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TRANSFORMATION IN SPEECH-LANGUAGE AND HEARING PROFESSIONS IN SOUTH AFRICA: UNDERGRADUATE STUDENTS' PERCEPTIONS AND EXPERIENCES EXPLORED

A dissertation submitted to

The Department of Speech Pathology and Audiology

School of Human and Community Development

Faculty of Humanities

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Johannesburg

In fulfilment of the requirement of the degree

Master of Arts in Audiology

By

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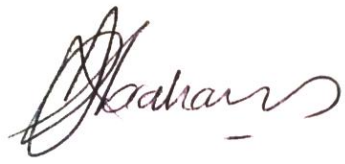
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DECLARATION

I, Farieda Abrahams, hereby declare that this submission is my own original work and that the assistance which I have received is detailed in the Acknowledgements of this report. To the best of my knowledge and belief, this submission contains no material which has been accepted for the award of any other degree or diploma at any other university or institution of higher learning, except where due acknowledgement and reference has been made in the text. I am responsible for the study and the conclusions reached.



29 March 2021

FARIEDA ABRAHAMS

Date

DEDICATION

For my parents, Dawood Dean and the late Wahida Bibi Dean (1949-2017).

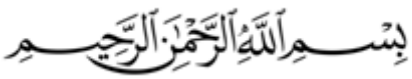
Papa, your quiet presence is enough for me.

Mimi, I know you would have been cheering me on.

I am because you are.

Thank you for giving me more than you ever dared to dream of.

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All praise to The Creator, the Most Beneficent, the Most Merciful. All glory to You for guiding me.

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My family, for your love and support.

JazzakAllah

LIST OF ABBREVIATIONS

AA	Affirmative Action
ASHA	American Speech-Language-Hearing Association
BEE	Black Economic Empowerment
CAPD	Central Auditory Processing Disorder
EAL	English Additional Language
FMF	Fees Must Fall
HESA	Higher Education South Africa
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
ICF	International Classification of Functioning, Disability and Health
LAMI	Low and Middle Income
LGBTQ+	Lesbian Gay Bisexual Transgender Queer or Questioning
NABSLHA	National Black Speech Language Hearing Association
NWU	North West University
SA	South Africa/n
SAAA	South African Association of Audiologists
SASL	South African Sign Language
SASLHA	South African Speech- Language- Hearing Association

SES	Socio-Economic Status
SLH	Speech- Language and Hearing
SLP/ SLT	Speech Language Pathologist/ Therapist
ST/A	Speech Therapist/ Audiologist
SMU	Sefako Makgatho University
UCT	University of Cape Town
UFH	University of Fort Hare
UFS	University of the Free State
UKZN	University of Kwazulu-Natal
UP	University of Pretoria
US	University of Stellenbosch
WHO	World Health Organisation
Wits	University of the Witwatersrand
WMA	World Medical Association

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ABSTRACT

Background: The professions of Speech- Language Therapy and Audiology in South Africa developed under apartheid, and as such, has historically consisted of, and catered to a predominantly white minority population. More than a quarter of a century into democracy, there continues to be a stark incongruence between the demographic profile of the South African population and the Speech- Language and Hearing (SLH) professions, both in terms of race, but also in terms of linguistic and cultural diversity. The hegemony of the SLH professions has implications for curriculum and clinical service provision. Black students entering the professions face a foreign and unwelcoming institutional culture that excludes and devalues indigenous knowledge production and knowledge use. Finally, informal segregation across racial lines is rife within SLH university departments. While lecturers may be aware of the divide, they are not addressing or remediating the situation, thus perpetuating barriers within SLH lecture rooms.

Purpose: The main aim of the study was to explore undergraduate students' perceptions and experiences of transformation within different South African SLH university programmes.

Methods: The study utilised a cross-sectional survey design that was exploratory in nature. The study made use of a self-developed 48 question web-based questionnaire. The study was aimed at undergraduate third and fourth year SLH students at various South African universities. A non-probability purposive sampling technique was employed, with 48 participants from 4 South African universities.

Data Analysis: Data was analysed both quantitatively and qualitatively. Closed-ended questions were analysed using descriptive- as well as inferential statistics, while thematic analysis was utilised to analyse open- ended questions.

Results: SLH students have a basic understanding of what decolonisation means within higher education as well as what transformation of the SLH profession entails. They are optimistic about the positive strides made towards achieving transformation. However, results of the study have laid bare the deficits and challenges that remain in transforming SLH training, curricula, and clinical practice. Participants revealed that lack of appropriate resources, power imbalances, and microaggressions pervade the SLH undergraduate experience. SLH students were not confident when working with interpreters, and have appealed for more comprehensive training in indigenous African languages. Racial, cultural, and linguistic differences were important factors determining group interactions. SLH students identified that lecturers were aware of tensions but chose to ignore them. Participants were anxious about their employment prospects due to their race.

Conclusions: The study identified the progress made towards achieving transformation of the SLH professions, as well as the challenges that endure. Results of the study have implications for higher education, the HPCSA SLH Board, and professional associations. This study should compel critical reflection and debate by university lecturers and future SLH professionals on the current situation, with a concrete action plan towards transforming the SLH professions to be reflective of, and address the needs of the majority population of South Africa.

Key Words: Transformation, higher education, Speech- Language and Hearing (SLH) professionals, undergraduate students

CHAPTER 1: INTRODUCTION

1. INTRODUCTION

1.1. Background and literature review

Speech- Language and Hearing (SLH) professions in South Africa developed during colonial rule and apartheid, resulting in a preference towards an imperial knowledge base (Kathard & Pillay, 2013). Enrolment in SLH programs during apartheid was reserved for White students, the majority of whom were female. More than a quarter of a century since South Africa's first democratic elections and the disbanding of racist laws, including those concerned with admission into institutions of higher education, the SLH professions continue to lag behind in terms of producing professional workforces that is reflective and representative of, and responsive to the diverse Black South African population, who are the majority (Khoza-Shangase & Mophosho, 2018).

South Africa is often touted as an ideal example of racial integration and harmony- the proverbial 'rainbow nation' (Knight, 2013). It is often looked upon by the international community as having overcome the injustices of colonisation and apartheid relatively peacefully (Knight, 2013).Colonial rule began with the arrival of the first European settlers in 1652, creating a colony unparalleled in magnitude on the African continent (Gradín, 2019). It extended for over 300 years and plundered South Africa and her people through the exploitation of its citizens and appropriation of its natural resources. In 1948, apartheid, the renegade son of colonial rule, was enforced by the nationalist government, and was characterised by the subjugation of the Black majority by a White minority (Khan et al., 2013; Moonsamy et al., 2017; Robus & Macleod, 2006; Waghid, 2002). Some of the main objectives of apartheid were segregation through separate development, which created inequalities and

injustices that pervaded education, housing, employment, access to quality healthcare, and ultimately infringed on Black people's dignity and human rights. These injustices and atrocities committed in South Africa resulted in the 1973 United Nations Convention on the Suppression and Punishment of the Crime of Apartheid in which apartheid was declared a Crime against Humanity (Mamdani, 2015).

A telling feature of colonisation the world over is that the colonisers enjoy primacy of tangible items such as natural resources as well as intangibles such as language and culture in the colonised land, while the 'colonised' indigenous peoples grapple with generations of poverty and loss of identity in their own land. Indeed, indigenous communities worldwide continue to be plagued by lower levels of education, social ills and inequities, and poorer health outcomes (Sharma & Kuper, 2017). In 2013, the World Health Organization (WHO) undertook to address the inequities in health care by presenting guiding principles for transforming and scaling up health professionals' education and training in order to create graduates who advocate for change and are socially accountable (Amosun et al., 2018).

Race has been and continues to be at the forefront of South African institutions of higher education since before the establishment of the University Act 12 of 1916 (Robus & Macleod, 2006). South African universities were established in part, to cultivate the ideals of Afrikaner nationalism, including the steadfast influence and acceptance of the Afrikaner Dutch Reformed church, and to foster the racial, ethnic, and linguistic dimensions of Afrikaner identity (Dirk & Gelderblom, 2017). This was done to foster cultural, religious, and academic spheres amalgamation within higher education. Higher education was one of the vehicles used to propel the apartheid ideology by producing like-minded professionals who, save for a small minority of White liberals, served to align teaching and learning to the views of the

State (Dirk & Gelderblom, 2017). School and university education was put under distinct racial authorities resulting in higher education being disproportionately spread, unequally funded and resourced, and varying in size, research capacity, ethos, and quality of management (Habib, 2016; Kamsteeg, 2016; Robus & Macleod, 2006). The schism produced historically advantaged institutions for Whites, further divided along more liberal, English universities and more conservative institutions for the Afrikaans populace. Historically disadvantaged institutions were set aside for Blacks, disparagingly perceived as 'bush' or 'rural' universities (Kamsteeg, 2016; Perez et al., 2012; Robus & Macleod, 2006; Seabi et al., 2014), and Black South Africans were denied access to better resourced educational institutions (Durrheim et al., 2011; Weddington et al., 2003).

Various authors are unanimous in the view that the historical, hostile educational systems perpetuate social and educational inequalities by glorifying and advancing certain cultural practices aligned with the dominant culture and discourse (O'Shea, 2016; Reddy, 2018; Waghid, 2002). While rapid economic growth appears to be a benchmark of Low and Middle Income (LAMI) countries such as South Africa, a noxious effect is rising inequality, which transcends income and assets, and permeates opportunities; particularly opportunities to education. In addition, there are numerous studies that point to a striking correlation between inequality and poorer health outcomes (Crowley, 2017; Ong & Burrow, 2018; Sharma & Kuper, 2017). Twenty five years after the dismantling of apartheid, South Africa remains one of the most unequal societies in the world (Amosun et al., 2018; Mayosi & Benatar, 2014; Pentecost et al., 2018), where the vestiges of apartheid are palpable in the inequalities that persist in the sectors of health, education, training, employment, housing, finances, the allocation of resources, and accessibility (Moonsamy et al.,

2017). In fact, the Mines and Works Act of 1911, informally dubbed the 'Colour Bar Act', entailed *"prohibit(ing) employing Black people in mining occupations and stipulated a ratio of White-only foremen to Black labourers"* (Dawson, 2014, p.385) These discriminatory labour practices, spurred on by White trade unions, and supported by government regulations and legislation, conspired to prevent Black people from competing for higher categories of jobs reserved for Whites (Dawson, 2014). While this Act was specific to the mining sector during the South African gold and diamond rush, the labour practices endured and eventually pervaded other spheres of employment. More than a quarter of a century since the dismantling of apartheid policies, employment in South Africa remains largely unchanged:

> *'…we have not found compelling evidence to support(ing) the idea that the distribution of occupations has been effectively either desegregated or destratified in post-apartheid South Africa… It seems, in fact, that the situation in 2015 was not better than it was in the mid-1990s'* (Gradín, 2019, p.573).

These systemic, 'locked-in' inequalities have created sociological implications, which risk becoming enduring and endemic beyond institutional barriers through separate development, or spatial apartheid and educational segregation, to the point that societies are so divided by inequality; they may no longer be regarded as a 'society' (Crowley, 2017).

The 2018 mid-year population estimate conducted by Statistics South Africa revealed that Black Africans constitute 80,9% of the population in South Africa, Coloureds made up 8,7%, Whites 7,8%, and Indians 2,6% (Stats SA, 2018). This means that the 'non-dominant' culture is in fact that of the dominant Black majority, both in governance and in population, yet are 'non-dominant' owing to the effects of

years of colonisation and apartheid (Khoza-Shangase & Mophosho, 2018). Black Africans are over-represented in the rural areas of the country, and significantly under-represented in the wealthier provinces of Gauteng and the Western Cape, while also being conspicuously under-represented in high-skilled employment, however, improvement in education, and specifically higher education, has recently reduced racial stratification in employment (Gradín, 2019). In terms of linguistic profile of the provinces in South Africa, isiZulu is the most prominent language in both Kwa-Zulu Natal and Gauteng, with approximately 77,8% of the population in Kwa-Zulu Natal and 19,8% of the population in Gauteng reporting it as their first language. Similarly, isiXhosa is the foremost language spoken in the Eastern Cape province (78,8%) and the second most spoken language in the Western Cape province at 24,7% of the population. English only features as the first language of 20,2% of the population in the Western Cape, at 13,3% in Gauteng, and at 13,2% in KwaZulu- Natal. Afrikaans is most commonly spoken as a first language by 53,8% of the population in the Northern Cape and by 49,7% in the Western Cape Province (Stats SA, 2011).

Within higher education, as in other spheres of South African life, Black students continue to represent the minority in a country where Black people constitute the overwhelming majority (Seabi et al., 2014).

Interestingly some authors, such as Pentecost et al. (2018) cite statistics that imply women and people of colour now represent the majority in South African medical classrooms. However, these authors failed to mention that while the figures indicated an increase of approximately 101% of Black African graduating doctors in 2012, the actual number of Black African students at all South African universities was only 590 (Mayosi & Benatar, 2014). It must be noted that the increase in figures

above do not represent the SLH professions, which Khoza-Shangase and Mophosho (2018, p.3) describe as *"… White, Westernised, English and mostly urban*." Even during apartheid, SLH services were restricted to central cities and towns, servicing a privileged, urban, White clientele (Aron et al., 1967; Hugo & Uys, 1990).

In fact, a recent study exploring how equipped South African speech-language therapists are to assess English additional language (EAL) speakers from indigenous linguistic and cultural backgrounds, revealed that 99% of the 150 sampled SLH professionals were from English or Afrikaans speaking backgrounds (Mdlalo et al., 2016). These SLH professionals routinely assess and manage EAL speakers in English or Afrikaans, and from the cultural lens of the professional and not the client (Mdlalo et al., 2019). Evidently, there continues to be a lack of appreciation of, and naïve unconsciousness for, 'racial Whiteness', which is invisible, normal, and accepted, the 'us', while those with colour are conspicuous by virtue of their 'otherness' (Knight, 2013). Khunou et al. (2019) refer to this as the *White gaze*. Preis (2013) contends that within the SLH professions, this disregard for diversity may be due to the homogenous structure of the professions, its students, and its academics.

1.2. Transformation

Internationally, the concept of transformation in higher education has been discussed by a number of authors (Duffus et al., 2014; Durrheim et al., 2011; Fellner, 2018; Jackson et al., 2019; Jay, 2003; Karani et al., 2017; Sue et al., 2007). Transformation has been described in relation to South African higher education as far back as the mid-90's with the release of the Education White Paper 3 on Transformation of Higher Education in 1997 (DOE, 1997).

Seabi et al. (2014, p.68) enumerate some of the main objectives of the Higher Education Act. These are: a) to restructure and transform programmes and institutions to respond better to human resource, economic and development needs of the citizens of South Africa. b). to provide optimal opportunities for learning and the creation of knowledge. c). to redress past discrimination and ensure representation and equal access (Seabi et al., 2014). The accompanying White Paper of 1997 specifies the transformation agenda for higher education in South Africa, in which all existing practices, institutions, and values being reviewed and restructured in order to ensure their suitability for equitable access (DOE, 1997). Transformation is to be achieved by increasing access and diversifying the profile of students and staff, as well as reviewing existing and developing new curricula that fosters critical discourse and embraces cultural diversity (Amosun et al., 2018; Dirk & Gelderblom, 2017).

Aina (2010, p.33) defines transformation as *"an intentional social, political, and intellectual project of planned change aimed at addressing historical disadvantages, inequities, and serious structural dysfunctions*". Amosun et al. (2018) accede that the term 'transformation' is used with a *laissez- faire* attitude in higher education to denote that it should manifest the changes that are proceeding in society without much substance on the specific approach to be taken. Badat (2011, p.2) essentialises transformation as *"(having)…the intent of the dissolution of existing social relations, cultures, policies and practises, and of recreating and consolidating all of these anew."* Similarly, wa Thiong'o imparts a critical definition of decolonisation as *"… a means of recentering one's perspective without necessarily having to reject other streams of thought"* (Pentecost et al., 2018, p.221).

The term transformation is often used in a purely rhetorical sense at universities, and although academe have debated and deliberated around its implementation, there is yet to be substantial progress, as deep seated ideas and vested interests and practices will not go gently into the good night as it were (Kamsteeg, 2016). Indeed, transformation of higher education has been a key discussion point since the outset of democracy in South Africa, yet Black peoples' continued experiences of racism, discrimination, marginalisation, and dehumanisation at universities are clear indicators that the myriad of policies and debates have not been translated into day-to-day experiences (Vincent et al., 2017). Post-colonial scholars assert that even in the present day, Africans continue to grapple with systemic violence and structural oppression that perpetually attempt to deny their humanity (Pentecost et al., 2018). Within higher education, Black students continue to be dehumanised by institutions and curricula that devalue local knowledge and being (Pentecost et al., 2018). Dirk and Gelderblom (2017) concur that government initiatives to transform higher education in any country have been fraught with emotions and contentions. Consequently, they are not always welcomed. In this regard, South Africa is no different.

The changes required for transformation were never meant to be cosmetic- the South African government has emphasised that in addition to increased diversity in the demographics of higher education, there needs to be transformation in the underlying recurring practices, architecture, values, pedagogies, curricula, research priorities, and knowledge creation (Vincent et al., 2017). This is meant to be done in order to address and dismantle colonial and apartheid legacies, and to challenge longstanding patriarchal structures. Stated differently, transformation in South African higher education aims to undo the exclusive and repressive ethos, values,

attitudes, norms, epistemologies, histories, traditions, and artefacts, of the apartheid government, and is not merely about touting numbers, percentages, quotas, and demographics (Vincent et al., 2017).

In the wake of apartheid, universities have accomplished the remarkable- the system has more than doubled its student enrolment figures- nevertheless Habib (2016) points out that almost 55% of students who enter university do not complete a degree at all, and less than 25% of enrolled students will complete their degrees within the prescribed timeframes. In addition to the doggedly high dropout rates, particularly amongst first year students, universities have to contend with inadequate national funding and poor preparation at the high school level (Kamsteeg, 2016). Of particular significance is the steep increase in the admission of Black students who are more often than not, financially, educationally, linguistically, and arguably socio-linguistically on the back foot (Seabi et al., 2014). Finally, hostile and toxic institutional culture within institutions of higher education perpetually place Black students at a disadvantage (Khoza-Shangase & Mophosho, 2018). A 2013 Higher Education Transformation Colloquium hosted by the University of the Free State (UFS) concluded that prejudicial university culture was responsible for the alienation and underperformance of Black students (Kamsteeg, 2016).

Authors such as Berkhout (2010) and Venter (2016) have attempted to subvert the implementation of restorative justice policies such as Affirmative Action (AA) in higher education by arguing that race is now being used as a platitude in policy initiatives, university admission criterion as well as discourse surrounding higher education, all at the expense of globally competitive professionals. This corpus of chiefly White academics within South African institutions of higher education wish to maintain the current institutional culture and push against what

they perceive as an onslaught to decades of excellence. They deliberately criticise the South African government for attempting to unilaterally implement indistinct and ideological transformation goals at universities, by marginalising Afrikaans as an academic language and thereby sacrificing institutional autonomy for the sake of transformation (Venter, 2016). This author foresees a bleak future if transformation is 'enforced', where South African universities are no longer globally competitive but become underperforming training institutions if, as he sees it, government interference and Marxist agendas prevail.

Others, such as Dirk and Gelderblom (2017) have offered reasons as to why the rate of transformation in higher education has been progressing at a glacial pace since the promulgation of The White Paper for Higher Education (DOE 1997). They have derided the South African government's expectation for transformation in higher education as being elaborate and unattainable. This, taking into account that the broad implementation being targeted, means that universities are now 'expected' to facilitate Black students' access to higher education. In addition, universities are seemingly being compelled to transform the gender and racial profile of academic staff, develop curricula that are inclusive and reflective of the cultural diversity of the country, as well as instil non-racist, non-sexist values in their pedagogy (Dirk & Gelderblom, 2017).

In the apparent absence of patent descriptors of transformation in South African institutions of higher education, certain academic institutions have used the facade of autonomy to protect the current state of affairs (Habib, 2016), and that historically White institutions go to lengths to avoid transformation while maintaining their privilege (Seabi et al., 2014). For instance the North West University (NWU)'s Language Policy of 2012, states *"…die taaldemografie en taalvoorkeure van 'n*

bepaalde kampus binne 'n omgewing waar die taalregte van al die persone wat betrokke is, gerespekteer word" (that the language rights of all people within certain demographics and preferences of campuses be respected – as translated by the current researcher) (Venter, 2016, p.958). Interestingly, Higher Education South Africa (HESA) explicates that *"higher education transformation entails decolonising, deracialising, demasculanising and degendering South African universities, and engaging with ontological and epistemological issues in all their complexity, including their implications for research, methodology, scholarship, learning and teaching, curriculum and pedagogy"* (HESA, 2014 p.7).

On the other end of the spectrum, there is growing frustration and impatience amongst Black students and academics at the perpetual disenfranchisement that they feel in the academic space, replicated in how Black people are treated within South African institutions of higher learning, as well as what they are taught. This sentiment is articulated by Khoza-Shangase and Mophosho (2018), who are of the view that the commendable policies meant to drive transformation remain encapsulated at policy level, and have failed to be implemented, so that the historical legacies of apartheid and patriarchy continue to be reproduced.

This growing frustration was also seen through the 2015 *#FeesMustFall* protests. While these protests brought the concepts of *transformation, decolonisation*, and *decoloniality* to the fore, there is still much confusion and ambiguity about firstly, **what** exactly these concepts mean in the context of higher education. Secondly, **who** the change agents should be. Lastly, **how** these processes should unfold (Amosun et al., 2018).

1.3. Transformation in institutional culture

Institutional culture is a complex, multi-faceted social construct, which consists of dominant beliefs and behaviours that create a sense of community within an institution (Suransky & van der Merwe, 2016). Soudien (2001) contends that three dialogues exist in higher education, namely the *official, the formal*, and the *unofficial*. The official, espoused, may be envisaged as the policies and legislation, both nationally mandated and institutional. These promote and aim to foster transformation. The formal dialogue may be what authors have referred to as 'institutional culture'- the history, character, and webs of power within an institution (Walker, 2005). The final, unofficial, or enacted dialogues may be the ones that conspire to halt and reverse any progress on transformation. The unofficial discourses within higher education are those shared, often unspoken and yet deeply ingrained values, attitudes, and ideologies that those affiliated with the institution share (Suransky & van der Merwe, 2016).

Indeed, evidence suggests that while institutions of higher education internationally and in South Africa may strive to incorporate diversity and transformation into teaching and learning, there appears to be instances where these same institutions may be stifling opportunities for engagement on issues of multilingualism, multiculturalism, and race, and in so doing, persist with the narrative of the dominant culture (Jay, 2003). Mnguni (2016) emphasises that in order to understand the identity and social context of Black students in higher education in South Africa, one would need to interrogate the historical backdrop of higher education. Within the South African higher education landscape, the apartheid legacy of White, male privilege is ingrained in the institutional culture of universities (Suransky & van der Merwe, 2016).

Government structures, it seems, have failed to recognise and appreciate the relationship between culture and power in scuttling attempts at transformation. Culture are those multifaceted, multi-dimensional, multi-generational, dynamic assumptions, values, and beliefs that groups of people hold based on shared histories, which in turn guide behaviours, rules of using language, and ways of organising daily life (Hyter & Salas-Provance, 2019). Power enables individuals to direct and have agency over their own destiny, and is further characterised as the ability of groups of people to dominate the course of their own lives, even against a background of opposition from others (Hyter & Salas-Provance, 2019).

1.4. Transformation and decolonisation in South African higher education

South Africa, with its democracy still very much in infancy has arguably seen protests in higher education that are similar in intensity of if not for the same duration, than protests in developed countries. These protests have seen students take up the baton of activism for the decolonisation of academe, where the main contention is not that local knowledge is lacking or deficient, but rather that it is not valued (O'Shea, 2016). This was devastatingly obvious in the #*RhodesMustFall*, #*OpenStellenbosch*, and subsequent #*FeesmustFall* protests, which were premised on Black students daily experiences of not fitting in and being exposed to tangible as well as intangible forms of dehumanisation (Pentecost et al., 2018).

