners. In settings often viewed as remedial, adult learners demonstrated their ability and desire to construct valuable knowledge. Overall, these studies showed that transformative learning could be a valid and valuable approach to working with educators and students, mediating more comprehensive results than traditional instructional approaches may address.

### **Implications**

This synthesis illustrates, in a way, the application, of a model. Like the transformative process itself, it can be uneven and iterative as the first part of this paper's title suggests. While it may seem that such diverse settings could not be tied together with common approaches, instead we were able to contextually apply and evolve a model of transformative learning for them. The benefits of a common approach are several. For example, educators and trainers have experience to build upon an action based approach from which to design dynamic and responsive instruction. In addition, in different settings, with different groups of learners, the perspective of the model may shift and gain new vantage points and opportunities. Working with ABE learners,

the issue of assessing the whole person was liberating. Providing ABE educators with a model of transformative learning in action for the first time afforded structure, support and learner-centeredness; whereas, with the workers the collaboration and concomitant voice, empowerment and respect they felt were life changing. The dynamic and evolving model, like transformative learning itself, was most fully discovered and uncovered in the situation.

Mining the complex experiences of learners, teachers, workers, and facilitators as they underwent non-traditional ABE and worker training extends the empirical reach of transformative theory. In a context that is predominantly assessed quantitatively. These studies suggest a different instructional approach that can bring about real change in learners' lives. It remains to be seen how this qualitative dimension can be acknowledged and incorporated into evaluations and support of adult basic education programs and workplace training. Dialogue based instructional approaches were not the norm in the United States ABE classrooms in 2001. In 2004-8, much federal support depended on the National Reporting System (NRS) which emphasizes standardized data (American Institutes for Research (AIR), n.d.) Research here builds the rationale to consider alternate forms of assessment.

These cases also address rarely reported populations in the literature of transformative theory. They lend support to the broad applicability of transformative theory which, in some circles, has been suggested as the potential only of the better educated (Taylor, 2007).

Further learning theory and instructional development may provide additional opportunities to develop models which can respond to varied settings in informative ways. Additional research may provide insight into the variations and replications of this model's evolution in more settings in order to inform adult learning, qualitative mixed methods research, action research, instructional design, and program planning.

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