

REFLECTIONS ON PALLIATIVE CARE, TRANSFORMATIVE EDUCATION AND MEZIROW'S TRANSFORMATIVE LEARNING THEORY

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ABSTRACT

In transformative education, learners are supported to look beyond their own frame of reference to accommodate an alternative. Mezirow's Transformative Learning Theory (MTLT) proposes that transformative education occurs following an emotional event—a disorientating dilemma. This study aimed to review whether palliative care could be useful in fostering transformative education, and reflected on two questions, a) do shifts in frames of reference occur after disorientating dilemmas, and b) is it useful to see multiple frames of reference? Participants were three nurses and a doctor who were selected as an information-rich data source. A narrative method was employed in which participants were requested in interviews to describe their work in palliative care. Interviews were analysed inductively around the study questions. Participants described usefulness in seeing the perspectives of their patients and shifts in their frame of reference that occurred following disorientating dilemmas. The disorientating dilemmas were around caring for the dying and around changing roles from curative to palliative. However, data revealed

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complexities around MTLT in that a disorientating dilemma did not always result in a shift of frame of reference and seeing differing frames of reference could lead to complications in care. It is recommended that further study be carried out into MTLT and in particular into associations between disorientating dilemmas and shifts in frames of reference in palliative care practice. Studying palliative care education and training alongside palliative care practice would also enrich knowledge of transformative education.

Keywords: Mezirow's Transformative Learning Theory; palliative care; South Africa; transformative education

INTRODUCTION AND BACKGROUND

In this study reflections of palliative care as a potential discipline in which to foster transformative education, underpinned by Mezirow's Transformative Learning Theory (MTLT), are presented.

In the discipline of palliative care, nurses care for patients who face death from an incurable illness. In South Africa, patients display a rich diversity of race, culture and ethnicity, and nurses may differ in many ways to the patients they care for. It would be expected that nurses be equipped with flexible, adaptable and non-judgmental ways of thinking so that they can relate to and care for a range of vulnerable patients. However, nurses may hold unexplored beliefs that limit their ability to carry out palliative care. For example, they may have experienced the traumatic death of a loved one that leads to fear of caring for a dying person. According to Mezirow (2000), such an unprocessed negative event may become paralysing and lead to a feeling of hopelessness and inaction. When such events are recognised and intellectually processed through reflection, dialogue, planning new courses of action, and practice, the learner can experience hopefulness and liberty in action. A palliative care education theory would thus aim to support educators to uncover nurses' fear and guide them towards becoming more comfortable in caring for the dying.

Nursing has accepted theory as fundamental to education including palliative care education. The use of educational theory is not static and requires continual reflection and modification (Lutjens and Horan 1992). There are a multitude of theories that can be employed to underpin adult education, including nursing and palliative care education. McAllister (2013) proposes a re-evaluation of current nursing education theories so education does not prioritise content but rather focuses on nurses developing flexible and reflective habits of thinking so that decisions are soundly based on evidence for making person-centred clinical judgments. It is proposed that the development of flexible and adaptive habits of thinking can occur through a process of transformative education (McAllister 2013).

Mezirow, a key theorist in transformative education, defines it as:

The process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action. (Mezirow 2000, 7–8)

In essence, transformative education invites learners to reflect on their deeply engrained beliefs or frames of reference and to become open to changing these in response to evidence gained around a new, changing, or uncertain environment (Brookfield 2002). Based on the tenets of transformative education, Mezirow developed an MTLT, which suggests that adults develop frames of reference for viewing the world through prior learning, life experiences, and instinctual responses. MTLT proposes that adult learning results when existing frames of reference are transformed in response to unexpected, emotional-inducing events, which are defined as disorienting dilemmas. MTLT proposes that disorienting dilemmas may be positive or negative events, sudden or episodic. Reflection on disorienting dilemmas can result in dramatic transformations in frames of reference or transformation may be latent and occur over time.

Morris and Faulk (2012) propose that MTLT, as situated within adult learning, can serve as an effective guide for developing nursing curricula and learning activities to effectively motivate and empower nurses to examine current and develop new habits of mind, resulting in behaviours congruent with quality person-centred nursing care. In a seminal report on health science education, Frenk et al. (2010) promote MTLT and see it as a means to foster transformative education. In a South African context, literature also supports MTLT as a means to foster transformative health science education (Van Heerden 2012). It seems appropriate to focus a study on palliative care as a means to foster transformative education as nurses in palliation explore their own frames of reference, and, if necessary, shift these frames to accommodate patients who face death. It also seems appropriate to hone in on MTLT as nurses are continually faced with disorientating dilemmas through working with patients who face their mortality. Brendel (2007) noted that palliative care could foster transformative learning for patients. He advocates that nurses are in a unique position to validate how patients make meaning of their experiences, to assess whether meaning perspectives shift, and perhaps even act as the triggers of such transformations.