The inertia of higher education institutions to transform was blatant, given that the Ministry of Education had in 2008 already published findings in the so-called Soudien report that laid bare student disquiet relating to accessibility of higher education, relevance of curricula, language of instruction, and antagonising

university culture and processes, and which had recommended the urgent need to revisit transformation (Seabi et al., 2014). Higher education in especially medical, and the rehabilitation professions in South Africa have neglected to acknowledge that even well-educated graduates may not possess the requisite knowledge or skills to effectively address and manage the disease profile and needs of a diverse population (Khan et al., 2013).

A necessary component of the decolonisation process is for higher education globally and in South Africa in particular to acknowledge the frequency and intensity of discrimination that Black students experience on a daily basis as well as the impact that these blatant attacks and veiled microaggressions have on students (McCoy & Rodricks, 2015; Ong & Burrow, 2018; Sue et al., 2007).

Sue et al. (2007, p.273) define microaggressions as *"brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group."* Ong and Burrow (2018) elaborate on the rapidly escalating literature that point to the effects of microaggressions aimed at minority populations and the resultant mental health complications.

Research conducted in the USA in the field of psychology reveal that common themes invoking microaggressions against African American graduate students include assumptions of criminality status (belief that a group is more prone to crime), intellectual inferiority (assigning low intelligence on the basis of race), and second-class citizenship (treating others as lesser beings) (Ong & Burrow, 2018). Within South African society at large, and specifically at institutions of higher education, microaggression is directed at Black students, and manifest in three forms, namely:

- Microassaults- an example of this is the notorious statue of Cecil John

Rhodes at the university of Cape Town that started the *#RodesMustFall* campaign, as well as more palpable symbols such as the old South African flag being displayed in university hostel rooms;

- Microinsults- these can take the form of passing comments about Black students being where they are because of affirmative action, or implying tokenism; and
- Microinvalidations- these toxic comments made in passing are meant to nullify the lived experiences and psychological impact of microaggressions and may include supervisors or lecturers telling Black students to 'toughen up' instead of addressing complaints (McCoy & Rodricks, 2015).

Conversely, macroaggressions refer to those systemic expressions that invariably maintain the status quo- those concepts such as meritocracy, colour blindness, race neutrality, equal opportunity, and criticism for affirmative action, all of which are founded on privilege, at institutional level in higher education (McCoy & Rodricks, 2015). Macroaggressions in higher education form part of the institutional culture of universities- the imposition of rules and norms that are discriminatory as well as the pervading atmosphere of the organisation (Robus & Macleod, 2006). It is the maintenance of these macroaggressions that allow microaggressions to fester and flourish unchecked. In addition, institutional microaggressions are evidenced by lethargy of the academe to transform, and are demonstrated in the structures, practices, and discourses that endorse and overlook the racial climate within higher education (McCoy & Rodricks, 2015).

Many Black students currently enrolled in higher education in South Africa are first-in-family, which O'Shea (2016) defines as being the first person in the student's immediate family of origin, including siblings or parents to be attending a university.

North American literature points to specific themes surrounding first-in-family students, which can easily be applied to Black South African students who find themselves being first generation students in higher education. These themes include:

- First-in family students being at a disadvantage in terms of readiness and knowledge of the higher education system, financial support, as well as prospects of the degree;
- The transition from secondary school to higher education proving more challenging and stressful for first-in-family students; and
- Higher drop-out rates and differences in post-graduate outcomes as compared to their peers who come from a line of higher education graduates (O'Shea, 2016).

In order for transformation in higher education to seep into the fibre of South African society, there is a need to understand the interaction that occurs between students at universities, as well as their perceptions on transformation. While official segregation in all spheres of society has been abolished with the dawn of democracy in South Africa, Alexander and Tredoux (2010) propose that self-mediated and informal segregation amongst students may serve to recreate racial barriers.

1.6. History and Current Speech- Language and Hearing services in SA

SLH training was introduced in South Africa during the early 1930's, primarily based on the tenants of traditional Western and colonial pedagogy (Aron et al., 1967; Moonsamy et al., 2017). The undergraduate course began at the University of the Witwatersrand and was offered in English, before expanding to the University of

Pretoria, where it was offered in Afrikaans. In addition, both universities required students to study Nederlands in their first year of study (Aron et al., 1967). Given that English and Afrikaans were the only official languages in South Africa under apartheid, SLH professionals were required to be proficient in both languages if they wished to work in government and provincial departments (Aron et al., 1967).

The SLH professions were formulated upon and embedded within a medical model of care (Abrahams et al., 2019). SLH professionals were regarded as medical auxiliaries who were required to register with the South African Medical and Dental Council (Aron et al., 1967). The medical model viewed illness and disability through a one-dimensional lens, neglecting the holistic makeup of the patient (Moonsamy et al., 2017). In 1990, South African SLH academics noted that in line with international trends, South African SLH professionals were moving from service delivery in schools and hospitals into private practices. Their recommendation was that the SLH curricula should include administration and management of private practices in order to prepare new graduates to enter the private market immediately upon graduation (Hugo & Uys, 1990).

The SLH professions in South Africa were reserved for White therapists, and comprised almost exclusively of females (Aron et al., 1967). Current figures suggest that the SLH professions are still dominated by females (Pillay et al., 2020). In 1966, while commemorating thirty years of the SLH professions in the country, the need for training 'non-European' speech therapists was acknowledged, however, the plan was to develop a university college course for Indian students only (Aron et al., 1967). Similarly, SLH services were reserved for White clients, "*As the standard of education of our non-White races (Bantu, Indian and Cape Coloured) continue to rise, expansion on such specialist services can be envisaged"* (Aron et al., 1967

p.82). While South African SLH service-delivery models had been adapted from services offered in the United States of America (USA), there was recognition that both training and service delivery needed to be adapted to a local context (Hugo & Uys, 1990).

Recent advances in patient care have given rise to the biopsychosocial model of healthcare, which include the environmental, social-cultural, and emotional dimensions of illness and disease, and considers that patients desire to be active participants in the management of their health (Warden et al., 2008). Compared to other disciplines within the medical fraternity, the SLH professions in South Africa are relatively new and small professions (Pascoe et al., 2013). Notwithstanding this, the SLH professions form an integral part of the multi-disciplinary team (Moonsamy et al., 2017) and are involved with the management of speech-language and feeding disorders in the case of Speech- Language therapy, and hearing, auditory and vestibular function in the case of Audiology (Khoza-Shangase & Mophosho, 2018).

In 1997, two professors from the University of Pretoria penned a position paper about SLH services in South Africa. In it, they drew cognisance to the existence of an unequal distribution of SLH services between the different population groups in the country, but ascribed this inequality to a preference towards service delivery in metropolitan areas. Furthermore, they admitted that *'…the traditional vision (of SLH service delivery) was that only a select few, highly qualified professionals were entitled to deliver the service.'* (Uys & Hugo, 1997, p. 27). They further defended this view by stating that this all-or-nothing framework secured the 'safety' of the population. To their credit, they alluded to the unique needs for health services in South Africa. They decried the fact that at that stage there were only a limited number of African first-language SLH professionals, and the need for

transformation in SLH teaching, research and service delivery (Uys & Hugo, 1997). In fact, by 1996, there were only approximately 18 Black SLH professionals in South Africa, and only 2 of them were within the academe (Weddington, et al., 2003). In order to transform the SLH professions in SA, Uys and Hugo (1997) recommended transforming demographic diversity and making recommendations for community-based treatment approaches by introducing different exit levels for undergraduate students- from certificate level through to post-graduate 'experts', without making any explicit recommendations for decolonising curriculum and practice, or for addressing the SLH needs of the majority Black African population (Uys & Hugo, 1997).

SLH research into indigenous African language content, form, and use, language acquisition, as well as cultural influences on language, has traditionally been undertaken by White, English or Afrikaans-speaking researchers who have agreed that the need for locally devised and normed assessment and intervention material is dire (Mdlalo et al., 2019). However, the epistemological lens and ontological positionality of these researchers have oftentimes resulted in them problematising indigenous cultural and linguistic diversity in order to fit into their view of the professions. An example of such research, titled *"Idiosyncratic sound systems of the South African Bantu languages: Research and clinical implications for speech-language pathologists and audiologists"* (Van der Merwe & le Roux, 2014) has as its aim to raise awareness about the differences between two 'Bantu' languages, and Germanic languages.

While the researchers comprehensively define and explain syntactic elements such as lexical tone and syllable structure of isiZulu and Setswana, their study is based on the premise that these languages are curious or peculiar, and their

rationale for undertaking this research is that it is fascinating to them (Van der Merwe & le Roux, 2014). It is worth noting that at the conclusion of the study, Van der Merwe and le Roux (2014) recommended that experts in African languages be consulted when embarking on research into indigenous African languages, that translation of English assessments into indigenous African languages is controversial, and that there is an urgent need for research in order to inform clinical practise.

Current epistemology and ontology of the South African SLH curricula have become increasingly untenable, however the status quo is maintained by the professions claiming to be neutral in the face of ongoing inequity and the perpetuation of the single story narrative (Abrahams et al., 2019; Khoza-Shangase & Mophosho, 2018). Moonsamy et al. (2017) contend that transformation of SLH training and practice in South Africa cannot proceed without considering aspects such as race and socioeconomic and political status. Similarly, Kathard and Pillay (2013) advocate for the disruption of the status quo and application of political consciousness amongst SLH professionals in order to challenge historical knowledge and create new knowledge. It is noteworthy and a testament to the damage caused by apartheid, that the South African SLH professions are grappling with these issues over a quarter of a century into democracy in order to meet the need of its majority indigenous peoples.

It is certainly counter-intuitive that a country such as South Africa, with a majority Black population should have almost no Black SLH professionals (Khoza-Shangase & Mophosho, 2018). Even though the number of Black (Black African, Indian and Coloured) SLH professionals has increased over the past decade, with approximately 4 Black African, 25 Indian, and 4 Coloured SLH professionals in South

Africa in 1987 (Hugo & Uys, 1990), to numbers in excess of 40% of all registered SLH professionals in 2018 (Pillay et al., 2020), Khoza-Shangase and Mophosho (2018) are clear that the majority of Black African language speakers with communication disorders do not receive health care services in their first language. Healthcare services in general and SLH services in particular, are provided in either English or Afrikaans (Khoza-Shangase & Mophosho, 2018; Mdlalo et al., 2016, 2019; Moonsamy et al., 2017; Pascoe et al., 2013; Pascoe & Norman, 2011; Seabi et al., 2014).

1.7. Transformation in SLH training

The American Speech-Language-Hearing Association (ASHA) defines evidence-based practice as *"the process of applying current, best evidence (external and internal scientific evidence), patient perspective, and clinical expertise to make decisions about the care of the individuals you treat"* (ASHA, 2005). Client preference thus forms a tenet of evidence-based practice. This patient-centred approach has gained momentum over the past few decades, with resounding evidence of improved patient outcomes in the form of increased satisfaction, improved health outcomes, and improvement in patient perception of service delivery (Dockens et al., 2016; Tai et al., 2018). The philosophy of patient-centred care encompasses the following principles:

- A focus on the biopsychosocial approach which incorporates a holistic view of the patient;
- Viewing the patient as an individual by acknowledging and accommodating the patients' backgrounds and cultural beliefs and practices;

- A more equal distribution of knowledge and power within the therapeutic dyad in order to foster professional and patient accountability;
- The creation of a therapeutic relationship with the patient, based on the honest exchange of information and agreement of therapeutic goals; and
- Viewing the clinician as a person who enters the therapeutic space willing to acknowledge their own worldview and interpersonal responses, while being receptive to the patient's psychosocial concerns (Dockens et al., 2016; Tai et al., 2018).

Tai et al. (2018) have found that a number of factors hinder patient-centred care within the Audiology profession, namely, 1) the professional culture of Audiology prioritising technical skill over patient- clinician interaction; 2) university and professional obligations to remain accredited by focusing on technical competencies at the expense of patient-centred care; 3) lack of knowledge and understanding of patient-centred care, including lack of empirical research and resources on the benefits of patient-centred care; and 4) individual factors of Audiology students such as experience and comfort in communicating with people (Tai et al., 2018).

Audiology students who were not proficient in English (or the dominant language of the curriculum) tended to rely more on technical jargon, which resulted in patient encounters being more impersonal and less flexible (Tai et al., 2018). This finding has critical implications for SLH undergraduate students whose first language is not the dominant language of the professions, in that their therapeutic interactions may lack patient-centredness not because of their lack of clinical skills, but due to limited proficiency in the dominant languages (English and Afrikaans). Conversely, students who are not *au fait* with indigenous African languages will similarly fall short

of offering true patient-centred care to the majority African population due to limited ability to communicate in indigenous languages.

Integral to patient-centred care is the need for SLH professionals to be cognisant of the structural factors that place indigenous populations at greater risk for communication disorders, as well as cultural influences on the suitability and response to intervention programs (Westby, 2013).

In order to bridge the divide between current SLH practices and patient-centred care, there is a call for South African SLH training as well as practice to seek out alternative therapeutic activities within a family-centred model, incorporating insights into how families manage their time based on tradition, their socio-economic status, as well as cultural and customary beliefs (Balton et al., 2019). Furthermore, it is widely accepted that a child's introduction to and interaction with the world is embedded in the child's family, community, and cultural background to the extent that the development of vocabulary and use of language are culture specific (Hyter & Salas-Provance, 2019).

Threats (2010) observes that all clinical areas now acknowledge cultural diversity, no more so than in the area of communication and communication disorders, given the imbedded nature of culture in communication. This author further acknowledges that the level of self-reflection required for undergraduate students to become culturally competent might be even more complex than the academic requirements of the curriculum.

Another issue plaguing the South African SLH professions is the tendency for training to focus on one-to-one intervention (Abrahams et al., 2019; Uys & Hugo, 1997). Uys and Hugo (1997) estimated that each SLH professional would see up to 500 clients per year, and postulated that at projected population growth, the country

would need at least 10 000 SLH professionals by 2000. In its 2017 report, the HPCSA recorded 572 audiologists, 1024 speech therapists, and 1541 speech therapists and audiologists currently registered on its database (Khoza-Shangase & Mophosho, 2018).

Additionally, a study conducted by Pillay et al. (2020) found that presently, there was a disparity between the demand for SLH services and the number of SLH professionals of approximately 2800 SLH professionals, which was likely to remain up to the year 2030 unless there was a drastic increase in the production of new SLH graduates. Khoza-Shangase and Mophosho (2018) also acknowledge major discrepancies between the demand for SLH professionals within the South African public health and education sectors, and the supply thereof.

In the context of South African SLH service provision, an undeniable dynamic is the power imbalance that exists between White therapists and their Black clients, as well as between the use of English or Afrikaans as the language of intervention, and the indigenous languages of the majority of the South African population (Mdlalo et al., 2016). Knight (2013) posits that an otherness is created in the therapeutic relationship when the client and therapist are racially different. In addition Ong and Burrow (2018) warn that discrimination may well occur in the therapeutic relationship between Black clients and professionals of other races. Furthermore, Stapleford and Todd (1998) report that White SLH professionals are seldom conversant with the social customs and religious practices of patients from diverse cultural backgrounds. Finally, Pentecost et al. (2018) acknowledge that South African clinicians, as with elsewhere in the world, tend to entrench practices that devalue patients' lived experiences and values. This is indeed a very worrying reality given that the

overwhelming majority of SLH professionals in South Africa are a different race to the clients that they serve.

The mismatch in representation of culturally and linguistically diverse SLH professionals and faculty members has a negative impact on the provision of culturally competent training and clinical service provision (Kohnert, 2013). SLH pedagogy in South Africa continue largely to follow Eurocentric, Western and colonial epistemology and ontology, with the only languages included in the curricula being English and Afrikaans (Khoza-Shangase & Mophosho, 2018). Furthermore, the fairly homogenous composition of academic teaching staff, clinical educators, as well as post-graduate researchers poses a challenge to growth and transformation (Khoza-Shangase & Mophosho, 2018). Moonsamy et al. (2017) acknowledge that research in the fields of SLH in post-apartheid South Africa continues to exclude the needs of the majority of the country.

1.8. Transformation in SLH practice

A model of transformation in SLH practice should ensure that cultural diversity is institutionally preserved, allowing for a unique balance of traditional African cultural values and Western influences (Knight, 2013). All people exist within a cultural context, and when language assessments are conducted on people, the cultural capital is embedded in the language used (Mdlalo et al., 2016). As far back as 1990, which was still within the apartheid era and at the threshold of democracy, SLH academics identified that SLH professional training needed to address both linguistic as well as the socio-cultural perspective of a multi- lingual, multi-cultural South African population (Hugo & Uys, 1990).

Enshrined within the Constitution of South Africa, is the right to freedom of expression in one of the eleven official languages, namely isiZulu, isiXhosa, Sepedi, Setswana, Sesotho, Xitsonga, siSwati, Tshivenda, isiNdebele, English, and Afrikaans (Pascoe et al., 2018). Within the SLH professions, this freedom of expression translates to clients being able to access services in the language of their choice. In this regard, there is a deficiency, and a dire need for the development of contextually relevant resources in order to provide culturally and linguistically relevant SLH services to the South African population (Mdlalo et al., 2019; Panday et al., 2018; Pascoe & Norman, 2011). Furthermore, Mdlalo et al. (2016; 2019) caution that the use of standardised tests that are administered by therapists who have limited knowledge and understanding of the diverse cultures and language groups of their clients, creates the risk of SLH professionals imposing their own cultural and linguistic frames of reference onto the client, the so-called *White gaze* (Khunou et al., 2019). Additionally, within communication-based professions, traditional word lists used in Speech Reception Testing (SRT) have implications for accurate diagnosis and (re)habilitation of the majority indigenous-speaking South African population (Khoza et al, 2008, Panday et al, 2018).

A number of high-profile South African SLH academics have highlighted the challenges that persist in South African SLH training and practice, which include:

- A dearth of contextually and linguistically relevant resources;
- Research on the rural or minority vs. majority populations
- Lack of academic support resulting in inadequate preparedness of graduates to manage a diverse population;
- Health care priorities for disabilities, and

- Disregard for political and social determinants of health and disability, as well as socio-political attitudes of SLH professionals,
- Lack of political will by the South African government to implement the aims of the Constitution specifically related to disability, resulting in lack of access to services (Kathard & Pillay, 2013; Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017).

1.9. Theoretical Framework

The theoretical framework for the current study lent from the work of Brazilian philosopher and educator, Paulo Freire's *Pedagogy of the Oppressed*, whose work has inspired and galvanised colonised and oppressed peoples, including those from South Africa, for decades (Freire, 1970/2005). In order for transformation in the South African higher education landscape to occur, previously disadvantaged and disenfranchised Black students, and those in true solidarity with them, have to fight for the restoration of their humanity and not be content with feigned generosity by the oppressors; as advocated by Freire (1970/2005). The following words of Freire have recently been seen to be reverberating within South African higher education with the recent #*Rhodesmustfall* and subsequent #*Feesmustfall* movements which had transformation and decolonization as key demands:

> *"To surmount the situation of oppression, people must first critically recognize its causes, so that through transforming action they can create a new situation, one which makes possible the pursuit of a fuller humanity. But the struggle to be more fully human has already begun in the authentic struggle to transform the situation. Although the situation of oppression is a dehumanized and dehumanizing totality affecting both the oppressors and those whom they oppress, it is the latter who must, from their stifled humanity, wage for both the struggle for a fuller humanity; the oppressor, who is himself dehumanized because he dehumanizes others, is unable to lead this struggle"* (Freire, 1970/2005, p. 47).

The SLH professions' Eurocentric epistemologies and ontologies are beginning to be challenged, not just by a handful of progressive South African academics (Abrahams et al., 2019; Kathard & Pillay, 2013; Khoza-Shangase &

Mophosho, 2018; Moonsamy et al., 2017), but also by increasing numbers of Black students who were traditionally excluded from the SLH professions (Seabi et al., 2014). However, transformation of the SLH curricula and SLH clinical service provision cannot be disengaged from political consciousness around widening social and economic inequalities in students in higher education as well as the clients that are served (Kathard & Pillay, 2013; Mavelli, 2014). Khoza-Shangase and Mophosho (2021), guided by Freire (1998) assert that conscientization requires both reflection ***and*** action, with action being fundamental in dismantling the status quo – key to the SLH professions in South Africa.

The call for transformation and decolonization of SLH episteme and ontology have been ongoing since the dawn of democracy, in line with Mignolo's (2009) calls for epistemic awakening and disobedience that transforms Africans (and other Third World regions) from consumers to producers of knowledge. Khoza-Shangase and Mophosho (2021) argue that this is particularly important in South African SLH professions where the danger of *White gaze* and its persistent influence in curriculum exists, where *White gaze* is a popular term in discourse in African American Literature which captures Black lived experience in White spaces, where Whiteness is used as a lens for knowledge, knowing, and the knower (Khunou et al., 2019).

Central to the concept of decolonisation, the call is for recognising and acknowledging indigenous ways of being and knowing, without necessarily discarding Western knowledge (Pentecost et al., 2018). Within the SLH curricula and professions, this calls for a review not only of the content of the knowledge, but a re-imagination of the terms of the hitherto dominant conversation, which Mignolo (2009, p.4) articulates as *"… it is not enough to change the content of the conversation, … it*

is of the essence to change the ***terms*** *of the conversation"*. In line with this framework, an indigenous lens lends itself to students and clients alike, teaching the teachers, as it were. This is in stark contrast to the traditional Western teaching and learning contexts, where teachers bestow, or 'bank' knowledge for students to receive, memorise, and repeat (Freire, 1970/2005). The banking concept is in line with apartheid ideology, where a minority use prescriptive education to subjugate a majority (Freire, 1970/2005). Some of the criticisms against the banking of knowledge as they apply to the South African SLH curricula, are:

- The banking concept facilitates and maintains oppression by positioning the teacher as all-knowing, while the students are viewed as ignorant;
- Banking stifles independent and creative thought by resisting and discouraging dialogue and problem-posing; and
- The content of knowledge is pre-determined and static- a gift bestowed by a paternalistic teacher to infantile students (Freire, 1970/2005).

This banking concept also has implications for healthcare delivery particularly to minority populations, as expressed by evidence from global health, where personal and experiential knowledges are devalued or excluded if they do not conform to colonial quantitative scientific inquiry (Pentecost et al., 2018). When one considers that White, middle class teachers are currently tasked with teaching Black students from varying socio-economic statuses about indigenous African languages, cultures and traditions, the dangers of banking become evident.

Finally, while the South African higher education fraternity has been given the mandate to increase access to a diverse student corps (Habib, 2016; Kamsteeg, 2016), social, economic, and arguably, cultural, and linguistic inequalities, as well as

the instrumentalisation of knowledge, serve to perpetuate exclusionary policies and practices (Mavelli, 2014), with *White gaze* continuing to maintain the status quo where access has changed (Khunou et al., 2019; Khoza-Shangase & Mophosho, 2021). While increased student numbers and a more diverse student body is a hallmark of higher education in post-apartheid South Africa (Habib, 2016; Kamsteeg, 2016; Pentecost et al., 2018), the vast majority of students are from privileged and affluent backgrounds (Walsh, 2014). Lower socioeconomic status perpetually disadvantages poor students in terms of both material resources (Seabi et al., 2014), but also in terms of the various forms of 'capital', which are a social construct (Li, 2015; O'Shea, 2016, Khunou et al., 2019).

Various forms of capital are alluded to in the fields of sociology and political sciences, education, economics, poverty and crime reduction, race and ethnicity relations, and health and life satisfaction research, amongst others. These are enumerated as: (1) cultural capital; (2) social capital; and (3) economic capital, and brings to light how individuals and communities are either liberated or constrained by access to resources and privileges, many of which are inter-generational (Li, 2015).

Li (2015) asserts that all three forms of capital are derived from the economic sphere, and that middle- and upper- class families utilise a combination of cultural, social, and economic capital in order to provide their children with an advantage or upper hand as it were, in achieving educational and occupational success. All three forms of capital are mechanisms for the reproduction and maintenance of the middle- and upper class status quo .They serve chiefly to exclude, in that people who do not possess the requisite resources to maintain and advance their children's prospects, are fated to remain at the bottom of the social hierarchy (Li, 2015).

The three forms of capital are explained as follows:

- Cultural capital is contained in the often unspoken but assumed, or inferred nature of certain knowledge and practices. Forms of cultural capital include: 1) the *objectified* or tangible items such as books; 2) *institutional* influences such as academic credentials; and 3) the *embodied*, characterised by production of knowledge and enduring beliefs (O'Shea, 2016). Cultural capital is reflected in higher parental qualifications, immersion of children in a pro-learning environment at home, and exposure to a variety of 'cultured' experiences such as art galleries and travels abroad (Li, 2015). Within the arena of higher education, cultural capital is contained in the ability to impose the legitimacy of certain epistemologies and ontologies, while denying and invalidating others (Dirk & Gelderblom, 2017).
- Social capital refers to the resources contained in social networks- the strategies that the privileged use to aid their children in advancing their educational and career choices. Social capital depends on not only the size of social resources available, but also the quality thereof (Li, 2015). Poorer families may possess social capital in the form of extended family members (Ong & Burrow, 2018), but these may lack the prestige, power, or wealth to advance their children (Li, 2015). Li (2015) maintains that social capital is advantageous as parents can use their social contacts to get their children admitted to the best schools, as well as securing employment in more sought-after organisations. Within the South African SLH contexts, social capital may be responsible for the ease with which newly qualified therapists are able to secure employment in established SLH practices in the private sector, as well as referral of patients requiring SLH services only to colleagues who form part of their social circles.

- Economic capital in the immediate sense would be money, which can be converted into the institutionalised form of educational qualifications. Economic capital can be accumulated, conserved and transferred to the next generation. Within the higher education context, economic capital is evidenced by the superior resources that some parents are able to expend to provide their children with a head start (Li, 2015).

Paulo Freire's *Pedagogy of the Oppressed* therefore well conceptualized the current study where objectives were to explore undergraduate SLH students' perceptions and experiences of transformation within the SLH curricula, clinical service provision, and institutional culture, as well as their experiences of student integration in the aim of ensuring reimagination of South African SLH professions to be in line with the SA constitution as well as the SA department of Health's principle of *Batho Pele* which forces professions to be contextually relevant and responsive (Khoza-Shangase & Mophosho, 2021).

1.10. Rationale

More than 24 years after the end of apartheid, the perceptions and lived experiences of Black SLH professionals in practice requires investigating. During the 2018 National Speech Therapy and Audiology Forum, which is an annual meeting of SLH professionals representing the nine Provincial Departments of Health in the South African public health sector, transformation was tabled as an urgent agenda item for discussion. This discussion was tabled in order for the State employed SLH professionals from across the country to reflect on the trends observed around transformation as well as strategies that the professionals on the ground have

implemented since the increased focus on transformation by institutions of higher learning/education.

The focus on transformation was prompted by the recent *#FeesMustFall* and *#DecolonizeCurriculum* student movements. Outcomes of this discussion reflected challenges in personal lived experiences by both seasoned as well as new graduates, with a clear lack of direction and systematic strategy around the issue of transformation; where 'uncomfortable' race talk overshadowed the task at hand. There was consensus that there is lack of transformation, and that this is resulting in a negative impact on professionals and patients alike. Knight (2013) indicates that race talk, similar to the one that ensued at this Forum, is common at professional conferences and meetings and that South Africans are preoccupied with race in both their personal and professional lives.

Therefore, against this background of lack of documented experiences of Black SHL professionals as well as the lack of direction and systematic strategy around transformation both the in the curriculum and in practice, this study was conceptualised. The current study aimed to explore undergraduate SLH students' views on, and experiences of, transformation in SLH curricula and clinical service provision, as well as delve into undergraduate SLH students' experiences with institutional culture and integration across cultural and linguistic lines.

CHAPTER 2: METHODOLOGY

2. METHODOLOGY

2.1. Aims of the study

2.1.1. Primary Aim

The main aim of the study was to explore undergraduate students' perceptions and experiences of transformation within South African Speech-Language and Hearing (SLH) university programmes.

2.1.2. Secondary objectives

The specific objectives of the study were:

1. To determine undergraduate SLH students' understanding of transformation.
2. To explore undergraduate SLH students' experience of transformation in the curriculum.
3. To explore undergraduate SLH students' experience of transformation in clinical service provision.
4. To investigate undergraduate SLH students' perceptions of the institutional culture in their university departments.
5. To examine the undergraduate SLH students' views and own practices around integration across linguistic and cultural divide during their training.

2.1.3. Research questions

The primary aim with the specific objectives of the study, were investigated by posing the following research questions:

1. What do undergraduate SLH students understand by the term *transformation*?
2. What is the undergraduate SLH students' experience of transformation in the curriculum?
3. What is the undergraduate SLH students' experience of transformation in clinical service provision?
4. What are the undergraduate SLH students' perceptions of the institutional culture in their university departments?
5. What are the undergraduate SLH students' views and own practices around integration across linguistic and cultural divide during their training?

2.2. Research Design

A research design is the blueprint that bridges the research questions and the method for conducting the research, and ensures that the study accomplishes its specific purpose within available resources and constraints (Terre Blanche et al., 2006). Furthermore, the research design conceptualises the procedures required, while ensuring that these procedures are appropriate to obtain valid, reliable, and objective results (Kumar, 2014). Finally, the research design attends to the planning, from the point of departure of the research questions - the what, to the execution of scientific inquiry, resulting in the methodology - the how (Babbie & Mouton, 2005). For the purpose of this study, the researcher utilised a cross-sectional survey

research design that was descriptive in nature, and employed both quantitative as well as qualitative methods.

Survey research is a common and important method of studying behaviour, attitudes, and orientations, and is arguably the most suitable means for collecting original data (Babbie & Mouton, 2005; Cozby, 2009). Surveys allow researchers to find out about people or phenomena at a specific point in time, or changes over time in relationships amongst variables, attitudes or behaviours (Cozby, 2009). Survey research is primarily a quantitative research method, however qualitative open-ended questions may be incorporated in order to further describe and interpret quantitative data (Creswell & Hirose, 2019). Survey methodologies are therefore utilised to glean insight into perceptions through both quantitative as well as qualitative modalities (Creswell & Hirose, 2019; Kelley-Quon, 2018).

One of the prime factors for the popularity of surveys is the advancement of computer and web-based technology, which has allowed questionnaires to reach more subjects, as well as being free and enabling the analysis of large data sets (Babbie & Mouton, 2005; Kelley-Quon, 2018). All the aforementioned benefits of survey designs were the justification for the current study adopting this design. For the purposes of the current study, an original survey instrument, with both open and closed ended questions, was devised after in-depth review of relevant literature.

A cross-sectional approach, also known as *one-shot* or a *status study*, is best suited to discover or explore the prevalence of certain phenomena, situations, or issues (Kumar, 2014). This approach, as adopted in the current study, allowed the researcher to study a single frame in the ongoing process of transformation of the SLH professions in order to obtain a comprehensive and global picture (Kumar, 2014). The study focused on current third (3^{rd}) and fourth (4^{th}) year SLH

undergraduate students. A potential limitation of this approach is that while the results of the study aimed to inform processes that occur over time, they were based on observations made at one specific time (Babbie & Mouton, 2005).

The concept of transformation within the SLH professions in South Africa is relatively new and unchartered (Khoza-Shangase & Mophosho, 2018). A descriptive survey design, which lends itself to exploration, was selected as it allowed the researcher to delve into the history of the professions in South Africa, and explore how the current cohort of undergraduate SLH students viewed and experienced transformation or the lack thereof (Kelley-Quon, 2018). Results of an exploratory study generally lead to insight and comprehension, which in this case, may facilitate and/or support transformation implementation efforts in SLH professions' curricula and service provision (Babbie & Mouton, 2005).

2.3. Research context

There are 26 public universities in South Africa, spread across all 9 provinces. Currently there are seven universities that offer separate Speech-Language Therapy and/or Audiology degree programs (Pillay et al., 2020). All training institutions that offer the SLH courses are accredited by the Health Professions Council of South Africa (HPCSA) in line with the Health Professions Act, 1974 (Act no. 56 of 1974) (HPCSA, 2016).

2.4. Sampling Strategy

In any scientific research, the ideal would be to obtain data from the entire population. However, this is neither financially nor temporally feasible, and thus a

representative sample of the population is considered sufficient (Kumar, 2014). Sampling is the process of selecting a small section from the larger group, and utilising the information to estimate, infer, or predict the prevalence of an unknown piece of information to the larger group (Kumar, 2014).

In order for sampling to be scientifically valid, it is crucial not only to consider how many participants should be included, but also how they should be selected (Terre Blanche et al., 2006). A representative sample that is large enough will allow the researcher to infer or generalise outcomes of scientific inquiry to a larger group (Terre Blanche et al., 2006). In the case of a smaller population, such as 3rd and 4th year SLH students, it is preferable to obtain the sample from the population directly.

The researcher contacted the HoDs of all six institutions where the SLH courses are offered, and requested information on the total number of 3rd and 4th year students in order to ascertain the total sample size, Only three of the six universities were willing to share the information with the researcher. The other three HoDs cited infringement of the POPI Act as the reason for not supplying the student numbers. It was thus not possible for the researcher to ascertain the total sample size.

Given that the demographic profile of the 3rd and 4th year SLH cohort was not known to the researcher beforehand, a non-probability purposive sampling method was selected for the study. This method was appropriate as the sample was deliberate, and allowed the researcher to select a sample of people who met specific criteria (Cozby, 2009; Terre Blanche et al., 2006). Advantages of non-probability samples were- firstly, it enabled the researcher to construct a historical reality of undergraduate SLH training and professional practice in South Africa. Secondly, it permitted the researcher to describe undergraduate SLH students' understanding of, and experiences with transformation. Finally, it facilitated exploration into the

phenomena of institutional culture, and views and practices around integration across linguistic and cultural strata within SLH university departments (Kumar, 2014).

Other unmistakable advantages of purposive sampling were including only participants that were appropriate to the aims of the study, convenience, and reduced costs (Cozby, 2009). While potential limitations of purposive sampling methods included the possibility of introducing bias into the sample, and not being able to generalise results to the intended population (Cozby, 2009), 3rd and 4th year SLH students were the best suited to describe their perceptions and experiences of transformation within the SLH professions, in order for the researcher to construct a historical reality of transformation within this population (Kumar, 2014).

2.5. Sample Size

A potential disadvantage of sampling is that in most cases, there will be a difference, or sampling error, between the population and the sample (Kumar, 2014). In order to overcome this sampling error and attempt to obtain an outcome that is as close as possible to the study population, the study intended to utilise as large a sample size as possible by including 3rd and 4th year SLH students from all universities, excluding UFH as they did not have senior students. The sample for the current study comprised 48 participants. This number is relatively small in relation to the total number of 3rd and 4th year SLH students, however although the sample was small, the demographic profile of the participants was representative of the SLH professions, thus the researcher was able to generalise the findings of the study.

The sample size and response rate were influenced by a number of factors, namely:

- Of the seven universities that offer the SLH courses, one university was not included as they did not offer the SLH courses at 3rd and 4th year level at the time of the study.
- Two universities declined access to their students.
- The researcher was not in control of when and how the survey was sent to the research participants. The researcher had to rely on the HoDs of the research sites as gatekeepers to send the survey link out to the students as well as react to the researcher's follow-up reminders, since the survey was conducted online.
- Data collection commenced at the beginning of the world-wide COVID-19 pandemic. During this time, all universities were closed, and all students were off campus. While most students had access to the internet, the researcher was informed by one institution that many students in rural areas did not have access to the internet (S. Panday, personal communication, 28 April 2020).
- Generally, transformation is not a comfortable topic. Some participants may have thus chosen not to participate in the study.

In addition to the size of the sample, a factor that affected the potential to make inferences in the study, was the extent of variation in the sampling population (Kumar, 2014). The sample of students was homogenous in that only 3rd and 4th year undergraduate SLH students were included in the study.

2.6. Inclusion criteria for participants

The study aimed to explore and interrogate the understanding of and experiences with transformation in undergraduate SLH students at all South African universities

that offer the SLH programs. The study focused on senior students currently in their 3rd and 4th year of undergraduate study in SLH/ Speech Therapy/ Audiology.

The inclusion criteria for the study were as follows:

- 3rd and 4th year undergraduate students in Speech-Language Therapy
- 3rd and 4th year undergraduate students in Audiology
- 3rd and 4th year undergraduate students in the Speech-Language Therapy and Audiology dual program

In addition, since the survey was internet-based, participants had to have access to the internet in order to complete and submit the survey.

Since the researcher did not have access to information on the demographic profile of the 3rd and 4th year SLH students at the various universities, it was not possible to oversample in terms of the race and/or ethnicity of respondents in order to obtain a more balanced representation.

2.7. Exclusion criteria for participants

The exclusion criteria as they applied to the study were as follows:

- Undergraduate SLH students who were in their first or second year of study- The researcher was of the opinion that the junior (1st and 2nd year) students would have limited exposure to clinical service provision, not be as familiar with the institutional culture that exists within their departments, and have had the opportunity to work in groups with their peers.
- Post-graduate SLH students-

  The researcher specifically wanted to glean insights into how fulltime students experienced institutional culture at university departments

2.8. Study population

A total of 48 participants completed the survey. The participants were recruited from universities that are spread across three provinces namely:

- University of Kwa-Zulu Natal (Kwa-Zulu Natal)
- University of Pretoria (Gauteng)
- University of the Witwatersrand (Gauteng)
- University of Cape Town (Western Cape)

For the purpose of this study, Black is an inclusive term, and refers to people of African, Indian and mixed descent (Coloured) (Khunou et al., 2019), while Black African refers specifically to people of African descent. Table 1 below describes the demographic profile of participants in the current study:

Table 1: Demographic profile of study participants

Participant	Gender	Race	Year of Study	Undergraduate degree
1	Female	White	4th year	Audiology
2	Female	White	4th year	Audiology
3	Female	White	4th year	Audiology
4	Male	White	3rd year	Speech Therapy
5	Female	White	4th year	Speech Therapy
6	Female	White	4th year	Speech Therapy
7	Female	White	4th year	Speech Therapy
8	Female	Black African	4th year	Audiology
9	Female	White	4th year	Speech Therapy
10	Female	Indian	3rd year	Audiology
11	Female	White	3rd year	Audiology
12	Female	Indian	4th year	Speech Therapy and Audiology
13	Female	Indian	4th year	Speech Therapy
14	Female	White	4th year	Speech Therapy and Audiology
15	Female	Indian	4th year	Speech Therapy
16	Female	White	4th year	Speech Therapy and Audiology
17	Female	White	3rd year	Speech Therapy
18	Female	Black African	4th year	Audiology
19	Female	White	3rd year	Audiology
20	Female	Indian	4th year	Speech Therapy and Audiology
21	Female	White	4th year	Audiology
22	Female	White	4th year	Speech Therapy
23	Female	Black African	4th year	Speech Therapy
24	Female	White	3rd year	Speech Therapy

25	Female	Coloured	4th year	Speech Therapy
26	Female	Coloured	3rd year	Speech Therapy
27	Female	White	4th year	Speech Therapy
28	Female	Coloured	4th year	Audiology
29	Female	Indian	3rd year	Audiology
30	Female	Black African	4th year	Speech Therapy and Audiology
31	Female	White	3rd year	Speech Therapy
32	Female	White	3rd year	Speech Therapy
33	Female	White	3rd year	Speech Therapy
34	Female	White	3rd year	Speech Therapy
35	Female	Black African	3rd year	Speech Therapy
36	Female	Indian	3rd year	Speech Therapy
37	Female	White	3rd year	Speech Therapy
38	Female	White	3rd year	Speech Therapy
39	Female	White	3rd year	Speech Therapy
40	Female	White	3rd year	Audiology
41	Female	Black African	3rd year	Audiology
42	Female	White	3rd year	Audiology
43	Female	Black African	3rd year	Audiology
44	Female	Indian	3rd year	Speech Therapy
45	Female	Indian	4th year	Audiology
46	Female	Indian	4th year	Audiology
47	Female	Indian	4th year	Audiology
48	Female	Black African	4th year	Audiology

2.9. Measures and Materials

2.9.1. Data collection Tool

Data were collected through the use of a self-developed questionnaire (Appendix A). A questionnaire is a collection of written questions used to gather specific information from participants (Terre Blanche et al., 2006). In developing the questionnaire, the researcher followed the inductive process which implies that themes are at least partially determined in advance and are guided by existing theory (Kansteiner & König, 2020). Therefore, the researcher read widely on articles related to transformation within higher education (Aina, 2010; Hartman et al., 2012; Soudien, 2001; Waghid, 2002). The researcher then identified the themes that spoke to transformation in general (Amosun et al., 2018; Khan et al., 2013) as well as

within the SLH professions (Abrahams et al., 2019; Kathard et al., 1997; Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017), institutional culture within higher education both locally and abroad (Joseph et al., 2020; Robus & Macleod, 2006; Bazana & Mogotsi, 2017; Suransky & van der Merwe, 2016), the experiences of minority students within higher education, (Kamsteeg, 2016; Ong & Burrow, 2018; O'Shea, 2016) and experiences of student integration (Alexander & Tredoux, 2010; Cornell & Kessi, 2017; Walker, 2005). The researcher then used the information gleaned from the articles to create the questionnaire that was utilised in the current study.

The questionnaire was developed using Google Forms, and consisted of both open- and closed- ended questions. The questionnaire was divided into six sections namely:

- Demographic and background information
- Understanding of transformation
- Transformation in curriculum
- Transformation in clinical service provision
- Institutional culture of Speech-Language therapy and Audiology departments, and
- Their views and practices around student integration across linguistic and cultural lines during training.

In order to ensure that all participants were familiar with the terminology used in the questionnaire, the researcher avoided unfamiliar terms or loaded questions, and used simple words and phrases (Cozby, 2009). Where unfamiliar terms were unavoidable, the researcher included a simple explanation. The questionnaire was

available in English only, as it was assumed that all 3rd and 4th year SLH students would be able to complete the survey in English.

2.10. Ethics

2.10.1. Ethics Clearance

Prior to commencement of the study, permission was obtained from the University of the Witwatersrand Human Research Ethics Committee (Non-Medical). Ethics clearance was granted as per protocol number H19/09/01 (Appendix B).

Furthermore, ethical considerations were addressed and permission from the universities (Appendices C, D, E, and F) was obtained. As per the World Medical Association (WMA) Declaration of Helsinki on Research with Human Subjects of 1964, as revised in 2001, the study upheld and complied with the principles articulated in the Declaration. The following ethical considerations were observed throughout the study:

- Informed consent

Participants were provided with information letters detailing the purpose of the study, the aims of the study, and the relevance of the study to the South African context. All participants were required to indicate their willingness to participate in the study by clicking on the informed consent button at the start of the survey, and for anonymous quotations from the survey to be utilised in the results. The participants could not access the survey if they did not click on the consent button.

- Autonomy

Participation in the study was voluntary. Participants could decline to participate in the study, or withdraw from the study at any stage without fear of reprisal.

- Confidentiality

The concepts explored in the study were deemed sensitive, thus the risk was that participants would provide answers that they considered to be the most socially desirable- the Hawthorne effect (Cozby, 2009; Kumar, 2014). However, in order to explore the perceptions and experiences surrounding transformation and add to the body of knowledge in this field, these sensitive questions needed to be asked. In order to encourage veracity and candour of responses, the survey did not require participants to supply their names or the name of their university.

Furthermore, an option was enabled on Google Forms allowing the researcher to only receive anonymous responses and to allow participants to complete the survey only once. In addition, the web link option was utilised in order to ensure complete anonymity when receiving the data from the participants. Data was captured using a coding system and was stored securely in a pin-protected computer. Data collected was only available to the researcher, and coded data was shared with supervisors for peer evaluation.

Lastly, confidentiality was ensured by requesting the survey to be sent out via the HoDs of the SLH departments. The researcher thus had no contact with the research participants.

- Non-maleficence

It was envisaged that some questions of a sensitive nature had the potential to cause distress in certain participants. The survey therefore included contact details for the South African Depression and Anxiety Group (SADAG) as well as advising participants to contact their campus wellness centre or local provincial hospital

should they require support or counselling services. This information was included at the end of the survey.

2.10.2. Pilot Study

In order to determine the feasibility of the current study, a pilot study was undertaken (Kumar, 2014) with second year students from one of the universities which granted access to their students. The aim of the pilot study was to identify potential shortcomings within the data collection tool, including detecting and rectifying inconsistencies, or errors in the data collection tool (Terre Blanche et al., 2006). In addition, the pilot study included questions relating to the length, flow and format of the survey instrument as well as the opportunity to add additional questions that may have been of value to the study (Cozby, 2009).

2.10.2.1. *Participants and procedures*

The researcher contacted the Head of Department (HoD) of one of the universities that had consented to be a research site and requested permission to conduct the pilot study with the 2nd year SLH class. Once the HoD agreed to the request, the researcher sent the participant information sheet (PIS) (Appendix G) together with the link to the survey to the HoD to disseminate to the 2nd year class. Participants had to consent to participate in the pilot study by clicking on the consent box at the beginning of the survey before completing the survey. The participants in the pilot study were requested to complete the questionnaire as well as comment on the language use, style, length, and clarity of questions.

2.10.2.2. *Results and Recommendations*

Three 2nd year students, all of whom were Black African, responded to the survey and were included in the pilot study. Two of the participants indicated that although the questions were relevant and topical, the questionnaire was too long. One participant suggested a question relating to informal segregation within the classroom. Subsequent to their feedback, the researcher shortened the questionnaire by removing a number of open-ended questions, attended to discrepancies that were identified, and added the question proposed by the participant.

2.11. Data collection process

After attending to the revisions from the pilot study, the data collection process began. The researcher approached the relevant universities by contacting the registrars as well as HoDs of the SLH departments at the six universities that offer the undergraduate SLH training in South Africa (Appendix H). All the universities were contacted in August 2019. Table 2 below summarises the length of time it took to obtain permission from the various universities.

Table 2: Length of time for permission to conduct research

University	Response from HoD	Response from Registrar or HREC	Outcome
University 1	1 week	9 weeks	Permission granted
University 2	11 weeks	11 weeks	Permission granted
University 3	1 week	24 weeks	Permission granted
University 4	16 weeks	16 weeks	Permission granted
University 5	HoD referred the researcher to the faculty program committee	11 weeks	Permission declined
University 6	HoD referred the researcher to the office of the registrar	37 weeks	Permission declined

(HREC- Human Research Ethics Committee)

As per Table 2 above, the average time taken for the researcher to obtain permission from each institution's Human Research Ethics Committee- non-medical (HREC) was 18 weeks, with the quickest response being 9 weeks, and the longest response taking 37 weeks. The length of time it took the researcher to obtain permission from the universities brought to the fore the sensitivities around transformation as a topic of investigation. The researcher is of the view that the delays and subsequent denied access stems from the discomfort in engaging on the topic under investigation. As such, the researcher felt it prudent to document and share this journey as it brought to the fore challenges faced by researchers in tackling uncomfortable yet relevant and contextual topics. This journey can be summed up in three experiences: jumping through hoops, gate keeping of a different kind and ultimately access denied. These experiences are discussed below as the researcher believes that it may serve to explain the relatively small sample size of participants who eventually completed the survey.

2.11.1. Jumping through hoops

It is reasonable that each university has its own processes and protocols pertaining to granting permission to access their students for research purposes. These differences were observed in the current study. As depicted in Table 2, University 1 and 2 had a fairly smooth but rigorous process. The remaining 4 universities had additional processes that made the researcher feel like she was to an extent, jumping through hoops.

For instance, at university 4, the HoD required the Ethics Clearance certificate from Wits HREC before considering the researcher's request. While this is a

reasonable request, it presented a challenge as the Wits HREC could *only* issue a clearance certificate once the university approached grants permission to participate as a research site. Furthermore, at university 4, as the researcher successfully met the requirements of one gatekeeper, the researcher was directed to a new gatekeeper within the institution who had additional requirements that the researcher had to meet. Permission to conduct the study was granted after successfully meeting all the requirements of the various gatekeepers, however, as per Table 2 above, the process with university 4 took 16 weeks. The researcher is of the view that had all processes been elucidated at the outset, these could have been attended to concurrently instead of successively so that the process could have been hastened to be more efficient. The researcher had the sense of '*jumping through hoops*' in that as soon as one requirement was met, another one was set.