However, when reflecting on transformative education in palliative care it is important to consider critiques of MTLT. For example, some query that MTLT is overtly positive in that a shift in frame of reference, or being able to see multiple frames of reference, is useful (Taylor 2000). Taking cognisance of such critique, this study reflected on palliative care, transformative learning and MTLT. It is hoped that these initial reflections may pave the way for more in-depth review of palliative care

and theories of transformative learning that could apply to palliative care education in South Africa.

STATEMENT OF THE RESEARCH PROBLEM

Globally there is a call for expansion of current health science education to become more inclusive of transformative education. Literature recommends that transformative education be underpinned by MTLT. In this study, it was suggested that palliative care may be an opportune discipline in which to foster transformative, interdisciplinary education founded on MTLT. However, currently there is scarce literature to guide palliative care educators on interdisciplinary, transformative education and on MTLT.

AIM OF THE STUDY

This study aimed to review whether palliative care could be useful in fostering transformative education, and reflected on two questions, a) do shifts in frames of reference occur after disorientating dilemmas, and b) is it useful to see multiple frames of reference?

DEFINITIONS OF KEY CONCEPTS

Mezirow's Transformative Learning Theory proposes that frames of reference can transform after a learner experiences an emotional event termed a "disorientating dilemma" (Mezirow 1991).

Nursing education theory is a set of concepts, definitions, relationships, and assumptions or propositions derived from models or disciplines, and projects a purposive, systematic view of teaching and learning. Theories used in nursing education are used to guide and predict that education will achieve desired outcomes (Lutjens and Horan 1992).

Palliative care is an approach that improves the quality of life of patients and their families who face the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (Lynch, Connor, and Clarke 2013).

Transformative education is a process by which learners transform existing, taken-for-granted frames of reference (beliefs, meanings, perspectives, habits of mind, mind sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and action based on evidence (Mezirow 2000).

RESEARCH METHODOLOGY

The study reflected on palliative care, transformative education and MTLT, and a qualitative methodology was employed within an “interpretive” paradigm that seeks to understand participants’ subjective experiences (Creswell 2014). The theoretical underpinning was the Narrative Theory which is a hybrid of various theoretical frameworks including the Constructivist Theory, Humanist Theory, Feminist Theory, and Hermeneutist Theory (Polkinghorne 1988). In essence, the Narrative Theory subsumes a group of approaches that relies on the written or spoken words or visual representation of individuals and that focuses on the lives of individuals as told through their own stories. The emphasis is on the story and in relation to palliative care we wished to uncover what is distinctive about participants’ stories or accounts of their palliative care practice with respect to transformative education and MTLT.

RESEARCH SETTING AND PARTICIPANTS

The researchers are a nurse and a doctor who are involved with health science education at a South African university. Throughout years of clinical practice and education, they developed an idea that palliative care nurses become open-minded towards the multiple, shifting views of their patients and care for patients in an accommodating and sensitive manner. The researchers thus hypothesised that palliative care training and practice, by nature, could foster transformative education based on MTLT.

In South Africa, outside hospices there are few healthcare providers trained in palliative care. Two hospice sites were purposively selected as data collection sites. An inclusion criterion was that participants had to have training in palliative care and currently practice palliative care to ensure that participants formed an information-rich source. Both hospices accept patients from government hospitals and most patients speak isiZulu as a first language. The palliative care providers often come from a different cultural background than their patients which may open opportunities for disorientating dilemmas for both patients and palliative care providers. Palliative care, transformative education and MTLT promote interdisciplinary education and practice and all palliative care providers, including nurses and doctors (who had been trained in palliative care and pain management in cancer and had to have at least one year’s working experience in palliative care) were invited to participate in the study.

DATA COLLECTION PROCESS

Data were collected from January 2014 until May 2014. The data collection method was a narrative method in which the participants were simply asked, during an individual interview, to describe their work in palliative care. Narrative research

involving palliative care offers deep insights into the many, often invisible, aspects of this work, including the conflicts and difficulties (Wittenberg-Lyles, Greene and Sanchez-Reilly 2007). The literature highlights that narrative in palliative care can be of value when used as a vehicle to improve education, practice and patient care (Bingley et al. 2008).

DATA ANALYSIS

Using thematic analysis (Riessman 2005), the data analysis was qualitative and inductive in that themes emerged during the analysis. The researchers independently familiarised themselves with the interview data by reading and rereading the interviews and then extracting themes around what appeared to reflect a shift in a participant's frame of reference. Secondly, the researchers explored the outcome when a participant appeared to see more than one frame of reference, namely "was it useful to see multiple frames of reference?"