With university 3, after full ethics clearance had been obtained from Wits, the Chairperson of the ethics committee required that a reciprocal agreement be entered into between Wits and university 3. A letter was sent by the Chairperson of the Wits HREC to the Chairperson of the HREC at university 3, confirming that the researcher had complied with the requirements for full ethics clearance, however university 3's HREC Chairperson requested a telephonic meeting first with the researcher and then with Wits university's HREC Chairperson, as well as written confirmation that the Wits HREC would provide oversight of the study as well as deal with possible complaints from the research participants (Appendix I).

It is essential to regulate and control research, particularly research that involves human subjects in line with the World Medical Association (WMA) Declaration of Helsinki on Research with Human Subjects of 1964, as revised in 2001. However, complex and overly bureaucratic processes, as well as

inconsistencies amongst research sites, makes obtaining consent to perform research a time-consuming and costly endeavour (Snooks, et al., 2012). The researcher pondered whether all requests for access to students were met with such time-consuming processes, and wondered whether these processes were possible efforts to *silence* the students around issues of transformation. Khunou et al. (2019) recognise the history of denial, silencing and disenfranchisement of Black voices and experiences that is characteristic of higher education spaces. Silencing is a form of microinvalidation that serves to negate the lived experiences of marginalised people (McCoy & Rodricks, 2015). In the present study, the actions of university 3, 5, and 6 were perceived by the researcher as attempts to silence the researcher by delaying the approval process well beyond acceptable timeframes and silence students by denying them the opportunity to engage, report, and reflect on transformation of the SLH professions.

2.11.2. Gatekeeping of a different kind

A number of researchers point out that access to research participants in studies that foreground human rights issues such as minority communities, migrants, and gender-based violence is notoriously difficult (Chaudhuri, 2017; Dehghan & Wilson, 2019; McAreavey & Das, 2013). Given that cultural and linguistic equality and representation are human rights that are enshrined within the Constitution of the Republic of South Africa (Pascoe et al., 2018), research into decolonisation and transformation within the higher education context is also a human rights imperative (Khoza-Shangase & Mophosho, 2018).

During interaction with the universities, the researcher was met with gatekeeping which was to be expected. Gatekeeping comprises of processes and

interactions that researchers encounter in order to gain access to research participants (Chaudhuri, 2017). Unequal power dynamics between researchers and research participants, as well as researcher positionality, mandate the need for gatekeepers, particularly when researching vulnerable populations or sensitive topics (McAreavey & Das, 2013). The researcher's positionality was that of a Muslim, Indian female who had studied at one of the institutions earmarked for the study.

While gatekeepers serve to protect vulnerable populations from exploitation, and form important mediators and custodians in accessing certain populations, overly paternalistic gatekeeping prevents potential research participants from voluntarily making an informed decision (Dehghan & Wilson, 2019); and this gatekeeping becomes questionable when it is applied differently depending on the research topic being investigated. When this happens, gatekeeping encroaches upon participants' autonomy, beneficence, and the principle of justice (Sharkey et al., 2010), and arguably prevents collation of relevant evidence that is key to achieving imperatives to social change, such as transformation and decolonisation.

The interaction with university 6 revealed *gatekeeping of a different kind* in that even though full ethics clearance had been provided by the Wits HREC, the HREC of university 6 made recommendations for the researcher to change numerous aspects of the research, including the rationale for the study, the literature review, the research methodology, as well as the questionnaire.

The researcher believed that delaying tactics were at play in the interaction with university 6, as the recommendations were received more than 24 weeks after the initial request for permission had been made, and the recommendations that were made were not feasible as the study had already received full ethics clearance from

Wits as well as being accepted by three of the other university HRECs. The researcher informed the HREC of university 6 of this, and following a further 10 weeks, the researcher decided to contact the Chairperson of the HREC at university 6 telephonically. During the telephonic conversation, the Chairperson of the HREC raised a number of concerns relating to the study, namely that the survey instrument could potentially lead participants' responses, that the institution's status as a historically Black and historically disadvantaged institution was unique in terms of context and demographics, and that the results of the study could be biased against the students of university 6 due to it being the only majority Black institution.

McAreavey and Das (2013) advise that gatekeepers sometimes have competing interests, may have biased or preconceived ideas of the research being conducted, or may be in opposition with the knowledge that will be produced by the research. In the context of the current study, the researcher examined the reasons given by some of the gatekeepers to either delay the process or deny access, and wondered whether the gatekeepers were indeed protecting the students whom they viewed as vulnerable, or if they were protecting the status quo of the institutions regarding transformation/lack of transformation by preventing the objective eye from exploring students' lived experiences relating to transformation.

Given that university 6 is a historically black institution, one would assume that they are an open book on transformation, and that the experiences of the SLH students would provide solutions for other universities to emulate. However, upon further investigation, one realises that the SLH student corps at university 6 is in fact not reflective of the demographics of South Africa, and the staffing profile is also not, and thus they too are not meeting the transformation imperative of the country. While the majority of the students at university 6 are black African, the majority of the

lecturers within the SLH department are White. A possible assumption is that the experiences of majority black African SLH students in a majority black African university are perhaps not an African experience, but that the curriculum, clinical service provision and even the institutional culture of the university continue to perpetuate epistemology and ontology that marginalise and disadvantage the majority black African population (Khoza-Shangase & Mophosho, 2018).

2.11.3. Access denied

Sharkey et al. (2010) posit that the denial of access to eligible research participants is not ethically defensible. While gatekeepers sometimes hamper access to vulnerable research participants in order to protect them from real or perceived harm, research participants should be allowed to make an informed choice whether to participate in the research or not (Sharkey et al., 2010).

The theme of denial of access became heightened during interaction with university 5, a historically White, Afrikaans university. The following reasons were provided by the undergraduate research committee in response to the request for access to students from university 5 for the study:

- The nature of the study would likely elicit emotional responses in the students;
- The university's student health services were under severe strain, and could not be further *'burdened'* by students who may require counselling after participating in the study;
- The questions posed could make students aware of situations that they had not previously considered, which could *'increase the burden on staff and the program'*; and

- Recent events at the university and regarding research in particular, had caused the institution to have increased sensitivity towards research relating to language, culture, and/or religion.

The reasons provided above prompted the researcher to wonder why the committee would anticipate that students would be traumatised by participating in this study. Why would students engaging with a country's imperative, an imperative that has significant implications for their training as well as their clinical management of patients, be viewed as traumatic and therefore blocked? Does this mean that transformation and decolonisation are subjects that are never raised within this training programme for fear of 'eliciting emotional responses' from the students and 'burdening' the departments?

Furthermore, the university's refusal to give students a platform to reflect on transformation brings up questions of protecting the status quo and speaks to the readiness of the institution to embrace the transformation agenda. A plausible reason for university 5 and 6 denying students the opportunity to participate in the current study, is that the institutions wanted to evade any culpability for perpetuating discriminatory practices, and protecting White fragility (Joseph et al., 2020). While gatekeepers function within the ethical principles of justice and care, subjective gatekeeping may actually encroach upon the ethical principles of autonomy, informed consent, and beneficence (Dehghan & Wilson, 2019; Sharkey et al., 2010).

At the end of this process, 4 universities agreed to participate in this study. Once permission was obtained from the HoDs, registrars and university HRECs, the researcher sent an email to all participating SLH departments with the participant information sheet (PIS) (Appendix J) as well as a link to the online survey. The SLH

departments were responsible for disseminating the email to the students. Participants could read the PIS, and then access the survey by clicking on the link. The survey began once the participants provided informed consent.

- The survey was open for a period of 8 weeks, with 4 reminders sent to the SLH departments during the 8-week period. While response rates to online surveys vary, the number of notices sent to research participants reminding them to complete the survey, has an impact on the final sample size, with an ideal of four reminders (Vadeboncoeur et al., 2018). Three of the universities allowed the survey instrument to be sent to their students more than once, one university indicated that as per their university policy, they could only send the survey once. Vadeboncoeur et al. (2018) accede that without any follow-up reminders to research participants, a response rate of less than 30% is to be expected.

2.12. Data management

Once participants completed the survey, the information was available to the researcher on the Google Forms platform in a graphical format as well as on an Excel spreadsheet. Once the survey was closed to participants, the data was separated into closed- and open-ended answers. Quantitative data was transferred onto STATA version14.5 for statistical analysis. Rich data was obtained from the open-ended questions. Qualitative data was grouped together based on patterns that emerged in order to conduct thematic analysis (Braun & Clarke, 2006).

2.13. Analysis of Data

The descriptive nature of the current study was positioned in the middle of the continuum between a quantitative and qualitative study. Data obtained from the current study was thus analysed both quantitatively and qualitatively (Creswell & Hirose, 2019).

Quantitatively, descriptive as well as inferential statistics were employed to analyse closed- ended questions. Descriptive statistics is a method for presenting quantitative data in a format that allows the description of single variables as well as the associations between variables (Babbie & Mouton, 2005). Inferential statistics is when a sample is used to estimate tendencies for the entire population (Tredoux & Durrheim, 2002). Raw data were tabulated and analysed using frequency distribution. Contingency tables were employed as data were categorised with respect to two or more quantitative variables, and the researcher was interested in determining whether the distribution of certain variables such as undergraduate degree and employment prospects, were contingent or dependent upon variables

such as the race of participants (Tredoux & Durrheim, 2002). The Chi-square test was applied, as this test can be used to determine if an association exists between two or more variables (Howell, 2004).

Qualitatively, open- ended questions were analysed thematically. Thematic analysis is used to identify, analyse, organise, describe, and report themes that emerge from the data that culminates in trustworthy and reliable results (Braun & Clarke, 2006; Nowell et al., 2017). Some of the advantages of thematic analysis include ease of understanding by inexperienced researchers, flexibility of use, and rich and detailed data (Nowell et al., 2017), while a limitation of thematic analysis is the risk of an 'anything goes' approach in the absence of clear understanding of its use. In analysing open-ended questions, the researcher followed the steps recommended by Braun and Clarke (2006) namely:

- Familiarisation with the data- the researcher read and reread the written responses to the open-ended questions. The researcher highlighted responses that caught her attention.
- Initial code categories- the researcher immersed herself in the data in order to begin identifying and organising the data into meaningful groups. Notes were made about interesting responses or those that opposed other responses. The researcher also cross-referenced the race of the participants with the responses provided in order to determine if patterns emerged based on the race of the participants. The researcher was in constant contact with her supervisors who were able to guide the researcher in identifying the main themes and sub-themes.
- Searching for themes- once the data was coded, the researcher colour-coded data and combined similar codes into preliminary themes. These initial

themes were then combined into main themes and sub-themes. The resultant themes were then utilised to report on the qualitative part of the study.

2.14. Reliability and Validity

Reliability refers to the level of dependability of the measurement instrument, in other words, the ability of the instrument to accurately and predictably reproduce similar results on repeated trials (Kumar, 2014; Terre Blanche et al., 2006). Validity on the other hand, refers to the ability of the research instrument, in the case of the current study, a questionnaire, to ascertain what it was intended to answer (Kumar, 2014). Experts in research have agreed that it is more difficult to ensure validity when abstract concepts such as perceptions, attitudes, ad experiences are being studied (Kumar, 2014; Terre Blanche et al., 2006). In order to ensure validity in the current study, the following processes were followed:

- Construct validity speaks to the extent to which the data collection instrument measures what it is designed to measure (Cozby, 2009). In order to assure the validity of the survey instrument for the current study, the researcher conducted a pilot study and the survey instrument was amended based on the feedback from the pilot study.
- External validity refers to the ability to generalise results of the study to other populations and settings (Cozby, 2009). In order to ensure that results of the current study were indeed reflective of SLH student experiences across the various universities, the researcher contacted all South African universities that offered the SLH courses and where there were senior students who were in their 3rd or 4th year of study.

Finally, methodological triangulation was conducted by analysing the data both qualitatively as well as quantitatively, thus allowing the researcher to gain a more complete understanding of the data (Terre Blanche et al., 2006).

2.15. Authenticity

Transformation of the SLH professions has been a prerogative of higher education and the SLH professions since the onset of democracy in South Africa (Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017). The current study was informed by the researcher's personal experiences as an undergraduate SLH student who graduated from one of the South African universities offering SLH; as a practicing SLH professional; and as the former chairperson of the National Speech Therapy and Audiology Forum in the South African Public Health Sector. In taking on the current research project, the researcher was aware that there may have been resistance in some instances. The researcher was also cognisant of her own personal interest in the field, based on past experiences and her positionality. Wardale et al. (2015) report that researcher positionality may have an impact on how researchers perceive and interact with the research process and findings.

As an undergraduate SLH student at a formerly Afrikaans-medium university, the researcher's positionality was that of a Muslim, Indian, English-speaking, middle class female, in addition to being a minority in the SLH class as well as in the SLH professions. A number of interactions relating to race and culture with university lecturers and peers during the researcher's undergraduate training have left a mark on the researcher. In addition, as the chairperson of the National Speech Therapy and Audiology Forum, the researcher was a part of powerful and emotional discussions where practicing SLH professionals shared their experiences of racism

and discrimination within the professions. These experiences motivated the researcher to undertake the current study in order to explore what the new generation of SLH professionals thought, felt and had experienced around transformation within the SLH professions.

During interaction with the HoDs of the SLH departments, the researcher had to reconcile unequal power dynamics, since the researcher was acquainted with and had interacted with some of the HoDs in her capacity as chairperson of the National Speech Therapy and Audiology Forum. One of the duties as chairperson of the Forum was attending and presenting at the inter-university meeting. The researcher had interacted with the HoDs on an equal footing during prior meetings, however during the current study the researcher was a student. There was thus power dynamics at play between the universities as research sites, the HoDs as gatekeepers, and the researcher as the student. In the context of the current study, the researcher felt disempowered as she was at the mercy of the universities to grant or deny access to the research participants. Issues such as establishing boundaries, building trust, and maintaining confidentiality may be challenging for researchers when they are familiar with participants and/ or gatekeepers (Wardale et al., 2015).

The researcher had to reconcile her role within the National Speech Therapy and Audiology Forum and her role as a research student. Since the researcher was personally invested in the topic of transformation of the SLH professions, it was vital that the researcher recognised, acknowledged, and managed her own subjectivity and biases. In order to remain objective, ensure neutrality, and prevent bias from interfering with the data, the researcher engaged in peer debriefing and bracketing throughout the research process. The researcher also had to self-reflect on personal

presumptions and biases that came to the fore during the planning, implementing, and reporting phases of the study (Rutberg & Bouikidis, 2018).

2.16. Trustworthiness and Rigour

Trustworthiness is established in a research study by ensuring that the study is credible, dependable, and confirmable (Nowell et al., 2017). Closely related to trustworthiness, is rigour. Integrity and competence are hallmarks of rigour within a study, and are characterised by in-depth planning, appropriate methodology for the research, and practical results of the study (Fereday & Muir-Cochrane, 2006).

Trustworthiness was upheld in the current study by engaging in peer debriefing, bracketing, and making use of the community of practice. Peer debriefing refers to engaging with a colleague who is outside the context of the study, who was able to provide insights, analyses, and assisted in identifying potential gaps or bias (Babbie & Mouton, 2005). During the duration of the current study, the research supervisors played devil's advocate by highlighting instances where the researcher's subjectivity and biases threatened to cloud the research process. Since the supervisors were outsiders and not personally invested in the study, they were able to maintain an objective eye and compelled the researcher to reflect on the difference between personal experiences and the results of the current study, and not allow the one to taint the other. Peer debriefing therefore contributed to the credibility and rigour of the study (Nowell et al., 2017).

The researcher also engaged in bracketing or reflexivity during the research process. Bracketing is a qualitative research technique that entails momentarily 'forgetting' about one's preconceived ideas and prejudices in order to garner novel and authentic information (Terre Blanche et al., 2006). The researcher kept a

notebook to record the logistics of the study, interactions with the stakeholders from the universities, and feedback from supervisors (Nowell et al., 2017). Rereading these notes assisted the researcher to reflect on the processes and gain insight into any shortcomings. During the analysis and coding of data, the researcher used bracketing or reflexivity as well as recording peer debriefing encounters with supervisors, which aided the researcher to track how her thoughts and ideas had evolved throughout the process and revealed perspectives that might otherwise not have been uncovered (Nowell et al., 2017).

Finally, the researcher made use of the community of practice. A community of practice is a group of people who have shared knowledge and interest in a specific field (Mukhalalati et al., 2020). The researcher had in-depth discussions with her supervisors as well as with an SLH colleague who was also undertaking research. The researcher shared the research journey with these colleagues and was open to their input. Additionally, member checks were used with the researcher's supervisors in order to validate the participants' responses and the researchers interpretation of the results (Fereday & Muir-Cochrane, 2006). Through engaging in the community of practice, the researcher was able to identify her personal biases, and suspend or bracket these emotions in order to maintain a critical and objective eye on the research process and findings (Nowell et al., 2017).

Rigour was ensured in the study through meticulous planning by immersing in literature relevant to the field of transformation during the initial phase of the research journey. Next, the researcher conducted a pilot study before the main study in order to ensure that the survey tool was reliable and valid. The researcher employed thematic analysis during the interpretation phase of the study (Fereday & Muir-Cochrane, 2006). Since data was captured on an online platform, written

responses were available verbatim. The researcher kept the raw data and used written quotations as the participants had written them without changing the choice of words or any spelling errors that the participants had made. Finally, the researcher utilised reflexivity by keeping a log of any observations, interactions, and activities related to the study (Kumar, 2014).

CHAPTER 3: RESULTS

3. RESULTS

The results of the study are presented in accordance with the aims of the study.

3.1. Demographic Information

A total of 48 participants completed the online survey (*n=48*). Forty seven participants (97%) were female and 1 was male. The racial profile of the participants is depicted in Figure 1 below:

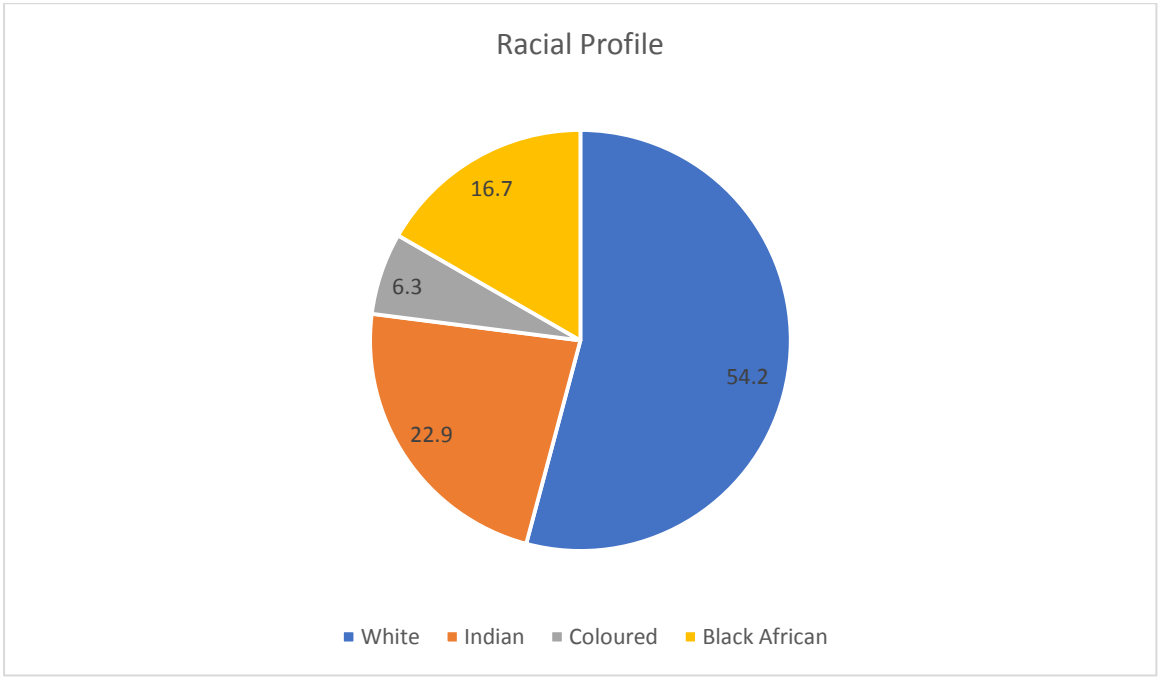


Figure 1: Racial profile of study participants

In terms of racial profile of the participants, 26 were White (54,2%), 11 were Indian (22,9%), 8 were Black African (16,7%), and 3 were Coloured (6,3%) as depicted in Figure 1 above. In terms of year of study, there were marginally more fourth year (55,8%) than there were third year (44,2%) participants. In terms of the degree split, 50% of the participants were speech-language therapy students, with 39,6%

studying audiology. The remaining participants (10,4%) were registered for the dual program (Speech-Language and Hearing Therapy).

3.1.1. Linguistic Profile

Table 3 below depicts the linguistic profile of the participants in the study in terms of first and second language proficiency. English and Afrikaans were the most spoken first languages, with isiZulu, seSotho and SiSwati being the least spoken first language in the sample. None of the participants indicated isiXhosa as their first language. With the current study being conducted at universities in Kwa-Zulu Natal, Gauteng and the Western Cape provinces, one would expect a higher proportion of participants being able to communicate in isiZulu and isiXhosa, since these languages feature prominently as home languages in the aforementioned provinces.

Table 3: Linguistic profile of study participants- First and second language proficiency

Language	**First language (*n=48*)**	**First language %**	**Second language (*n=48*)**	**Second language %**
English	27	56,3	20	41,6
Afrikaans	11	23	28	58,3
Sepedi	3	6,3	6	12,5
Setswana	2	4,2	3	6,3
Other (French, Gujerati)	2	4.2	0	0
isiZulu	1	2,1	10	20,8
seSotho	1	2,1	4	8,3
isiSwati	1	2,1	0	0
South African sign language	0	0	11	22,9
isiXhosa	0	0	4	8,3
XiTsonga	0	0	1	2,1
isiNdebele	0	0	1	2,1
TshiVenda	0	0	1	2,1

Participants were asked which other South African language besides their first language they were able to communicate in. As indicated in Table 3 above, the majority of participants (58,3%) reported Afrikaans as their second language, followed by 41,6% who reported English. More students were able to communicate in South African Sign Language (SASL) than an indigenous South African language. 20,8% of participants reported isiZulu as a second language. The only South African language not represented as a second language in the study was isiSwati.

In terms of the research participants being able to provide SLH services in a language other than their first language, it is unsurprising that the overwhelming majority of participants, 72,9% (*n=35*), did not feel confident to provide SLH services in an indigenous South African language other than their first language, while only 13 participants (27,1%) felt confident offering SLH services in an indigenous second language. Chi-square analysis was performed on the current findings to determine the relationship between the ability to provide SLH services in an indigenous second language, and the race of the participants.

Table 4 below delineates the races of the participants who felt confident providing SLH services in an indigenous language other than their first language and those who did not. Chi-square analysis was performed on the current findings to compare the association between the race of the participants and the ability to provide SLH services in an indigenous African language. There was a statistically significant difference between those participants who were unable to provide SLH services in a second language and those who were able to, with a p-value = 0,008). The proportion of Black African and White participants who reported being able to provide services in an indigenous African language was the same at 12,5%. This is

an interesting finding, since White participants indicated only Afrikaans as a second language.

Table 1: Ability to provide SLH services in indigenous languages

Variable		Black African (n, row%)	Coloured (n, row%)	Indian (n, row%)	White (n, row%)	Total	P-value
Able to provide SLH services in indigenous second language	NO	2 (4,16)	3 (6,3)	10 (20,8)	20 (41,7)	35 (72,9)	0,008
	YES	6 (12,5)	0 (0)	1 (2,1)	6 (12,5)	13 (27,1)	

As indicated in Table 4 above, the same percentage of Black and White participants (12,5%) reported being able to offer SLH services in an indigenous second language, however of the 13 White participants who reported that they would feel confident managing clients in an indigenous language, 3 stated their second language as English, meaning that they would only be able to provide services in their home language (Afrikaans) and English as the second language.

3.1.2. Awareness of SLH services

Thirteen of the 48 participants (27,1%) were the first member of their immediate family to attend university, while 72,9% had an immediate family member who had attended university. In terms of the race of those who were the first in their family to attend university, 7 of the 13 participants were White, 3 were Black African, 2 were Indian and 1 was Coloured. Similarly, the majority of participants (78,7%) had a parent with a tertiary qualification, while 21,3% (*n*=10) did not have a parent with a tertiary qualification. Again, the majority of those whose parents did not have a tertiary qualification were White (*n*=6) followed by Black African (*n*=3) and Indian (*n*=1).

Five of the participants (10,4%) reported having an immediate family member who is a SLH professional. In terms of racial profile of those students with a family member in one of the professions, 2 participants were White, 2 Indian and 1 was Black African.

It is postulated that those participants who had a family member in the SLH professions may have a priori advantage over those SLH students who do not have a family member in the professions in terms of knowledge of the professions, access to resources and equipment, as well as professional contacts, also known as social capital. Furthermore, 75% of the participants reported that speech-language therapy and audiology services were easily accessible in their communities. The majority of those who did not have easy access to SLH services in their communities were Black (*n*=*9*), followed by White (*n*=3). Again, it is postulated that students who do not have easy access to SLH services would have less exposure to the professions, and may be less prepared for the rigours of the undergraduate training. Moreover, lack of access to SLH services may contribute to lower enrolment by black individuals into the undergraduate degree program, and subsequent lower representation of Black people in the SLH professions.

3.2. OBJECTIVE 1: Understanding of Transformation

In discussing and narrating the results, the researcher will discuss both the quantitative and the qualitative results simultaneously. Since data was collected both quantitatively and qualitatively, for each objective data will be presented quantitatively first, followed by qualitatively.

3.2.1. Progress towards attainment of transformation

When participants were asked whether progress had been made in attaining transformation in SLH undergraduate training, the majority (72.9%) agreed that significant transformation had been achieved. The Chi-square analysis was done to determine the relationship between agreement that transformation was on track, and undergraduate degree. Table 5 categorises the responses relating to transformation with the undergraduate degree of the participants.

Table 2: Progress towards attaining transformation stratified with undergraduate degree

Variable		Speech (n, row%)	Audiology (n, row%)	Speech and Audiology (n, row%)	Total %	P-value
Transformation in SLH undergraduate training?	NO	4(20.77)	7(53.85)	2(15.38)	13(27.08)	0.265
	YES	20(57.14)	12(34.29)	3(8.57)	35(72.92)	

The Chi-square revealed that there was no significant difference in the response to this question by the undergraduate degree of the participants, with a p-value= 0.265. Opinions about whether transformation was progressing was thus not influenced by the participants' undergraduate degree. Among those who believe that progress had been made to achieve transformation, the majority (57.1%) were studying Speech therapy, followed by those studying Audiology (35.3%), and lastly those studying the dual Speech therapy and Audiology degree (34.3%). The researcher compared the specific proportion of 'yes' responses. The proportion of Speech therapy students who answered 'yes' was significantly different to the Audiology students (57.1% vs 34.3%; p-value=0.0011); and the proportion of students doing a dual SLH degree

was significantly different from the other two groups (57.1% vs 8.6%; p-value<0.001 and 34.3% vs 8.6%; p-value<0.001).

Next, the researcher employed thematic analysis in order to analyse responses to the open-ended questions of the questionnaire. Open- ended questions garnered rich, descriptive detail. Results of the thematic analysis are presented next. Open-ended questions were coded in terms of the race of the participant in order to delve into nuances that different race groups reported on, and to identify the presence of patterns in the responses. Three themes relating to understanding of transformation in the higher education space were identified by the researcher, namely, 1) transformation allowing diversity through inclusivity, 2) redressing past injustices, and 3) incorporation of local knowledge into current practices.

3.2.1.1. Theme 1- Transformation allowing diversity towards "inclusivity"

While one participant provided a broad definition of transformation,

> *"…a process of changing form, nature or character" (*Participant 8)

the majority of participants (58,3%) indicated that transformation meant a greater diversity of people, both in terms of student corps, and also in terms of clients serviced. Diversity also included different socio-economic groups and all minority groups. Participant 3 expressed that transformation in the context of higher education entailed

> *"moving towards greater inclusivity and equality of all cultures, ethnicities, races, socio-economic statuses, and genders, and moving away from discrimination of any sort.*"

Participant 9 concurred with the above by stating,

> *"equality and inclusivity for all races and genders and minority groups (LGBTQ+) as well as different socio-economic groups."*

While a number of participants mentioned inclusion of *'previously disadvantaged people'* in their responses, participant 28 highlighted the concept of financial access by stating

> *"creating equal opportunities for previously disadvantaged races to enter higher education institutions without any bias and irrespective of financial factors…"*

Participant 15 mentioned the concept of inclusion, however her response

> *"making services more inclusive for the african (sic) people*"

presents an imbroglio of sorts, as the participant is an Indian person. One wonders why the participant was of the view that transformation refers exclusively to Black African people, when people of Indian descent were also historically disadvantaged by apartheid policies. It is possible that participant 15 sees a distinction between her experiences and those of Black African students, or that the participant understands transformation in the South African context to apply exclusively to Black Africans.

3.2.1.2. Theme 2- Redressing injustices of the past

A number of participants (14,6%) mentioned addressing injustices of the past in South Africa and creating more opportunities for Black students to access higher education. Participant 14 stated

"I think it means trying to remove racist, sexist, patriarchal-dominant, and Western-dominant repercussions of Apartheid."

Similarly, participant 12 felt that,

"Transformation in the context of higher education means adapting and adjusting the system to accommodate for the injustices of the past as well as for the diversity in South Africa. Essentially, it is about making sure that higher education is relevant to the contemporary era and (it) aligns with the various beliefs, values, and happenings of today."

3.2.1.3. Theme 3- Change that acknowledges local knowledge

While some participants highlighted adapting international literature and practice for the South African context, the majority theme spoke to adapting and adjusting the curriculum to meet the realities of the country. Transformation in this theme focused on addressing both ontology as well as epistemology. Participant 28 stated

"to me it also means changing the … syllabus to more contextual content, as opposed to the generally accepted Eurocentric content",

while participant 14 added that

"… higher education should be flexible rather than rigid, and supportive rather than punitive."

Participant 43 appeared to draw upon theorists such as Frantz Fanon and Steve Biko, as well as the *#FeesMustFall* movement in order to elucidate her understanding of decolonised education. Her words,

"My definition of transformation is not too far from the concept of "Decolonized Education' that arose during the FMF (#FeesMustFall)

movement and we engaged with theorists like Frantz Fanon and Steve Biko last year in personality psychology. In essence, what transformation or decolonised education seeks to do is to also teach students about non-Western theories, but also engage with indigenous theories or theorists because we do our population a disservice if we use Western theories or Western test approaches that have been normed on populations far different from our own."

Participant 26 echoed that transformation meant

"changing the curriculum and academic activities in order to suit the current socioeconomic environment…changing the outdated policies at tertiary institutions."

Both participants 44 and 46 proposed transformation in both the content as well as the methods used to teach-

"The way in which knowledge of a profession is shared and taught to students." "Change in the mode of teaching…change in the content that is taught."

While a number of participants shared their experiences of transformation, participant 7 stated

"There are attempts to bring in transformation, I am however unsure what these are."

Although 35 (72,9%) of the 48 participants felt that transformation had already been achieved in undergraduate training of the SLH professions, 13 (27,1%) felt that it more still needs to be done towards achieving transformation. Participant 24 indicated:

"It has started but is nowhere near where it needs to be yet."

Similarly, participant 26 stated

"I think that there has been some change. However there is a lot more that can still be changed and added."

Participant 9 reported that lecturers have:

"made sure that we are aware of social, cultural and racial differences and has made us aware that it is our responsibility to change."

Demographically, of the participants who felt there is still a long way to go towards transformation, (*n*=13) 5 were White, and the remaining 8 were Black. This is a significant number of Black participants, when considering the demographic profile of the entire sample. Participant 47 was of the view that transformation was superficial in that it focused on a specific sub-set of people instead of on appreciating diversity in general:

"I feel as though the curriculum does not take into account that there is a diverse set of students. They focus on taking us to rural communities to make us more culturally aware but they have never thought of educating students on other cultures and religions."

When asked whether steps to achieve transformation were still required, an overwhelming majority of participants (91,7%) felt that transformation was still necessary within the South African SLH professions, while 4 participants (8,3%) felt that transformation was not necessary. Three of the four participants who did not think that transformation of the professions was necessary, were White, while the fourth participant was Black African.

Transformations can be observed through a curriculum that takes into account the culture of the undergraduate students. When participants were asked if they had learned about their own culture during their undergraduate training, more students (60,4%) reported that they had not learnt about their own culture during their undergraduate training than those who had learnt about their culture (39,6%). However, two thirds of the participants (66,7%) felt that the curriculum that they had been taught was indeed reflective of their own culture and values, while one third (33,3%) felt that the curriculum did not reflect their own culture. A consequence of majority White participants perceiving the curriculum to be reflective of their epistemology and ontology without direct instruction, speaks to the presence of a dominant White culture that exists within the SLH curriculum.

Related to the above, the majority of participants (81,3%) believe that the current undergraduate SLH curriculum is reflective of their clients' culture and values, with only 9 participants (18,8%) feeling that the SLH curriculum is not reflective of their clients' cultures and values. Two scenarios are possible in this instance; firstly that the client-base of the SLH undergraduate students is reflective of the majority culture that permeates higher education (White, English or Afrikaans-speaking), which raises serious questions about the majority of the country's access or indeed lack thereof to SLH services; or that students are not reflecting on the mismatch that exists between the majority South African population and SLH services, which presents a significant concern around efficacy of the SLH services provided.

3.2.2. Visibility of transformation

Participants were asked to describe anything that stands out in relation to transformation within their respective SLH departments. The following four themes emerged from the responses: 1) questions around the inclusion of indigenous South African languages and South African Sign Language (SASL); 2) transformation in theory only and not in practice – the case of lack of appropriate tools and resources; 3) Transformation as a 'discussion' rather than an act; and 4) Need for diversification of the SLH professions that includes class.

3.2.2.1. Theme 1- Inclusion of SASL and indigenous South African languages and cultures

A number of participants reported that they have been encouraged to learn an indigenous South African language and SASL, as well as being exposed to a greater diversity of cultures. For instance, participant 42 reported

> *"It is now a requirement to complete a module in SASL or an African language. Furthermore, an increasing amount of Black students account for the student population. Additionally, most of the practical sites allocated aim to serve previously disadvantaged communities."*

However, participant 47 was of the view that while students were expected to do practical sessions in rural communities, they did not truly appreciate diversity, particularly within minority communities. Her reflection was

> *"… most of the class consists of Black students who do not understand Islam or how to address Muslim clients/ patients."*

This participant's reflection highlights that the approach to training in diversity may still be too narrow in that instead of teaching an appreciation for diversity in all its visages and forms, the curriculum may entail a tick-box approach covering discrete units of specific cultures.

Furthermore, participant 47 felt that while the university encouraged students to learn an indigenous language, it was only taught at a superficial level, and was not comprehensive enough to manage clients meaningfully.

> "*…we are not taught Zulu that can be used in a health care setting. So how do they expect us to communicate if they do not educate us sufficiently on the language?"*

Participant 4 recommended that indigenous languages should be offered in-depth in order to create competent SLH professionals who were able to communicate meaningfully with their clients:

> *"I think that there will be great value in making at least one African language a priority in the degree programme. Even if the student chooses the language themselves. The language should then be taken to third year level to ensure competence to assess and treat."*

He further commented that

> *"This will benefit not only the profession but our whole country."*

Similarly, participant 33 agreed that focusing on diversity held benefits to the SLH professionals as well as society:

> *"Most lecturers have discussions about transformation, the challenges on many languages and cultures in the country. As well as how to be a*

therapist in multilingual and multicultural community (sic). Which is important as it make (sic) us aware of the world beyond our university lives. Better preparing us and making us aware, as opposed to only seeing the challenges when we work. The university has a (sic) all-round view of transformation as similar approaches are taken in the other classes that I have taken."

Participant 19 on the other hand was critical of transformation and was of the view that decolonisation of the SLH curriculum and methodologies would be deleterious to the professions, and that local knowledge would create deficiencies in the scientific base of the SLH professions

"By removing Westernized (sic) theories we are removing half of the scientific experiments."

3.2.2.2. Theme 2- Transformation in theory only and not in practice

This theme spoke to the case of lack of appropriate tools and resources, which leads to transformation being a theoretical concept rather than a practical reality.

For instance, participant 2 reported that lecturers made concerted efforts to accommodate all students and ensure that all students were included.

"Our lecturers made sure that all students understood what was going on either by doing everything in English or translating when necessary."

While it is accepted that most lectures are conducted in English, this participant's comment raises the question about what language lecturers are translating from.

Participants 31 and 34 shared the conundrum of being required to manage a diverse caseload with inappropriate tools, as well as limited real-life examples modelling cultural competence. Participant 31 reported

> *"The lecturers provided examples of real-life situations which made the work seem more practical. However, videos and documentations used were not SA (sic) which is difficult then to use in practicals (sic)."*

Participant 34 stated

> *"We are encouraged to be culturally diverse in our assessments yet there is (sic) restricted assessment tools that are appropriate."*

Participant 34 lacerated the slow pace of transformation within the professions as well as the lack of culturally and linguistically appropriate resources. Interestingly, none of the participants appeared to be aware of the locally developed assessment and management resources that were available.

> *"It's not enough to talk about transformation and encourage the use of culturally appropriate tools. What are we doing to develop these tools and protocols as a research-intensive university?"*

Participant 4 also highlighted that local academic resources were scant, and that these needed to be developed:

> *"I think the profession should work on using more local textbooks and sources- this will however be very difficult as there aren't really any local textbooks or authors. We need to work on developing our own textbooks and literature and to expand the South African Speech-Language-Hearing Association (SASLHA) to match the American Speech-Language-Hearing*

Association (ASHA) in terms of position statements and best practice guidelines- but for the South African context."

3.2.2.3. Theme 3- Transformation as a 'discussion' rather than an act

A number of participants reported that they had been involved in discussions around transformation, either in the form of seminars, workshops, or classroom discussions. While some reported that transformation had been a part of year-long courses, others reported that they had participated in very few such sessions. Participant 1 indicated

"We had 2 sessions in 2 years where we discussed transformation very openly."

Participant 38 shared that while the session around transformation had been valuable and thought-provoking, it had not been easy to arrange. Her reflection on the transformation session was that the department lacked interest and did not prioritise transformation.

"Our department attempted to implement a transformational project, with us having had one transformational session to date. While the session had its advantages and disadvantages, the effort taken to initiate such a project speaks volumes about the department valuing change, development, and evolution within its students and its staff""

Similarly, participant 41 shared

"Our department has arranged a talk about race once but I do not believe it was enough."

3.2.2.4. Theme 4- Need for diversification of the SLH professions that includes class

Associated with lack of resources, participant 43, a Black African female, intimated issues surrounding privilege and financial resources that served to exclude certain students and perpetuate immutable conditions within the SLH professions.

> *"The issue of transport because with it comes the conversation of classism and privilege, I feel like for a long time the department didn't have to worry about transport because most students were White (sic) and could afford their own transportation so when most of us African students come in and we can't necessarily afford transport."*

Her response highlights the plight of many Black students entering the higher education arena without the necessary financial or material resources such as transport or the plethora of therapeutic equipment required, which places these students at a disadvantage when compared to their privileged peers, who do not have to agonise over fuel for practical sessions or therapy material for their clients.

Participant 42 reported that there had been an increase in the diversity of the student body within the university. Whether this increase extends to the SLH department is not known.

> *"…an increasing amount of Black students account for the student population."*

Participant 7 was of the view that an increase in racial diversity of the student body was an indication that transformation was underway.

> "*From my observations in my department I believe that hearing professions have been more transformed than SLTs in terms of the racial*

gap. I do however also believe that this is due to a lack of applications from racially diverse students since the SLT profession is often times one that not a lot of people know of. I think a possible solution to this would be to create a greater understanding in different race groups (specifically in schools) of what an SLT does as well as the need that the professionals have for a more racially diverse group."

3.3. OBJECTIVE 2: Decolonising the SLH curriculum

Results from objective 2 yielded only qualitative data, which is presented next.

Participants were asked to share their thoughts on decolonising the SLH curriculum in SA. The overarching theme that emerged was that the curriculum should move from a Western, Eurocentric epistemology, towards local knowledge- an Afro-centric epistemology. Participant 14 provided the following insights:

"I think it means looking at what has been presented as "facts" with a critical eye, being aware of the blind spots. I think it means considering different points of view, not only Western points of view. I think it means listening to research and information about our own country. It's about really thinking about information and about what is true for our South African context, and how we should apply knowledge in South Africa. I think the way we decolonise the curriculum is important. It's not just an abstract concept on a checklist. It's not something to do rigidly and without thought. It needs to done thoughtfully, meaningfully, with care, and responsiveness."

Interestingly, two participants were of the view that decolonisation meant removing all vestiges of culture from the SLH curriculum, in order to make the professions impartial. Participant 2 stated

> *"Changing SLH curriculum completely so that it is independent of culture"*,

While participant 39 added that

> *"I think it means to remove the SLH curriculum from all cultures so that it can be more culturally objective as opposed to being subjective in only a few cultures."*

These responses point towards reverting to a medical model of care, where social determinants are disregarded and culture is dismissed. One wonders whether these students view culture more as a hindrance than a strength.

A number of participants felt that the professions should guard against discarding or discrediting all Western influences by retaining elements that were relevant, while adding or adapting to suit the local context. Participant 4 stated:

> "*A fine line has to be met, however, as we need to balance international knowledge with local knowledge to ensure that we don't become isolated from the rest of the world, but also that we do not disregard the knowledge obtained for our own context"*

Participant 14 concurred:

> *"You don't necessarily want to throw all Western information out, because that can lead to gaps and many differing subjective about what should be taught. I think it should be an ongoing, thoughtful, and responsive process. Taking useful principles, and making them accessible to our*

South African context, and contributing our own South African information through research that may be added to the curriculum. I think it's useful to hear about people's experience in working in South Africa, and adding useful experiential knowledge to the curriculum in a manner that is empirical."

Similarly, participant 43 added that certain procedures did not have a cultural base and should thus be retained

"…some tests do not really put non-Western populations at a disadvantage for example tympanometry tests the middle ear status and that has nothing to do with your linguistic background or ethnic group."

Participant 33 agreed that while western epistemology has its merits, decolonising the SLH curriculum would ensure that a single story was not perpetuated

"It means boarding (sic) the curriculum and adapting it to the various cultures and perspectives in the South African Community. Educating the students on both Western and African perspectives. Ensuring that the curriculum is inclusive of the many cultures and is able to best provide for the clients, through training the students on how to best do this and prevent a unilateral system whereby the students are exposed to one system that is tailored to one culture but rather train them to be able to tailor their services to the clients (sic) needs."

The majority of the participants also identified that the curriculum needed to make space for all races, cultures, ethnicities, and local languages. There was general consensus that decolonisation of the SLH curriculum should champion patient-centred care and be culturally responsive. Participant 35 stated

“To open up a platform where African languages are given as much attention as the English and Afrikaans languages.”

Likewise, participant 26 added:

“*It means moving away from the idea that English is the only language that people communicate with and require speech and language therapy for. It also means that it accommodates all people, regardless of their economic standing or social environment.”*

Participant 38 raised an interesting viewpoint that even though the majority Black African population had received political emancipation, social, structural, and institutional barriers have conspired to relegate Black Africans to perpetual disenfranchisement

“To decolonise the curriculum is to change and evolve the curriculum from meeting the needs of a previously oppressed client-base to a now evolved yet still disadvantaged community.”

Participant 44 stated:

“To be more inclusive of all cultures and values that South Africans (sic). That is, to be aware of the constructs of knowledge that people share, their perceptions of services, expectations, etc. across cultures. This is required as we live in a multilingual and multicultural setting and our training, assessment material, and therapy is mostly conducted in English.”

A number of participants acknowledged that decolonising the curriculum extended to what was taught, who was taught, who taught it, as well as who the focus of the curriculum should be. Participant 30 stated:

> *"Increase the amount (sic) of African lecturers/ supervisors who are able to support African students in relation to the curriculum and practicals (sic) where we deal with a diverse population. For our theory and practical to challenge the non-African language speakers to learn and try to be accommodative to their patients"*

while participant 41 added that lecturers need to be willing and able to foster decolonisation

> *"To ensure that lecturers are well equipped with knowledge and training in order to respect cultural differences to incorporate more indigenous languages and cultures into the learning material…"*

A number of participants cited that decolonising the SLH curriculum included SLH norms and standards that were reflective of the local South African population. Participant 43 stated:

> *"I just have an issue with the questionnaires used in Audiology for tinnitus, vestib (sic) and CAPD they are not normed on the SA population...training in more languages is necessary. Lastly, the issue of feedback I think we need to be trained on how to give feedback at the level the client can understand."*

Similarly, participant 28 related that decolonisation meant

"(a) move away from using norms, assessment scales and therapy protocols that originate from Eurocentric/ Western origins and develop our own norms, assessment scales and therapy protocols in our South African context."

Additionally, participant 20 felt that decolonising the SLH curriculum meant acknowledging diversity in the way different cultures approach treatment as well as their responses to it:

"I would think that this may include providing information on various cultures and religions that are practised in SA, as well as how to approach each culture. This may include SLP/A being taught how to be culturally appropriate, and may involve understanding the various cultures and rules that may influence treatment options and reasons individuals may have a different perspective on treatment."

Participant 22 identified her own positionality in stating the following:

"I think it means to stop assuming that all people think in the same way as White people do. I of course find it difficult as I don't (sic) not understand the full context of this issue as I myself am White."

Curiously, participant 23, a Black African student, seemed to overlook her positionality when she shared the following:

"To account for Black clients who are in need of our services by providing training that will make SLP aware/ more knowledgeable of their cultural needs and allow us to provide services in their native languages."

What is meaningful about this response is that the participant sees herself apart from Black African people, further demonstrating how alien and removed the current SLH curriculum and practices are to Black African people. Use of terms such as *'us'* and *'them'* further depicts that the Black African student has othered the Black African clientele. It is as if the participant has assimilated to the institutional culture of the SLH professions to such a degree, that she cannot see herself as part of the indigenous Black African population.

3.4. OBJECTIVE 3: Transformation in clinical service provision

Student perception about transformation in clinical service provision was analysed. Participants were asked about their level of comfort when working with interpreters and/or language brokers. Slightly more than half of the participants (56,3%) reported feeling competent when working with interpreters and/or language brokers, while 21 participants (43,8%) reported that they did not feel adept at working with interpreters and/ or language brokers. Relating to transformation in clinical service provision, translating and interpreting for peers was analysed. A number of themes emerged, namely, 1) more requests to translate into Afrikaans than an indigenous African language; 2) translating means clinical time wasted; 3) discomfort for patients; and 4) Black people can speak any African language. These themes are discussed below.

3.4.1. Translating and interpreting for peers

Approximately one third of participants (37,5%) reported being asked to translate or interpret for a fellow student during an assessment or intervention session. Of the 17 participants that translated for a peer, 10 were White, 6 were Black African, and 1

was Coloured. In terms of second language proficiency, 8 of the 11 Indian students in the study were only au fait with Afrikaans, while only 2 Indian students reported being able to communicate in an indigenous South African language. It was therefore not surprising that no Indian participants reported to have translated for a fellow student.

While only 6 of the White participants explicitly reported translating into Afrikaans, it can be inferred that the remaining 4 would be translating into Afrikaans, since all students would be capable of conducting assessments and management in English. Expectedly, all six of the Black African participants had been required to translate into an indigenous African language. Interestingly, the results indicate more requests to translate into Afrikaans than into an indigenous African language. One is then led to wonder if the demographic profile of clients treated by undergraduate SLH students is in fact representative of the demographic profile of the country. If SLH students are mainly exposed to English and/or Afrikaans clients at their university departments, they may not be developing the requisite skills needed to function effectively as SLH professionals in a multi-lingual, multi-cultural domain.