RIGOUR

As with any qualitative work, narrative research needs to reach the specific criteria of accuracy and trustworthiness. This study attempted to do this by making transcripts of interview materials (the "participant voices") available in sufficient detail in the text to provide the reader with an opportunity to follow the researchers' move from data collection to data interpretation. Data analysis was carried out independently by the two researchers. The researchers also provided sufficient detail to provide the reader with a "sense of being there", and an audit trail (describing in detail how data were collected, how categories were derived, and how decisions were made throughout the inquiry) was included (Lincoln and Guba 1985).

Ethical clearance was obtained from the Research Ethics Committee at the University of KwaZulu-Natal (HSS/1121/013). Written permission was gained from all the relevant authorities and the participants. Anonymity of the participants was ensured. Owing to the potentially distressing nature of the research, the participants were continually monitored for possible signs of emotional distress, and services to provide emotional support were made available. No participant appeared to become distressed during the interviews.

FINDINGS

Four palliative care practitioners participated and interviews lasted between 1.5 and 2 hours. Participants were two nurses (N1 and N2), one doctor (D) and one nurse manager (NM). The nurses had trained during a two-year part-time course in palliative care at a local hospice, and the nurse manager had worked for several

years as a trainer of a palliative care course. The doctor had attended a part-time palliative care-training course for two years in Cape Town. The findings reflect on the following: a) was there evidence of a shift in frame of reference, and b) was it useful to see multiple frames of reference?

Reflecting on Shifts in Frame of Reference and Disorienting Dilemma

The data illustrate that nurses feel they require flexible and adaptable frames of reference (open-mindedness):

You know when you work with people twenty-four hours a day you learn different issues every five minutes ... Palliative care teaches you to be very open-minded and to treat everyone differently. There is no one way to approach a situation. (NM)

This participant felt that palliative care within a hospice setting required her to be open-minded and flexible in her thinking. She also felt that the hospice facilitated an opportunity for flexibility of action:

I mean if I worked in a government hospital, rather than a hospice, I wouldn't be able to do all these things ... In the hospice there are no rules at all. So we've had parties, we've had weddings and funerals here. (NM)

There were several specific instances in which the participants described shifts in their frame of reference. As an example, a nurse described that she initially had a tendency to complain about her life and this frame of reference altered as a disorientating dilemma (caring for the dying) enabled her to witness the courageous perspectives of her patients:

I thought I had a lot to complain about but when you begin to think of other people, I realise I really don't have a lot to complain about. I see someone who is staring a terminal illness in the face and I see the courage they have and that is an inspiration for me. (N1)

In a second example, a nurse described a shift of frame of reference around palliative care. Initially she could see only a value in curative care; however, a disorientating dilemma around a new role in palliation enabled her to shift her frame of reference to see the value in both curative and palliative care:

When I first came to palliative care, it took me a while to adjust because I came from a trauma background. I wanted to save everybody and do resuscitations. I couldn't understand when the sisters told me to follow the natural process of life and death. I thought then—what is the reason for nurses being here? But as time went on with palliative care I came to understand and I realised that the people who are given a diagnosis of a terminal illness sort of come to terms with it. (N2)

The above examples illustrate that palliative care practice can foster a shift in frames of reference through disorientating dilemmas and support transformative education. It appeared that the shift in frame of reference was associated with nurses reflecting on disorientating dilemmas around caring for terminally ill patients and around changing a role from curative to palliative care.

Participants also described that their palliative care practice required them to assist patients in shifting their existing frames of reference around death and dying to an alternate frame of reference. For example, patients' disorientating dilemmas around approaching death caused anger, which could be shifted towards acceptance:

People react in different ways to death and dying and they can be very, very angry. They can stomp and scream and cry and carry on. And then we have got to get them back in and try and change their attitude to accept. (NM)

However, the data illustrated that in some instances a disorientating dilemma did not lead to a shift in frame of reference. As an example, a doctor described a disorientating dilemma in which he became "cross" when the correct analgesia was not made available for patients:

Pain is absolutely horrifying ... I get cross with people if they don't use the right analgesia. I have had to take my book and photocopy pages out of the book and take it down to the hospital pharmacy. The pharmacists sometimes refuse to give morphine. They have never seen anyone use the doses of morphine we use. They think there is a palliative care doctor here and he uses buckets of morphine. (D)

The doctor experienced a disorientating dilemma when he perceived that pharmacists were reluctant to administer his prescribed doses of morphine. However, this participant did not appear to learn transformatively as he did not change his existing frame of reference to accommodate the perspective of the pharmacist (who believed that the doctor was prescribing an excessive amount of analgesia). As illustrated in the quotation above, in some instances, disorientating dilemmas did lead to changes in frames of reference. However, the data were complex and this was not always the case.