Participant 4 described the interaction thus:

> *"I had to sit with a student who could not speak Afrikaans but had to assess an Afrikaans child at a double-medium school. I would explain the questions to him and translate the student therapist's instructions to the child. If the child said something, I would translate it back for the student therapist. The student therapist was Sepedi first language and English second language."*

One participant reported that translating for fellow students had a negative impact on her own caseload and clinical hours, as time spent assisting another student was time that could be spent with her own clients.

> *"It does take a bit of time because instead of you seeing another client where some supervisors look at the number of clients you have seen, it … slows you down."*

Additionally, this participant observed that translating had the potential to cause discomfort to clients, and that in some cases, therapists swapped clients in order to be a better language match-

> *"Sometimes the child does look a bit uncomfortable because there's two clinicians…sometimes there's a complete switch up of clients where we decide to exchange clients because of the language barrier."*

While the general tone of responses relating to translating for a fellow student was neutral, participant 30 reported an incident where a fellow student presumed that she was able to speak a specific African language because of her race

> *"They couldn't speak the African language and … they assumed I could. I didn't, I cannot speak isiZulu."*

Similarly, participant 23, a Black African student, reported that

> *"I was required to translate for an English-speaking student who had a language barrier with her Xhosa speaking client."*

What is interesting about this scenario is that participant 23 reported her first language as Sepedi, with her second, third and fourth languages being English, Afrikaans and isiZulu respectively. It is clear that she does not claim to speak

isiXhosa, yet she was asked to translate into a language that she herself may not be *au fait* with. While it is accepted that the isiZulu and isiXhosa languages may share some similarities, the accuracy of the interpreted information may have been questionable.

Participant 8 alluded to the challenge of maintaining the essence of what the client was saying in order to ensure accurate meaning.

> *"Translating the language that the client use (sic) to a language that another student use (sic)/ understand without changing what the client said…"*

Two students out of the 48 reported that a client that had been allocated to them during practical training had requested a different therapist. Both of these participants were Black African. Although only two students who reported clients requesting a different therapist, their experience is significant due to them being in the minority and historically marginalised at institutions of higher education and within the SLH professions in South Africa.

3.4.2. Dominant culture of the South African SLH professions

The majority of participants concurred that the dominant culture in the SLH professions in South Africa is White, female, English and Afrikaans, with a Western or Eurocentric basis. Participant 20 stated

> *"The dominant culture in ST/A in SA is a western culture, as everything is still shaped and based on international data, etc."*

While participant 29 reported

> *"female of varying races."*

Participant 41 recognised that the dominant language in the SLH professions was Afrikaans due to the demographics of the SLH professionals and was not representative of the client-base

> *"Afrikaans but not necessarily because of the patients but because the therapists prefer to speak Afrikaans rather than English."*

Participant 4 conceded that the professions are based on Western epistemology, but was optimistic that it was transforming towards a more indigenous and representative epistemology-

> *"Westernised, but I feel like there might be a gradual shift as a lot of the content we cover is on being culturally sensitive and appropriate and how to ethically, sensitively, and professionally navigate a country with 11 official languages and multitude of different cultures. So, I think the profession will be more open to "Africanising" the curriculum in the future."*

Unexpectedly, four of the participants (two White, two Indian) replied that the dominant culture of the South African SLH professions were an indigenous Black African culture, while one participant (Black African) stated that the dominant culture was an Indian culture. It is possible that these participants may be responding in relation to what the focus of the SLH curriculum is becoming, or where the majority of practical sessions are held. Alternatively, these students may be feeling marginalised by the increase of Black students (Black African and Indian) in their university departments. In actuality, the number of Black African SLH professionals remains the lowest in South Africa. The fact that the Speech- Language and Hearing

Professions Board of the HPCSA is actively monitoring universities to ensure that their intake of SLH students is reflective of the country's demographic profile speaks to the need for more diversity, and that the mandate has not yet been attained.

When asked whether the professional culture of the South African SLH professions was reflective of the client-base that we serve, in other words, would South African SLH clients see themselves in the professions' knowledge and practices, approximately two-thirds of the participants, (63,8%) were of the view that patients do not identify with current SLH knowledge and practices.

3.4.3. Professional- client relationships

In terms of planning assessments and intervention to suit their clients, participant responses are tabulated in Table 6 below:

Table 3: Assessment and intervention planning in line with clients' cultural, religious, and lifestyle preferences

Question	Yes	No
Do you consider your clients' cultural practices when planning assessments and interventions?	95,7% (*n*=45)	4,3% (*n*=2)
Do you consider your clients' religious beliefs when planning assessments and interventions?	89,4% (*n*=42)	10,6% (*n*=5)
Are your management plans in line with your clients' lifestyle?	91,5% (*n*=43)	8,5% (*n*=4)

From Table 6 above, it can be seen that in all instances relating to culture, religious beliefs and lifestyle, the vast majority of participants felt that they do take these into account.

Participants were asked whether SLH professionals can create unequal power relationships with their clients. While the majority of participants (60,4%) affirmed that unequal power dynamics were a reality, a number of participants (35,4%) were unsure, while 4,2% of participants did not feel that SLH professionals can create unequal power relationships as depicted in Figure 2 below:

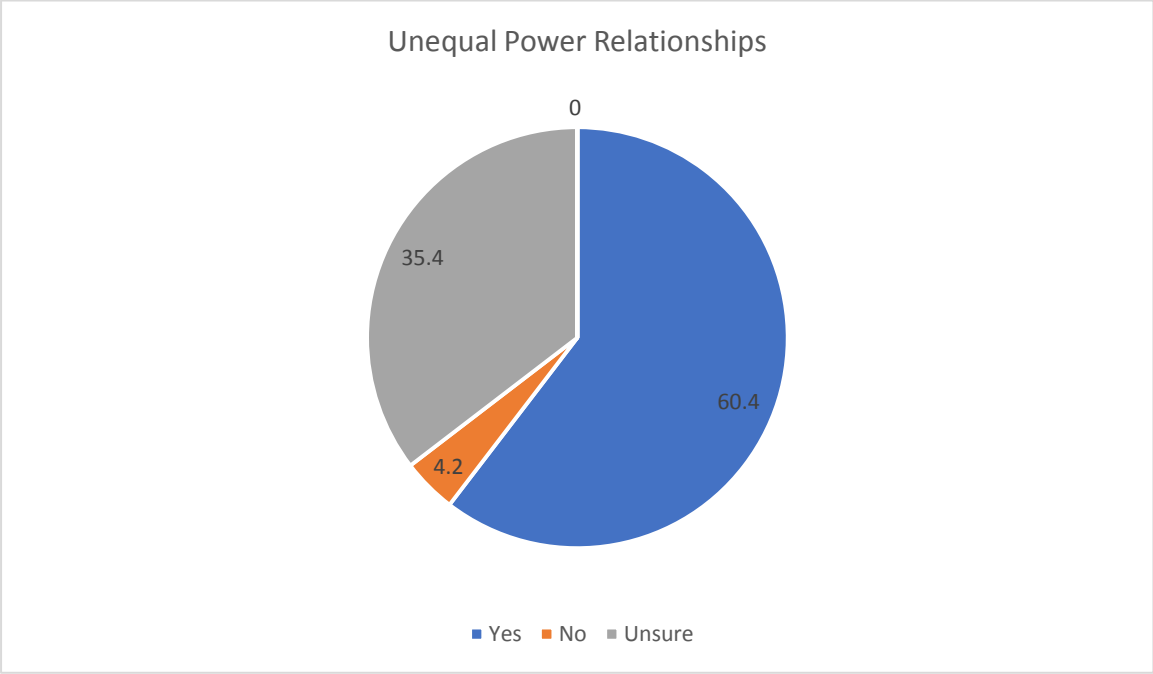


Figure 2: SLH professionals creating unequal power relationships with clients

In analysing the responses relating to unequal power dynamics, three main themes emerged, namely, 1) tension between the medical model of care and patient-centred care; 2) disparate socio-economic statuses influencing clinical care; and 3) linguistic and cultural mismatch due to a lacuna of cultural and linguistic competence. Additionally, there was a sense that unequal power relationships were created subconsciously, and was not done intentionally, evidenced by responses such as

"maybe accidentally", "*I think that sometimes it's a subconscious thing, and not something that professionals do deliberately"*, and *"they may unknowingly…"*

3.4.3.1. Theme 1: Tension between the medical model of care and patient-centred care

Participants felt that it is easy to believe that the SLH professionals are experts, while dismissing the client's knowledge and experiences. Participant 2 stated:

"It's easy to think that the professional's way is best and that the client should follow the professional's ways, but sometimes die (sic) client does not need that, they only need patient centred interventions- what's best for them and not what the professional thinks is best."

Participants 4 and 28 agreed that in South Africa, professionals were venerated and unquestioned, and that this power imbalance was not unique to the SLH professions, but a common phenomenon with the health professions. Participant 4 stated:

"Any health professional can create an unequal power relationship with a client or patient. The patient may believe that the health professional is much more knowledgeable and submit to what ever (sic) the health professional recommends as intervention or management. I also believe that in South Africa we still very much have a culture of putting health professionals on pedestals and take (sic) their words as fact. That is why it is so important to teach health professionals the value of empowering clients and their families and to put decisions (sic) making in their hands as well"

Similarly, participant 28 shared the following:

> *"… the normally held opinion that health professionals are "in charge" is embedded within the South African culture and context, so a true patient centred relationship is very tricky to navigate already."*

While participant 12 conceded that unequal power relationships were unintentional, she acknowledged that it was difficult to identify what exactly created or constituted this dynamic. Her feeling was that clients sometimes willingly hand over their autonomy to the professionals:

> *"often, it's guided by the clients who may prefer that the clinician takes control of the situation and that may be interpreted as an unequal power relation (sic). Also, it's easy to fall into the trap of thinking that you're not creating an unequal power relation (sic) with the client because I don't think we really understand what it means for it to be unequal."*

In continuing the theme of the medical model of care, participant 11 stated

> *"…they don't incorporate the ICF framework when assessing their patients."*

Participant 35 implied that well-meaning interventions could encroach on clients' autonomy and could create unequal power

> *"It's easy to overstep in an effort to help."*

Additionally, participants indicated that the use of technical jargon, lack of holistic patient management, as well as over-reliance on the professional 'title' contributed to creating unequal power relationships with clients, and were likely to make clients feel inferior.

A number of participants noted that professionals ignoring clients' lifestyles and routines also had the ability to sustain power imbalances within the SLH professional- client dyad, and sabotage therapeutic outcomes. Participant 28 commented that

> *"Also we go into sessions with a preconception of what we want to achieve in a session and that in itself already creates a power imbalance."*

Participant 33 added the following:

> *"… the client may have a lifestyle or beliefs etc. that would work better with a particular plan. But should the client not express these things because they feel they should just listen, then the barriers can not (sic) be addressed and changes aren't made… if they feel that something will be too difficult, rather change it and implement something else than the client go home and not follow the management plan (sic)."*

In the same vein, participant 38 felt that

> *"Management plans that do not align with clients' lifestyles or living situations can create a power relationship that is unusual…"*

In contrast, participant 19 was of the view that unequal power relationships were to be expected within the professional- patient relationship.

> *"To work under the idea of equal power is unrealistic. You are a professional and in control of the situation, your patients come to you for that. Hence there is unequal power."*

3.4.3.2. Theme 2: Disparate socio-economic statuses influencing clinical care

A number of participants felt that differences in the socio-economic statuses of clients compared to the SLH professionals, had the potential to create power imbalances. The sentiment was echoed by participants 3, 7, and 15

> *"… different sosioeconomic (sic) statuses, an unequal power relationship may be evident." "If a client is not approached with the necessary respect a perception of unequal distribution of power due to social standards may be created."* and *"… as they are vulnerable."*

The theme of power imbalance due to socio-economic variables resonated with participant 39, who responded:

> *"I think it is possible for SLH professionals to create an unequal power relationship with some of their clients, especially if there is a large gap between education and socio-economic status (SES). Clients who are less knowledgeable and low SES might feel as if they have less power within the client-therapist relationship."*

3.4.3.3. Theme 3: Linguistic and cultural mismatch due to lacuna of cultural and linguistic competence

Within this theme, participants identified that the mismatch between the racial, cultural, and linguistic profile of SLH professionals and their clients could create unequal power relationships. While some participants highlighted that SLH professionals disregard clients' cultures, beliefs, and religions when managing communication difficulties, others recognised that hegemony existed within the professional- client relationship.

Participant 13 stated:

> *"There is an air of arrogance when providing therapy to a different race and/or cultural group."*

While participant 42 felt that

> *"Unequal power relationships can be created in many ways. This can include holding a superiority (sic) mindset with respect to one's race as well as the language(s) that is (sic) used by the SLH practitioner"*

Likewise, participant 43 highlighted how the use of language created a power dynamic that was untenable

> *"English is a language associated with power and so when you speak English with someone who is not a first language speaker, they interpret what you say as right and they don't question it."*

Participant 17 additionally stated that

> *"They may … speak in their home language which is not the clients (sic) home language…"*

Participant 14 provided comprehensive and thoughtful insights into how the linguistic and cultural mismatch between SLH professionals and their clients could disrupt the therapeutic relationship:

> *"If an SLH professional views themself (sic) as the "professional" and the one who is "right", and gives inappropriate services when considering culture, language, etc., that is not good. The SLH professional should respect the client's own knowledge, experience, culture, language, and beliefs. They should not assume that a client is wrong. They should*

honour the client's strengths and knowledge. That way SLH professionals can learn from clients and clients can learn from SLH professionals. That way clients are more empowered. Some clients may feel that they cannot voice their dissatisfaction, maybe they are receiving services in a language that is not their preferred language. It's hard to receive services in a language that is not your preferred language. You need to try to find a translator or try to learn their language. In order to truly help people, there needs to be a two-way communication. You need to consider the context, the client's truth, you can't just thoughtlessly apply what you have learned, interventions and services need to be designed for the individual client, otherwise it doesn't help."

Furthermore, participants identified that reliance by the South African SLH professions on Westernised ontologies, epistemologies, and methodologies perpetuated an unequal power dynamic over the local population. Participant 28 commented that

"Most of the standardized (sic) assessments come from a Western perspective and using their norms, this already creates a power imbalance."

While participant 18 concurred that

"SLH professionals cannot easily relate with their clients because of the Westernized basis of the profession."

Similarly, participant 14 was of the view that

"The SLH professional should recognise their own blind spots, and that some of the information we learn is developed in Western contexts such

as America, but we live in a different context. So, we need to consider that."

3.5. OBJECTIVE 4: Institutional culture of SLH departments

Quantitative data from objective is presented first, followed by the themes that emerged as part of the qualitative data.

Participants were asked about the institutional culture within their university departments. This included academic teaching staff, feelings of isolation, whether participants had benefitted or been disadvantaged by the institutional culture, instances of intimidation, as well as positive experiences within their university departments.

A majority of participants (71,7%) reported that their culture, race and language is represented/reflected in the academic staff at their university SLH department, while 23,8% reported that they do not identify with the academic staff. Given that the majority of the participants are White, one can draw the conclusion that the majority of the academic staff within the SLH departments shares the same race, language and culture as these students. Indeed, of the 13 participants who reported not being able to see themselves in their teaching staff, 9 were Black (Black African, Indian and Coloured).

While 72,9% of participants reported never feeling isolated in their university department because of their race, 13 participants (27,1%) have felt isolated because of their race. There was marginal association between the race of the participant, and feeling isolated within the SLH department, with a p-value= 0.096. Of those who have felt isolated because of their race, 8 were Black (Black African, Indian and

Coloured) and 5 were White. It is peculiar that White students have felt isolated in majority White universities, surrounded by White academic staff, White peers, and White alumni. It may be that despite sharing the same race and arguably the same culture, students do not identify with or feel welcome in their SLH departments, thus creating a sense of isolation.

Similarly, 79,2% of participants reported never feeling isolated due to their culture, with 10 participants (20,8%) reporting that they had felt isolated due to their culture. Of those who have felt isolated because of their culture, 6 were Black and 4 were White.

Lastly, 85,4% of participants did not feel isolated due to their religious beliefs. There was a smaller proportion (14,6%) of participants who felt isolated due to their religious belief as compared to isolation due to race and culture. 4 of the participants who felt isolated due to their religion or beliefs were White, 2 were Indian and 1 was Coloured.

Chi-square analysis revealed an overwhelming association between standing out in class because of culture or belief and standing out in class because of race, with a p-value<0.0001 as indicated in Table 7 below. Majority of the participants indicated that they did not stand out in class because of their culture (*n*=37, 78.7%) or belief (*n*=37, 80.4%). Those who indicated that they did not stand out in class because of their race were more likely not to have stood out in class because of their culture (*n*=34, 94.4%) or belief (*n*=33, 94.3%). However, among those who indicated to have stood out in class because of their race, they were more likely to indicate that they stood out because of their culture (*n*=8, 72.7%) and belief (*n*=7, 63.64%).

Table 4: Standing out in class because of race, culture, or beliefs

		Standing out due to race			
		No	**Yes**	**Total**	**P-value**
Standing out due to culture	NO	34(94.44)	3(27.27)	37(78.72)	<0.0001
	YES	2(5.56)	8(72.73)	10(21.28)	
Standing out due to beliefs	NO	33(94.29)	4(36.36)	37(80.43)	<0.0001
	YES	2(5.71)	7(63.64)	9(19.57)	

Similarly, there was a significant association between the race of the participant and those who reported standing out in class because of race, p-value=0.035. Of those who felt their race made then stand out in class, the majority were Indian participants (*n*=5, 45.5%) followed by Black African (*n*=3, 27.3%) and these proportions were statistically significant, p-value= 0.0084.

Two thirds of the participants (66,7%) felt that they had benefited from the prevailing institutional culture within their SLH department, while one third (*n*=16) felt that they had not benefited. Of those that reported gaining benefit from the institutional culture, almost half (44%) were White. The Chi-square test was used to determine the relationship between the race of participants and reports of benefitting from the SLH departmental culture. There was no difference in the proportion of Black African and Coloured participants (9.4% vs 6.3%; with a p-value= 0.4206) while the proportion of responses from Indian and Black African participants were statistically significant (9.38% vs 18.75%; with a p-value= 0.0416). Similarly, the proportion of White participants who responded that they had benefitted from the institutional culture was significantly different from responses of Black participants (p-value<0.001), as indicated in Table 8 below.

Table 5: Benefiting from institutional culture stratified with race

Variable		Black African (n, row%)	Coloured (n, row%)	Indian (n, row%)	White (n, row%)	Total	P-value
Benefited from institutional culture of SLH department?	NO	5(31.3)	1(6.3)	5(31.3)	5(31.3)	16(33.3)	0.106
	YES	3(9.4)	2(6.3)	6(18.8)	21(65.6)	32(66.7)	

Conversely, only 20,8% of participants felt that they were disadvantaged by the predominant institutional culture, while 79,2% felt that they had not been disadvantaged. Of the 10 participants who reported being disadvantaged, 7 participants were Black and 3 were White.

Table 9 and 10 below stratifies the following three variables, namely,

- Being disadvantaged by the institutional culture;
- Whether participants would consider postgraduate studies at their current institution; and
- Whether participants would recommend studying SLH at their current institution to a family member;

The majority of participants indicated that they were not disadvantaged by the institutional culture (*n*=33, 86.84%), and would consider interacting with their current institution by furthering their studies there, while 60% (*n*=6) indicated that they had been disadvantaged but would still consider furthering their studies as indicated by Table 9 and10 below. Chi-square analysis revealed that those participants who would recommend studying SLH at their current institution were more likely not to have been disadvantaged by the institutional culture (*n*=34, 87.2%), and this was statistically significant with a p-value=0.015. There was a marginal association

between being disadvantaged by the institutional culture and considering a postgraduate degree in SLH, with a p-value=0.054.

Table 6: Being disadvantaged by institutional culture and future interaction with current institution

Variable		Disadvantaged by institutional culture?			
		No	Yes	Total	P-value
Consider studying for your Masters' degree in SLH at this institution?	NO	7(17.1)	4(40.0)	11(21.6)	0.114
	YES	34(89.9)	6(60.0)	40(78.4)	
Recommend studying SLH at this institution to a family member?	NO	4(50.0)	4(10.25)	8(17.0)	0.006
	YES	4(50.0)	35(89.7)	39(83.0)	

Table 7: Chi-square results on association between future interaction with current institution and feeling disadvantaged by the institutional culture

Variable	df	α	X^2	Critical value
Consider postgraduate studies in SLH at current university? & Disadvantaged by institutional culture?	1	0.05	3.7441	3.84
Recommend studying SLH at this institution to a family member? & Disadvantaged by institutional culture?	1	0.05	5.9270	3,84
Consider postgraduate studies in SLH at current university? & Recommend studying SLH at this institution to a family member?	1	0.05	7.4239	3.84

Key: df- degrees of freedom; α- level of significance; X^2- Chi-square value

Qualitative data is presented next, in the form of the themes that emerged relating to institutional culture of SLH university departments.

3.5.1. Feelings of inferiority and intimidation

While the majority of participants (85,1%) had not had a lecturer make a casual remark to them that made them feel inferior, 7 participants (14,9%) had. The majority of these (*n*=4) were White, followed by 2 Black African student and 1 Coloured student.

Tellingly, neither of the two Black African participants explained the circumstances of the comments made by a lecturer, or how it had made them feel. On the other hand, the fact that the greater part of the participants had not experienced any form of victimisation by a lecturer bodes well.

The theme of intimidation became evident in the responses of the four White participants, while stereotyping surfaced in the Coloured participant's experiences.

Participant 16 stated

> *"Lecturers and supervisors often seem to want to establish their role and that we as students are subordinates…as well as blatant disregard and disrespect for our concerns and needs as students."*

The dynamics of power and dominance might be at play here, in that lecturers may feel superior to students due to their knowledge and experience. Participant 19's opening remark

> *"I don't feel safe answering this question."*

speaks volumes to the institutional culture that the student experiences. Her perception is that her department is not a safe space, and that even guaranteed anonymity in the present study does not allow her the freedom to express her experiences. She goes on to report

"… very few staff (sic) are actually helpful. Students don't receive the necessary support even when asked. Staff members can be very rude to students."

Participant 33 reported:

"Lecturers have made comments about the Westernized (sic) or English language speakers not being adequate or appropriate for this profession. Also comments about how it will be very difficult to manage if you have seeing (sic) a client with a different home language and how difficult translation will be. This made me feel unnecessary and that I will not be able to fulfil my role after qualifying. And ashamed that I had chosen this career path."

Again, the student feels dominated by the lecturer to the extent that her self- worth is questioned. In the instance portrayed above, the lecturer may have been attempting to paint the realities of the professions to the SLH students, and depict the true challenges created by the language and culture mismatch between the South African SLH professions and the demographic profile of the country. The salient and pragmatic information may have been delivered in a harsh manner or it may have challenged the student's idealistic outlook of the professions in relation to the clients served.

Participant 25 related how cases of mistaken identity determined how she was treated.

"I am Coloured but I look White and I am not South African. My home language is French and lecturers assume that I am from France and somehow have a higher education than my peers. And then when they

learn I am from … they always assume that I will stay in South Africa because it is more "developed". My accent has caused me some problems also, where lecturers don't seem to understand me, but my clients do? (sic) That is quite rude. Because I look White, they also assume that I have the same culture as them…"

The participant's observation is that being mistaken for being White and European leads her lecturers to presume that she has a better standard of education. However, once they learn of her true identity, her country is deemed inferior to the South African context. This case of mistaken identity encompasses both her race and her culture. Furthermore, the participant is puzzled that lecturers appear not to understand her due to her accent, when her clients seem to have no such difficulty.

3.5.2. Positive experiences

Conversely, a number of participants reported on the positive experiences that they had with their lecturers. Participant 25 stated

"…the quality of the education is excellent. The programme is excellent and we have country top clinicians (sic) that teach us. The clinical sites give us tremendous exposure and we are very prepared when leaving."

Likewise, participant 29 added

"The willingness of every individual to help. Senior staff, lecturers and my fellow colleagues are always willing to help. They do this without making one feel inferior or lacking. I respect and admire this trait in the department."

A large percentage of participants (85,1%) felt that they were fairly treated by their SLH lecturers, while a small percentage (14,9%) felt that they were unfairly treated. Of the seven participants who felt unfairly treated by a lecturer, 2 were White and 5 were Black. These concerning findings may indicate that race as well as other factors may have been at play in the interactions that were deemed as unfair or discriminatory in this particular context. When looking at the racial profile and representation in the current sample, a proportionally higher number (*n*=5) of unfair treatment was reported by Black students.

3.5.3. Feeling like home

When asked if students would consider coming back to their current institution for postgraduate studies, 39 participants indicated that they would (81,3%) while 9 participants (18,8%) indicated that they would not consider returning. The researcher compared those participants who had reported feeling unfairly treated with those who would not consider returning to their current institution and concluded that there was not a strong correlation between those students who reported feeling unfairly treated and those who would not consider doing a postgraduate degree at their current institution. In other words, those participants who reported being unfairly treated by a lecturer were not the same participants who stated that they would not want to return to their current institution for post-graduate studies. The majority of students considering returning to their current institution implies an affinity for the institution, and signifies that students generally had positive experiences during their undergraduate education.

Similarly, a significant majority of participants (83%) felt that they would recommend studying SLH at their current institution to a close relative, while 17% reported that they would not recommend their current SLH department to a family member. Of the 8 participants who would not recommend studying SLH at their current institution, 5 were Black and 3 were White. This question was included to glean insights into whether students felt safe enough in their departments to vouch for the programs to those closest to them. It can be postulated that the majority of participants reporting that they would indeed recommend their current institution, means that their experiences were generally positive, however, it would be meaningful to determine why Black students would not recommend their current institution to others, particularly if the institutions plan to attract more Black students in future.

3.6. OBJECTIVE 5: Student integration

In terms of student integration, participants were asked whether they fit in or stood out in their classes, what peer relationships were like, as well what the determining factors were when selecting group members for tasks.

3.6.1. Standing out or fitting in

In terms of students being different to their peers in class, the following responses were obtained, as tabulated in Table 11 below:

Table 8: Homogeneity vs. diversity along racial, cultural, and religious lines

Question	Yes	No
Do you stand out because of your race?	23,4%	76,6%
Do you stand out because of your culture?	20,8%	79,2%
Do you stand out because of your religion or beliefs?	21,3%	78,7%

From the responses in Table 11 above, it can be deduced that approximately three quarters of the participants felt that they fitted in and were homogenous with their peers in terms of race, culture, and religion or beliefs, while approximately a quarter of students stood out due to their race, culture, or religion respectively.

The Chi-square test was conducted to determine the relationship between reports of informal classroom segregation and the race of participants. When stratified by the race of the participants, most of the responses were from White participants (58.3%, *n*=21), followed by Indian participants (*n*=8, 22.2%), and Black African participants (11.2%). Coloured participants (8.3%) had the least proportion among those who agreed that there was informal segregation; however, there was no significant difference between the Coloured and Black African participants (11.2%) (p-value= 0.4694), as indicated in Table 12 below.

Table 9: Informal segregation stratified by race

Variable		Black African (n, row%)	Coloured (n, row%)	Indian (n, row%)	White (n, row%)	Total	P-value
Informal segregation?	NO	4(33.3)	0	3(25.0)	5(41.7)	12(25.0)	0.245
	YES	4(11.1)	3(8.3)	8(22.2)	21(58.3)	36(75.0)	

Regarding relationships with peers, 11 participants (23,4%) reported that a fellow SLH student had made comments about them that had made them feel inferior, while 76,6% of participants had not experienced this. Participants' responses were analysed qualitatively, revealing the following themes: complex inferiority and in-group out-group. These are presented next.

3.6.1.1. Complex inferiority

In analysing the comments by peers that had made students feel inferior, two themes emerged, namely stereotyping and intolerance. The two themes intersected inextricably, and are presented simultaneously.

Participant 20 highlighted that although her class was generally united, this sense of fair-weather harmony was a veneer, and that underlying racial and cultural tension came to the fore as soon as disputes arose.

> *"Class squabbles are always centred on race and cultural differences; our classroom is generally quite united and understanding but sometimes these differences are apparent when the class disagrees on certain aspects."*

Participant 26, who is a Coloured female, stated that

> *"I have experienced one or two occasions where a fellow student has made ignorant comments about Coloured people or certain communities…"*

She explained that the utterances did not offend her at the time, but she

> *"… took it as an opportunity to teach them so that they'll know better."*

Despite the student not feeling affronted when the derogatory remarks were made, she bore the burden of having to identify the stereotype, and to educate her peers. Furthermore, it is perplexing that her peers made *'ignorant'* and stereotypical comments about Coloured people to a Coloured person.

While participant 15 did not elaborate on the specifics of comments made that had caused her to feel inferior, the incident had involved her religious dressing.

Participant 25, whom the researcher infers to not be South African, related a number of egregious comments aimed at her:

> *"Classmates have asked me how I learned English, while they never ask that to other South Africans. They are "fascinated" that I can speak five languages, but they find that normal in other African students. Group members have corrected my accent multiple times because I was pronouncing words wrong. They are shocked when I speak of my culture… they are shocked by the food I eat… This is just ridiculous!"*

Despite the fact that many Black African students are able to communicate in a number of indigenous African languages in addition to English and often Afrikaans, SLH students find this students' multilingual ability captivating, creating a sense of exceptionalism in a foreign student that is overlooked and deemed mundane in Black African students.

Participants 35 and 41, both of whom are Black African females, related negative stereotypes that were directed at them. Participant 35 recounted:

> *"They said the Zulu language is hard, no wonder we spit when we speak."*

Similarly, participant 41 related being told

> *"You know how your people are."*

These examples of microinsults are both demeaning and hurtful, and convey intolerance towards the Black African students. The microaggressions depicted above provide insights into the strain on the self-esteem and mental health of these students. It furthermore begs questions about how these future SLH professionals

think, feel, and act towards their majority Black clients if they make such comments to their peers.

It is interesting to note that while the Black African, Indian and Coloured participants related polemics that attacked their race, religion, or culture, the four White participants (participants 14, 19, 24, and 32) had been made to feel inferior due to personality variables or academic reasons.

Participant 14 reported:

> *"In class I related a question to my home life and someone said that that's not applicable to the South African context, when I wasn't speaking about the general South African context, I was just speaking about my home life. Maybe I'm wrong but it felt like that person was hostile toward me. More in the way they said what they said, and the way they looked at me."*

Participant 19 stated

> *"I have felt victimised because of students having rude and crude comments about me."*

Participant 24 related that snide comments were made

> *"from students in years above (her)."*

Lastly, participant 32 said

> *"I was made to feel incompetent during an assignment; however, my peer knew the exact same amount of knowledge as me which was proven during this particular assignment."*

3.6.1.2. In-group, out-group

Regarding group work, just over half of the participants (52,1%) reported that they did not have a choice with allocation of students into groups, while 47,9% reported that they chose their own group members for group tasks. Regardless of whether group members were allocated or self-selection occurred, 68,8% of participants reported that groups were diverse in terms of race and gender, while only 31,3% reported that groups were in fact homogenous.

Participants were asked what determines their choice of who to work with, in group-related activities. While the majority of participants cited similar work ethic, like-mindedness of group members, camaraderie and ease of access to peers, race and culture became apparent as themes in the responses from the Black (Black African, Indian and Coloured) participants.

Participant 12 favoured a diverse group, which she felt resulted in more discussion and wide-ranging points of view-

> *"It's great to work with people who don't share the same opinion and who will provide a different view…"*

Considering that SLH professions work in a multitude of settings, and that multi-disciplinary teams consisting of varied professionals and personalities are viewed as best practice, the ability to work in diverse groups and glean insights from varied sources is a sought-after skill.

Participant 13 stated

> *"Those who don't look at my race and/or cultural background every time I talk."*

Participant 35 simply stated

"Race"

Participant 25 implied that White students tended not to listen to or value the input of Black students:

"Generally I prefer to work with non-Whites as we all listen to each other, or with White people who consider other's opinions."

Regarding group-work, participant 43 offered a suggestion that lecturers could implement in order to foster transformation-

"…maybe if when assigning group assignments instead of giving students the freedom to choose group members, the lecturer should do a random selection I think that will allow more integration…"

It can be argued that since the majority of students in the SLH undergraduate programs that participated in the current study are homogenous in terms of race and gender (White and female), White participants generally did not have to consider the race or gender of their group mates, and could instead use social constructs such as friendship, diligence, compatibility and trust when choosing group members. For students who are a minority in the classrooms, race, language, or culture became a factor in their choice of group members. One wonders if these minority students choose the groups or wait to be chosen, and whether they are chosen first, or are the outsiders.

3.6.1.3. *Need for 'planned and forced integration' as part of training*

The majority of the participants (75%) reported that there was informal segregation within their classes along racial, but also cultural and religious lines however this was not statistically significant by race (p-value=0.245), as depicted in Figure 3 below:

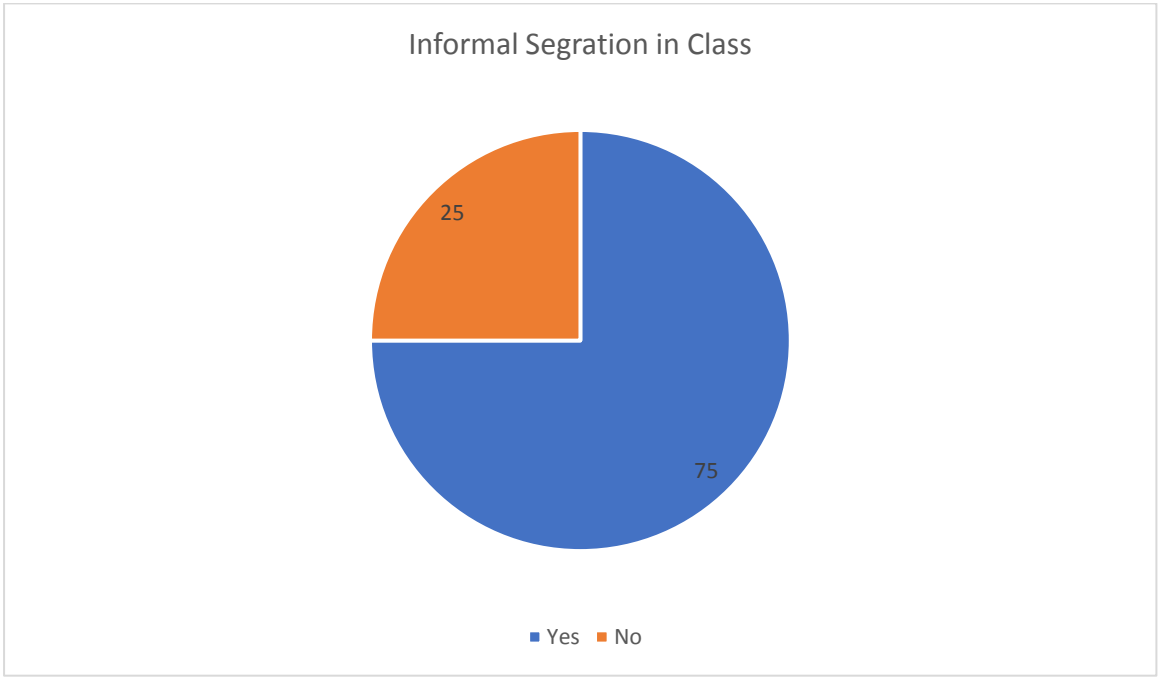


Figure 3: Participants' reports of informal segregation in class

Participants implied that while lecturers were unquestionably aware of the segregation, they chose to ignore this discrepancy. Participants also provided suggestions in order to bridge the divide that existed within their classrooms.

Participant 25 made an astute observation:

> *"… Lecturers may try to include everyone, but they subtly go towards the White group in our class. Our class always sits in two separate groups- White vs (sic) non-Whites, with a clear divide in the middle, and no*

lecturer has found it strange or brought it up. We as non-Whites feel oppressed by White class reps (sic) or peers who decide on our behalf in class decisions and shut all other people down. They don't greet us even when we do… I am being ignored and then asked to help when they need me. Maybe assigning interracial peers from 1st year will help combat this rift between races.'"

Participant 43's observation was:

"I think the saying "birds of the same feather (sic) flock together" is true… if you look around the class, the White girls sit with the White girls, the Muslim girls sit together, the African girls sit together..."

Participant 14 noted that while some groups were uniform, others were diverse:

"… I did notice that some friend groups had homogenous races and somewhat homogenous religions. But there were also friend groups that did not have homogenous races and religions."

Participant 46 stated:

"Certain races develop their own cliques and like speaking in their first language (e.g. isiZulu) others feel left out because they aren't proficient in that language or only speak English."

The implication of the above observation presents a quandary for a number of reasons. Firstly, Black African students communicating in their first language is problematised, with the expectation that they converse in their second (or third) language in order to include others. Secondly, English is the lingua franca of the country and the SLH professions; however, it is not the most commonly spoken

language- in reality isiZulu being the language spoken by the majority of South Africans. Finally, while many Black African students may be able to communicate in a number indigenous African languages, many White, Coloured and Indian students may not be able to. Instead of viewing this linguistic diversity as a strength, it is perceived as a means to exclude those who can only speak English.

Participant 47 shared her feelings:

> *"I am a female Indian Muslim. I am part of a minority, not only in my class but in the degree of Audiology. We are not given the same opportunities as Black students; it has always felt as if they are chosen first."*

Here segregation manifests between Black African and Indian students, with the Indian student feeling that her opportunities are compromised by her race in relation to Black African students. This scenario presents an interesting dynamic in that while Black African people comprise the majority in the country, they are the most under-represented group in higher education in general and within the SLH professions in particular. Participant 47's contention offers facile insights into the rift that may exist between Indian and Black African students. It may be that with the focus on transformation in higher education, Black African students are now prioritised, or *'chosen first'*, in order to redress previous marginalisation. While Indians in South Africa also suffered discrimination during apartheid, the extent was never as severe as it was for Black Africans. Although the interests of Indians have never been prioritised, they have been included and represented to an extent all along, evidenced by the number of Indian SLH professionals in South Africa compared to Black Africans.

3.6.2. Employment prospects in jeopardy

The overwhelming majority of participants (85,4%) felt that their employment options after completion of the mandatory community service year would be influenced by their race, whether employed in the public sector, in private practice, or starting their own practice. The Chi-squared test revealed that there was no association in the responses given when the participants were asked if they thought employment options after community service will be influenced and their undergraduate degree with a p-value=0.231 as indicted in Table 13 below.

Table 10: Employment prospects stratified with undergraduate degree

Variable		Audiology (n, row%)	Speech (n, row%)	Speech and Audiology (n, row%)	Total %	P-value
Employment options influenced by race?	NO	2(28.6)	3(42.9)	2(28.6)	7(14.6)	0.231
	YES	17(41.5)	21(51.2)	3(7.3)	41(85.4)	

Table 13 above indicates that most of those who felt that their employment would be influenced by their race were Speech therapy students (*n*=21, 51.22%) followed by Audiology students (*n*=17, 41.5%), however these two group proportions were not significantly different (p-value= 0.1560). However, those with a dual Speech Therapy and Audiology degree had the least proportion of 'yes' response for this question and this was significantly different from the other groups (7.32% vs 41.5% and 7.32% vs 51.2%; p-value<0.001).

Of the 14,6% of participants who did not feel that their race would influence their employment prospects, 4 were White, 2 were Indian and 1 was Coloured. No Black African participants felt that that their race would not have an influence on their

employment prospects. Alternately stated, all Black African participants felt that their race would negatively affect their employment possibilities within the SLH professions.

Qualitative thematic analysis of open-ended question revealed three themes relating to employment after completion of the mandatory community service year, namely 1) race; 2) politics; and 3) discrimination. These themes were subsequently divided into a number of sub-themes as depicted in Table 14 below:

Table 11: Emergent themes relating to employment

Main themes	Sub-themes
Race	Patient preferences Merit
Politics	Black Economic Empowerment (BEE) Preferential treatment Public versus private sector employment practices
Discrimination	Racism Language Religion

3.6.2.1. Theme 1: Race-based appointments and merit

There was a feeling amongst especially White, but also Indian participants that their race would negatively impact their prospects of being employed in the public health sector. Participants 39 and 40 were of the opinion that employment based on race was

> *"a common phenomenon"* and that *"people of colour are more likely to be employed than White people",*

However, participant 40 acknowledged that this was

> *"… because of our country's history."*

Furthermore, one White participant stated that

> *"… the type of job you receive is determined by racial implications."*

The participant felt that this was a *'sad reality'* which often drove professionals to leave the country.

Participants were of the view that SLH professionals were employed based on patient preference for certain races. The majority of responses from White participants with this view pointed to

> *"some people … favour a certain cultural (or racial) group over another."*

Participants felt that employment based on race occurred in order for patients to feel comfortable with the SLH professionals, alluding to the perception that the

> *"public sector would choose African people as they… know the culture and language."*

This sentiment was further shared by participant 22, whose insight was that race-based economic discrimination resulted in Black people accessing services in the public sector, and that

> *"(Black people) want to see people of their own culture serving them. Therefore, the government will want to hire a Black SLP over a White SLP"*

Paradoxically, participant 41, a Black African, reported that

> *"An audiologist I shadowed once told me that private practice tends not to hire Black audiologists because the majority of the patients are more comfortable with White audiologists."*

Participant 4, the sole male participant, felt that his gender, in addition to his race (White), would negatively impact on his employment prospects in the private sector:

> *"As a male SLT I am worried that people might be hesitant to employ me in their private practice because they might think that I cannot form relationships with clients or that clients might not feel safe with me. This is because much of speech therapy…treatment methods and reinforcements … are very maternal in nature and does not come naturally to me. … female- run private practices might be hesitant to hire a male SLT to work with their clients."*

Participants reported that their race, rather than their knowledge and skills, were a deciding factor when applying for employment, and that Black African SLH professionals were given the upper hand in this regard. Participant 47 stated that

> *"… it does not matter how well I do or how hard I work; I still won't be treated equally because I'm not Black. I won't have the same opportunities in this country."*

In stark contradiction to the response above, participant 48, a Black African, asserted that

> *"Being Black and poor can sometimes be used as a determination of competency, which is wrong."*

Relating to merit, participant 29 was of the view that the use of race and gender that was currently being applied in employment practices was *'…slowly changing…'* and that in future, employers would instead '…*look at academic abilities.'* The implications of this insidious statement are two-fold; firstly, that at present, academic abilities are being overlooked when employing Black candidates; and, that when

employers consider academic abilities in future appointment of employees, Black people may not fit the bill.

3.6.2.2. Theme 2: 'Politics always gets involved'

Participant 1 stated that *'politics always gets involved'*, while participant 2 indicated that *'it is how it seems to work in South Africa'*. Participants used terms such as '*unfortunately'* and *'disadvantage'*, with participant 19 stating that

> *"being White can make job opportunities more difficult…".*

Three participants explicitly mentioned the concept of BEE, while a number of participants alluded to it in their responses. All participants who directly or indirectly cited BEE were White. These participants were of the view that their race disadvantaged their employment opportunities, particularly within the public health sector. Participant 38 stated:

> *"it may be more challenging as a White female to find work in government practices due to BEE quotas, and it may be easier to go into private practice or start my own practice, as there would not be any racial quotas involved."*

Similarly, participant 4's understanding was that

> *"…the State employs BEE criteria for hiring people…"*,

However, he was optimistic that this may not be the case-

> *"I intend on (sic) keeping an open mindset because my fears might be unfounded."*

Participant 19 felt that being White would further disadvantage her in the private SLH sector, as

> *"… we don't help companies be BEE compliant."*

Intriguingly, all three participants who directly mentioned BEE are in their third year of study. They have not entered the job market as yet, nor have they had any experience in applying for employment as SLH professionals. In reality, all South African students will be employed by the national department of health for one year in fulfilment of the mandatory community service.

Relating to the sub-theme of preferential treatment, participant 12 felt that

> *"… it's not uncommon that certain races are preferred over others in certain institutions which may limit my options…"*

Participant 22 summed up her thoughts as follows:

> *"I think… Black or Coloured SLPs have a much higher chance of getting a job in the government sector, while … White or Indian (sic) will have a higher chance of working in the private sector"*.

There was broad consensus amongst White, Indian and Coloured participants that Black African therapists were more likely to be employed within the public health sector than any other race, due to the Black SLH professionals being able to understand and relate to the language and culture.

3.6.2.3. Theme 3: Discrimination as a barrier to employment

Discrimination as a theme was identified in only Black (Black African, Indian and Coloured) participants. Participants felt that bias and racism in the country, as well

as a lack of transformation within society, and by implication, the SLH professions, negatively affected their employment aspirations. Participant 13 was of the view that

> *"…society in itself has not yet fully transformed. There is still an air of arrogance when dealing with people from different race and/ or cultural groups."*

Participant 18 noted that lack of transformation in the country in general negatively impacted on employment:

> *"There is still bias and racism in the country that is not being entirely recognized (sic) or acknowledged and this significantly impacts the employment rate or any other business enterprises and even after completing community service, bias and racism still affects the country."*

Furthermore, participants alluded to language requirements in advertisements for employment in the private sector. Participant 35 reported that

> *"I see most vacancies have Afrikaans as a requirement in most private practices, automatically I know I have a greater chance of not being employed in the private sector."*

The fact that Black African SLH professionals often speak a number of indigenous African languages in addition to English was not viewed as an advantage if they were unable to speak Afrikaans.

Lastly, participant 28 felt that her religion and choice of religious dress would be a deciding factor, and would limit her opportunity to be employed in the private SLH sector.

"…my religion and choice of clothing might affect my ability to get a job in the private sector."

Participant 12, a female participant who is of Indian descent cited maternal and familial obligations being a barrier to furthering her career within the public sector:

"I do realise that it's going to be quite demanding to work at a public institution if and when I have a child. Especially an infant in which case I would prefer private practice (sic). Furthermore, there's (sic) familial responsibilities that are important being a woman."

3.7. Transformation- the enemy of excellence

Participants were asked to add any additional information regarding their perceptions or experiences of transformation at their university departments.

While participant 1 was in favour of transformation, her response is conditional in that while she affirms the need for transformation, she feels that fairness and justice would be sacrificed in the name of transformation.

"I think we should be more open-minded to the concept of transformation but also be fair and just in terms of admission to the course."

This response once again highlights that students are of the opinion that if transformation were to be implemented, undeserving candidates would be admitted into the degree program. Furthermore, the concept of meritocracy comes into play once again, in that more deserving candidates might not gain entrance into the SLH degree program as a result of transformation. In this regard it appeared as if

participants were in favour of transformation as long as it did not directly involve them, or reduce opportunities that they felt they were entitled to.

Participant 16 was critical of the administrative and logistical management of the SLH degree program

> *"I have experienced that there is a huge breakdown in the professionalism and administration of this degree. Clinical and academic work is often made more difficult than it should be due to poor planning and execution of logistics…"*

One wonders why this student shares these sentiments when asked about transformation.

A number of participants conflated transformation with logistical issues, dissatisfaction with administrative processes, lack of clinical notes, as well as a host of unrelated information Participant 19 shared that

> *"the (SLH) department is very unorganized (sic) …"*,

while participant 44 stated

> *"I feel like our departments clinic (sic) would run better if students were taught better in a more structured way…".*

CHAPTER 4: DISCUSSION

4. DISCUSSION

4.1. Demographic information

The demographic profile of participants in the current study appears to mirror the current profile of SLH professionals in South Africa, which is described as mainly feminised, White, and English or Afrikaans-speaking (Khoza-Shangase & Mophosho, 2018; Pascoe et al., 2018). The demographic profile of the SLH professions is, however, reportedly changing in terms of race, and to a smaller extent in terms of gender, as Pillay et al. (2020) report when they indicate that the number of Black SLH professionals is increasing, as indicated in Table 16 below:

Table 12: Racial profile of South African SLH professionals (data from Pillay et al., 2020)

Race	% SLH Professionals	% Increment (2008- 2017)
White	59,9%	7,9%
Indian	15,5%	9,6%
Black African	15,2%	16,1%
Coloured	4,8%g	18,6%
Unknown	4,6%	

Even though the past decade has seen the biggest increase in Black African SLH professionals as SLH graduates, as indicated in Table 16 above, the cumulative profile of Black professionals continues to be of concern in relation to the demographic profile of the country. The implications of this inequitable profile include SLH professionals who are ill-equipped to serve the needs of the population due to continued cultural and linguistic mismatch between SLH professionals and the clients served (Pascoe et al., 2018).