Reflecting on Whether it was Useful to See Multiple Frames of Reference

The complexity of data is further illustrated in considering the outcomes of seeing differing frames of reference. In several instances, the participants described a need to try to see the frame of reference of patients:

You have got to try and understand how they are all feeling. You've got to understand where they are coming from and put yourself in the patients' shoes. That's the bottom line. (NM)

However, seeing more than one frame of reference was sometimes complicated as reflected in this participant's quotation in which she sees the frame of reference of both a patient and a relative:

You go to a patient's home and you see the patient suffering. The patient's husband is not giving the morphine syrup. We understand why he is not giving it. He is scared. He has heard stories of people dying and he thinks the death is caused by morphine but then you also see that the patient is suffering. It really is a dilemma. You have to be sensitive. You can't get emotional or you will end up being angry with the husband and crying for the patient. Sometimes at the end of the day you allow the patients and family to do what they want. We cannot be dictators. (N2)

The participant is able to see both the frame of reference of the patient (who is suffering) and the frame of reference of the husband (who is protecting his wife from a perceived harm of morphine). She describes the "dilemma" of seeing the frame of perspective of the husband as she then cannot relieve the physical pain of the wife. Seeing multiple frames of reference becomes complicated.

DISCUSSION

Transformative education is described as:

An approach to teaching based on promoting change, where educators challenge learners to critically question and assess the integrity of their deeply held assumptions about how they relate to the world around them. (Mezirow and Taylor 2010, 9)

Briefly, transformative education is that which seeks to expand a learner's consciousness so that existing worldviews and self-perceptions are reconsidered and adjusted if required (Cranton 2006). Transformative education takes time as an educator engages with and sensitises learners to issues that need changing, but which may have become embedded, taken for granted, not noticed, or perhaps something one feels helpless to change. Once sensitised, learners can alter perceptions and practice. The hypothesis in this study was that palliative care could act as a platform to foster transformative education, and a focus was placed on MTLT. Literature reports this to be an appropriate theory to underpin palliative patients' perspective transformation but the theory has not been explored for nurses who practice palliative care.

The data illustrated that, in support of transformative education principles, shifts in frames of reference did occur because of a disorientating dilemma and shifts were considered by participants to be useful for both them and the patients they cared for. Being able to shift an existing frame of reference appeared to be positive in that nurses valued their own well-being, and one participant became more comfortable with curative and palliative roles. However, data revealed complexities around MTLT.

In some instances, a disorientating dilemma did not result in a shift of frame of reference. Literature supports this finding of ambiguity around the role of a disorientating dilemma in transformative education (Gunnlaugson 2005). The dissociation between disorientating dilemmas and transformative education is further explored in studies which illustrate that shifts in frames of reference can be initiated by processes other than disorientating dilemmas, for example, transformative education occurred through intuition, through relationships and through spiritual dimensions (Dirkx 1997; Gunnlaugson 2005; Hooks 1994).

The data also illustrate the complications that may arise through seeing multiple frames of reference; a participant found challenges in reconciling the frame of reference of a suffering wife and that of a caring husband. Collard and Law (1989) support that changing ones' own frame of reference and seeing multiple frames of reference have limitations.

CONCLUSIONS

The data supported the idea that palliative care could be a useful discipline in which to foster transformative education. However, a complexity arose around MTLT within palliative care and further research is required as the intention is not to dismiss MTLT but rather to strengthen transformative education opportunities. Both transformative education and MTLT have a hopeful vision, one that sees that caring within diversity is possible, and that educators can play a part in facilitating caring within complexity.

RECOMMENDATIONS

Dirkx (1997) has an opinion that many adult learning theories, including MTLT, tend to reduce the complexities of transformative education. Given the complexities made visible by the data in the current study, it is recommended that MTLT be further explored in palliative care practice and training as shifting frames of reference is not a predictable, linear process initiated by a disorientating dilemma. A way forward for educators lies in reflecting on theories other than MTLT. As an example, educators could explore theories of complexity. Complexity within transformative education is described as an emerging field of exploration that allows study of the multiple, interconnected and diverse ways of how we learn, or not, to question our frames of reference (Montuori 2010). Paul and Pineau (2005) call for research into transformative education and complexity. Reflecting more deeply on complexity may allow educators to consider a) how transformative learning can be initiated by a disorientating dilemma in palliative care, b) why some dilemmas lead to learning and some do not, and c) how multiple frames of reference can be respected while making care decisions to lessen patients' suffering.

LIMITATIONS

The use of the narrative method was a strength in that the researchers had an opportunity to use participants' own stories to reflect on transformative education and MTLT. However, the method presented limitations in that the data were collected in an indirect way. Future research methods could consider direct observation of palliative care practitioners at work to document disorientating dilemmas and responses. An additional limitation was that the data which focused on practice and research into transformative education potential of palliative care would be enriched by reflecting on palliative care training juxtaposed with palliative care practice.

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