When closely examining data depicted in Table 16 above, one cannot help but note that the percent increment increases in SLH professionals across the racial

categories occurred across all the racial groups, without proportional representation indicating any distinct efforts to increase specifically Black professionals as such. This might be a point for deliberation by training institutions, especially if numbers of enrolments are restricted as they are in the South African training institutions – a restriction that is reportedly guided by limited available clinical training platforms.

Relating to first and additional language proficiency, findings of the current study are consistent with what Mdlalo et al. (2016) reported where the vast majority (99%) of SLH professionals that participated in their study spoke and understood English and/ or Afrikaans only. Current findings for communication based SLH professions raise serious concerns for the South African context, where *Statistics South Africa* (2018) estimates the country's population to at 57,7 million. This population consists of a diversity of cultures, languages, religions, nationalities, and ethnicities, with 80,9% of people being Black African; a majority of which speak isiZulu (23,8%) as a home language, with English being spoken as a home language by only 9,6% of the population (Stats SA, 2018). Given that Afrikaans is the first language of only 13,5% of the South African population, while English is the first language of 9,6%, (Stats SA, 2016) the language mismatch is apparent. Results of the current study reveal that English and Afrikaans continue to be fore-grounded as the *lingua franca* for South African SLH professions both in clinical service provision as well in the resources that are available (Tönsing et al., 2019). The implication of new SLH graduates who are as ill-equipped to manage a linguistically diverse caseload as their SLH predecessors, speaks to the lack of prioritisation by universities to increase a linguistically diverse student body.

Perhaps it is the lecturers more than the students who are not ready for transformed SLH professions. Keeton et al. (2017) found that lecturers reported

being uncomfortable supervising sessions when the student and client shared a common language that the lecturer was not able to understand. In the current study, Afrikaans speaking participants (often observed with African language speaking students), revealed that they had to spend significant time translating for peers when they could have been engaged with their own clinical work. Notwithstanding the uncertainty by lecturers, Keeton et al. (2017) reported that students and clients were much more at ease when they were able to communicate with each other in their common language, instead of the language of the supervisor.

Increasing race and language diversity of students within SLH university departments creates new challenges for current lecturers (Keeton et al., 2017). The language mismatch between lecturers, students and the demographic profile of the South African patient population has implications for clinical training, over and above the obvious clinical service provision once the students qualify. Participants in the current study reported that it was sometimes easier to swap clients that had been allocated to them if there was a fellow SLH student who could converse with the patient in a common language in order to create a better fit. In real-world settings, it may not be feasible to swap patients that SLH professionals are not able to communicate with, which raises ethical dilemmas in professional practice. These dilemmas can be overcome if students are *au fait* with working with interpreters and language brokers (Maul, 2015).

As in the current study, Southwood and van Dulm (2015) report that a number of universities require SLH students to study an African language as a subject for at least a year in an attempt to expose undergraduate SLH students to indigenous languages. Additionally, students who are not proficient in Afrikaans are required to take an Afrikaans language course (Southwood & van Dulm, 2015). The current

author asserts that less emphasis should be placed on getting Black African students to communicate in Afrikaans, and more prominence given to training White, Indian and Coloured SLH professionals to communicate in an African language, if the demographic profile of the South African patient population is to be appropriately and efficiently served. This view is supported by the Health Professions Council of South Africa's (HPCSA) position statement and *guidelines for practice in a culturally and linguistically diverse South Africa*, where they emphasise the importance of contextual relevance, local knowledge, and critical consciousness of SLH students and practitioners (HPCSA, 2019). Mandating an African language in higher education would go a long way in Africanising curricula, which is what Khoza-Shangase and Mophosho (2018) assert would remove the current hegemony that pervades SLH curricula and practices.

Despite some limited exposure to indigenous languages at university, participants in the current study felt that the language courses offered were generic and superficial in nature and would not be of much benefit in real life clinical service provision settings. The lack of preparedness for multi-lingual, multi-cultural settings surely extends to SLH professionals who are currently in practice, as affirmed by Barratt et al. (2012), where they cautioned against the use of informal translation of English standardised tests for use with an African population, as well as the use of untrained interpreters. The current author recommends that learning of an indigenous African language should be encouraged by professional associations [(the South African Speech-Language- Hearing Association (SASLHA), the National Black Speech Language Hearing Association (NABSLHA), and the South African Association of Audiologists (SAAA)] and mandated by the HPCSA as part of clinical competence for practising SLH professionals within the South African context.

A similar finding related to SLH students' insufficient exposure to an indigenous African language was highlighted by Penn et al. (2009) over a decade ago, where despite the inclusion of an African language in the SLH undergraduate programmes, there was limited practicality in the real world setting, with no guarantee that the language studied would benefit students in the contexts that they found themselves. The persistence of these challenges requires the South African SLH programmes to consider tailoring the indigenous language courses to encompass terminology specific to the SLH professions and encourage on-site language learning during practical training blocks. As in the current study, Keeton et al. (2017) assert that until indigenous languages become commonplace during undergraduate SLH training, Black African students will continue to be problematised for communicating with Black African patients and peers in an indigenous language. Conversely, Black patients will continue to receive inequitable SLH services by therapists who are unable to communicate effectively in their language (Barratt et al., 2012).

Results of the current study found that almost half of participants (43,8%) did not feel confident when working with interpreters or language brokers. While the use of interpreters is often viewed as a solution to bridge the language gap in South Africa, the practice presents a multiplicity of challenges that have been documented by numerous local leaders in the field including 1) the availability of language brokers and trained interpreters, 2) the use of untrained translators, 3) loss of fidelity and misinterpretation, 4) over-or under-identification of communication impairment, to name a few (Barratt et al., 2012; Khoza-Shangase & Mophosho, 2018; Mdlalo et al., 2019; Pascoe et al., 2013; Seabi et al., 2014; Southwood & van Dulm, 2015). In order to maximise effective use of interpreters, Hyter and Salas-Provance (2019)

and Maul (2015) recommend that SLH professionals should follow a structured approach to working with interpreters. These authors advocate for the BID process – a) a ***b****riefing session* of the interpreter prior to the clinical encounter in order to review the case, delineate expectations, clarify the aim of the session, and to train the interpreter as necessary; b) the ***i****nteraction*, which is the actual assessment or intervention session, taking into account that this process will take longer and require active listening; and c) a ***d****ebriefing session*, which occurs after the interaction and involves discussing the session, reflecting on what worked and what did not in order to improve future sessions, as well as the interpreter adding any cultural aspects that should be considered in the clinical care of the patient. The current author further asserts that when SLH professionals work with interpreters, cultural sensitivity should not only be reserved for the clients being served but should extend to the interpreter providing assistance.

Furthermore, the use of untrained and laypeople such as cleaners, gardeners, porters, other patients, family members, and especially children, additionally present ethical dilemmas related to patient confidentiality (Hyter & Salas-Provance, 2019; Penn et al., 2009). This sentiment is echoed by Hyter and Salas-Provance (2019) who highlight that the use of untrained interpreters may cause harm in the clinical setting due to interpreters leaving out important information, avoiding parts that they do not understand themselves, or adding irrelevant personal details. These authors advise that cultural dimensions involved in interpreting cause more communication breakdowns than the actual language being used (Hyter & Salas-Provance, 2019). In order to address the challenges presented by SLH professionals' lack of confidence in working with interpreters, the current author recommends that, as a national standard, interpreters and language brokers be actively incorporated into clinical

training at undergraduate levels where they form part of assessment and intervention sessions, in order to allow students to garner these necessary skills under a supervised environment. This approach will also allow for interpreters to get training for efficient SLH service provision interpretation. Barratt et al. (2012) and Khoza-Shangase and Mophosho (2018) highlight that given the multilingual nature of the South African context, even trained interpreters may not be sufficient to bridge every possible language spoken in the country, and that the logical solution would be to increase training of multilingual SLH professionals who reflect the demographic profile of the South African population.

4.2. Understanding of Transformation

The theme of participants viewing diversity as a vehicle towards inclusivity aligns with Seabi et al.'s (2014) finding that students were not satisfied with the pace of transformation, especially related to language of instruction, as well as lack of diversity of teaching staff.

Participants in the present study called for decolonisation of the SLH curriculum by critically evaluating the Eurocentric basis of the professions in order to incorporate indigenous knowledges, while retaining Western elements. Fellner (2018) asserts that a number of very real and very personal and professional reflections are necessary in order to both decolonise curricula and indigenise pedagogy. The four key reflections recommended are enumerated as:

- Firstly-creating indigenous counter-narratives in order to deconstruct colonial ideologies;

- Secondly- personifying decoloniality in both talk as well as action inside and out of the classroom;
- Thirdly- critically identifying and addressing the harm caused by a Eurocentric epistemology, and
- Finally- identifying and dismantling the overt as well as subtle pervasiveness of colonial ideologies and resultant power imbalances and over-pathologization in the assessment, diagnosis, interventions, and research involving indigenous communities (Fellner, 2018).

Within the SLH training programmes and consequently within clinical practice, Khoza-Shangase and Mophosho (2021) call for not only reflections, but tangible and visible action as well.

Nuanced analysis of the results relating to transformation as it relates to participants' employment prospects revealed that while some students had an understanding of the concept of transformation, they were grappling with the reality of transformation and redress, and what it means for them as individuals. This was evident in a number of participants, who on the topic of transformation in the context of higher education stated that transformation meant a number of things, namely: to incorporate a larger diversity of people; to assist previously disadvantaged students with financial support in order to be able to afford higher education; to undergo a growth process in order to become better human beings; and to unlock opportunities for students who would otherwise have not have access to higher education. However, results relating to employment prospects revealed that White and, in some instances, Indian participants, felt that jobs that would otherwise be meant for them, would be in jeopardy particularly within the public health sector.

The above finding depicts how the same participants who report that transformation is necessary and facilitates equal access, feel that policies that are meant to redress past injustices will disenfranchise and disadvantage them. This view is supported by Durrheim et al. (2011), who contend that transformation policies such as affirmative action (AA) in South Africa are controversial concepts that are fraught with strong emotions, and are construed as advancing one or more social groups at the expense of others. Results of the current study indicate that participants were struggling to reconcile the implementation of transformation with the impact it may have on them. Participants may feel threatened by transformation, however, the appointment of more Black SLH professionals should not be seen as occurring at the expense of job opportunities for White professionals. Indeed, the presence of more Black SLH professionals in the workforce has the potential to raise the profile of the professions within communities who would otherwise not be aware of them, thus creating a greater demand for SLH services. This assertion is supported by Pillay et al. (2020), who report that the 2030 Agenda for Sustainable Development necessitates increased appointment and retention of SLH professionals within the health care field, in line with the South African government's National Health Insurance (NHI) Bill of 2018.

The author of this dissertation deduced from the current data that participants were supportive of transformation only if it could occur without affecting them in any way. This deduction is in line with what Durrheim et al. (2011) report when they found that opposition to AA policies correlated with an increase sense of threat, marginalisation and violated entitlement amongst participants, while support for AA was associated with the continued reality of inequitable social and material stratification that characterises South Africa.

Similarly, participants were of the view that Black Economic Empowerment (BEE) policies meant that the most qualified candidate would not necessarily be employed. This view was reported by Cornell and Kessi (2017) who found that dominant discourses on transformation portray Black students as undeserving beneficiaries who are unfairly advantaged and given preference in a form of 'reverse racism'. While these overt assertions were not revealed in the present study, White and Indian participants' views that their race rather than their knowledge and skills would be the deciding factor influencing their employment prospects, and that Black students were being advanced at the expense of other students, implies that these students feel unfairly treated.

A number of studies have indicated that those students who previously enjoyed institutional privilege, viewed transformation as a strategy aimed at dispossessing them of opportunities that they deserve (Cornell & Kessi, 2017; Dirk & Gelderblom, 2017; Durrheim et al., 2011; Kohnert, 2013; Robus & Macleod, 2006; Thackwell et al., 2016; Traub & Swartz, 2013). A study conducted by Traub and Swartz (2013) into White psychology students' perceptions on racial equity in the psychology training programme at a South African university revealed that White students experienced uncertainty, internal shame at their privilege, and assigned blame to Black students for being given unfair and unearned advantages. The current author believes that these assertions, such as *"(White and Indian therapists) not being employed despite being the best candidate for the job"* are baseless and dangerous, and create and perpetuate false narratives about the professional knowledge, skill and competence of Black SLH professionals. Within the SLH professions, the repercussions of these racist, meritocratic, and entitled beliefs raise ethical dilemmas about the standard of care offered by Black SLH professionals.

Indeed, Reuben and Bobat (2014) report that the unfounded conviction persists that Black people are incompetent and unfairly given preference for certain jobs for which they are unsuited and undeserving. In the current study, White students, while supportive of transformation and greater diversity in the SLH professions, were of the view that the perceived privileges and accommodations being made for Black students should not proceed indefinitely, and that at some undefined point, the special treatment that is BEE needed to come to an end. Similar findings were reported by Traub and Swartz (2013) when interviewing White psychology students, who suggested the reintroduction of community psychologists similar to midlevel workers to accommodate diversity instead of increasing Black representation in the psychology profession – implying comfortability with Blacks as their assistants and helpers rather than their equal – as originally dictated by Hendrik Verwoerd's dream of Black people as *'hewers of wood and drawers of water'* (Marumo & Sebolaaneng, 2019).

Notwithstanding the BEE trope referred to by participants in the current study, participants were in fact referring to affirmative action (AA) measures introduced by the South African government in the employment Equity Act 55 of 1998 (Reuben & Bobat, 2014), while Black Economic Empowerment, or BEE that was mentioned in the study, refers to objectives set by the government for the transformation of medium and large businesses relating to Black ownership and management, skills development, and the procurement of goods and services (Durrheim et al., 2011). It appears as if participants in the study confused BEE with AA and may reflect some participants' disdain for redressive policies in general, and may raise serious implications about the professional engagement with policies and the influence of this on clinical service provision to the majority of the South African population.

The rationale for AA is to achieve a deracialised society reflected in economic, political, and social inclusion of previously disadvantaged groups (Reuben & Bobat, 2014). Nonetheless, Gradín (2019) contends that merely removing discriminatory legislation is inadequate in removing racial discrimination in the workplace. While experiences in the workplace were beyond the scope of the current study, results of the current study revealed that Black (Black African, Coloured and Indian) SLH students had already experienced discrimination during their practical training blocks at SLH private training platforms and are anxious about their employment prospects within the private sector. It would be interesting to investigate whether the students who had experienced discrimination had reported this to their lecturers and supervisors, and what the outcomes of this had been.

4.3. Transformation in clinical service provision

The overwhelming majority of participants in the current study revealed that they consider aspects such as the cultural practices (95,7%), religious beliefs (89,4%), and lifestyle of their clients (91,5%) in their clinical practice. Despite this admission, a number of participants felt ill equipped when dealing with a diverse caseload, either due to a lack of diversity in teaching staff, or a lack of real-world examples in their training. These shortcomings suggest that training in cultural diversity may be cursory and may not be translating into true reflection on factors such as food security, social determinants of health, cultural views on disability and health, and structural racism, which all impact on help-seeking behaviour and compliance with treatment regimens (Khoza-Shangase & Mophosho, 2018; 2021).

In light of the challenges mentioned above, the current author recommends that beyond teaching cultural competency, students should be encouraged and taught to interrogate their clients' reality and the reality of their contextual situations by becoming politically conscious. Authors such as Metzl and Roberts (2014) agree that structural factors such as inequitable social and economic distribution play a major role in the health and wellbeing of poorer communities. Similarly, Wear (2003) argues that traditional teaching of cultural competence is problematic for a number of reasons, namely, it continues to foreground White, Eurocentric, heteronormative, Christian views as the norm, while othering and marginalising cultures that do not subscribe to the above. In this regard, SLH lecturers need to overhaul their teaching methodology on cultural competence to ensure that students become cognisant of the myriad of institutional and policy factors, socio-political forces and unequal distribution of power by confronting their own biases and prejudices, and acknowledging institutional factors, within higher education, within SLH departments, and within themselves, that impede or facilitate healthcare searching behaviours and health outcomes – addressing the *White gaze*.

This approach is supported by Kathard and Pillay (2013), who call for political consciousness at the macro, the meso, and the micro levels. Khoza-Shangase and Mophosho (2021) highlight that if this *White gaze* that continues to have a persistent influence in the SLH curriculum means that that even African language speaking students who enrol into South African training programmes receive training that is not 'Africanised'. Consequently, they do not necessarily graduate in a better professional position than non-African language speakers. This is also well described by Letsoalo and Pero (2020), who point to the *White gaze* and its persistent influence over the curriculum.

Current findings relating to participants considering their clients' culture, religious belief, and lifestyle, are in line with Southwood and van Dulm (2015), who found that newer qualified SLH professionals are better prepared than more experienced therapists to evaluate and manage children in an indigenous African language, either with the assistance of an interpreter, or on their own. However, Southwood and van Dulm (2015) went on to reveal that even in newly qualified SLH professionals, only a small minority considered the cultural and linguistic suitability of assessment materials when assessing clients from culturally and linguistically diverse backgrounds.

This lack of consideration when selecting assessment materials speaks directly to the paucity of locally developed and suitably normed material that can be used in the South African context. Failure to address the dearth of culturally and contextually relevant material has become untenable, and oftentimes results in misdiagnosis and inappropriate intervention (Barratt et al., 2012; Khoza-Shangase & Mophosho, 2021).

4.4. Transformation in SLH curricula

Results of the current study indicate that SLH students are frustrated and are becoming impatient for the development of assessment and management resources that are appropriate for the African context. A number of local professionals have started heeding the call for locally appropriate and locally normed material that go beyond translating international material (Balton et al., 2019; Mdlalo et al., 2019; Mophosho et al., 2019; Khoza-Shangase & Singer, 2018; Panday et al., 2018; Barratt et al., 2012; Khoza et al., 2008). However, a number of publications and

focuses of research continue to foreground Afrikaans as addressing the needs of the multilingual South African population (Pascoe et al., 2013; Pascoe & Norman, 2011; Tönsing et al., 2019). The continued focus on Afrikaans only, as an alternative focus South African language, as linguistically relevant SLH assessment and management tools seeks to maintain the status quo and serve only a small minority of the population at the expense of the majority. Participants in the current study are keen for the development of assessment and therapy resources in indigenous African languages. This reflects that the current cohort of students are ready to move beyond Afrikaans, with the appropriate support and training at undergraduate level. The introduction of indigenous assessment and management material can also be disseminated to practising SLH professionals through the local professional associations (SASLHA, NABSLHA, and SAAA) as well as through CPD (continued professional development) activities that focus on SLH service provision in culturally and linguistically diverse populations (Khoza-Shangase & Mophosho, 2021).

Interestingly, Mdlalo et al. (2019) reveal that a limited number of culturally and linguistically relevant tests do exist. None of the participants in the current study alluded to or seemed aware of the existence of such tools. Does this mean that even though research has been conducted and tools have been developed that are more suitable for the local context, SLH training programmes ignore these and continue to introduce materials that are inappropriate? Evidence from the current study seems to indicate that this appears to be the case, and this raises worrying evidence regarding SLH training programmes downplaying local knowledge while perpetuating Eurocentric knowledge- the single story narrative, which was emphasised by Khoza-Shangase and Mophosho (2018). This raises implications for accountability from institutions such as the HPCSA which provides accreditation to training programmes.

Evaluations of training programmes should include assessing how the training programmes deal with the seemingly real and manufactured lack of assessment measures.

The majority of participants in the current study described a desire for patient-centred care in order to balance uneven power relationships in clinical interactions. Research has proven that patient-centred care falls within the ambit of the biopsychosocial model of care, and is evidence-based practice (Dockens et al., 2016; Pentecost et al., 2018). However, within this study, participants reported that cultural and linguistic mismatch as well as disparate social standing contributed to unequal power dynamics, which may have a negative impact on the therapeutic relationship as well as therapeutic outcomes. It is known that when there is a disparity between culture, language, and race, the potential for miscommunication is heightened (Hyter & Salas-Provance, 2019). Patient-centred care that is racial-culturally competent as well as acknowledges latent power dynamics, will foster the best outcomes for SLH healthcare users within the culturally, linguistically, and racially diverse SA context (HPCSA, 2019; Khoza-Shangase & Mophosho, 2021).

In the current study, even though White culture per se was not taught, the majority White participants were of the view that the SLH curriculum was indeed reflective of their own culture and values. In this way, Whiteness is viewed as the norm, and White culture as naturally occurring, thereby normalising White experiences while problematising Black experiences, and precluding any interrogation into the status quo (Traub & Swartz, 2013). This is what Khunou et al. (2019) caution defines *White gaze* in such spaces where whiteness imposes itself as a lens for knowledge, knowing, and the knower, making Blacks in that space feel unwelcome and unaffirmed. Jay (2003), Kohnert (2013) and Preis (2013) affirm that

education on culture or multiculturalism has tacitly been learning about people of colour, with White culture being assumed as the prevailing culture, while failing to recognise that everyone has a culture. Results of the current study where the majority of the participants were White females are in line with Pillay et al. (2020) where the vast majority of practicing SLH professionals were White and female- it therefore stands to reason that the dominant culture that still prevails within the SLH curriculum is that of White, middle class people. The current author speculates that the continued persistence of a White, female, English and Afrikaans culture in SLH training and practice more than half a century into democracy, means that transformation remains confined to policy level, with limited concrete plans for implementation, as supported by Khoza-Shangase and Mophosho (2018; 2021) who criticise the South African SLH professions for tolerating diversity as an obstacle instead of embracing it as a strength.

4.5. Institutional culture of South African SLH departments

Black students entering the SLH professions often do not have access to role-models who can guide and advise them. Cornell and Kessi (2017) assert that the lack of diversity in academic teaching staff at universities perpetuates the sense of exclusion that Black students experience in such spaces and dispossesses them of role models as well as a sense of belonging. Khoza-Shangase (2019) refers to this as emotional and intellectual toxicity that confronts Black students and staff within these spaces.

In the current study, Black students in general, and Black African students in particular, reported feeling isolated within their university departments due to their

race, and failed to identify with the academic teaching staff. A study by Gona et al. (2018) conducted in America found that nurses from ethnic minorities needed mentors in order to feel safe to express themselves, share their experiences, seek help, and be understood. It should, however be noted that the difference in the study by Gona et al. (2018) and the current study, is that the current study is set within a majority Black African country where Black people continue to be the minority in higher education as reported by Seabi et al. (2014), particularly in epistemological representation (Khoza-Shangase, 2019). Nonetheless, these feelings of isolation identify an environment that excludes certain students and does not take into account the needs for Black students to access Black lecturers.

It must be emphasised that lecturers play a pivotal role in shaping the manner in which future SLH professionals approach clients from diverse backgrounds (Tai et al., 2018). Furthermore, lecturers need to assist students to identify their own biases, privileges, and positionality when managing clients from culturally and linguistically dissimilar backgrounds (Fellner, 2018; Khunou et al., 2019). Given the diverse cultural and linguistic makeup of South Africa, SLH lecturers will often have to step out of their own comfort zones in order to teach not only about a diverse clientele, but a diverse student corps (Reddy, 2018). However, the positive spin-off of racial and cultural diversity within the higher education student body includes increased confidence in approaching clients from diverse groups (Thackwell et al., 2016). Within the current study, Black students mentioned that having Black lecturers to support them, as well as to lead the charge in incorporating indigenous languages and cultures was paramount. While Black students are currently encouraged to provide SLH services to Black clients in a shared indigenous language, when lecturers cannot understand the language, patient care may be compromised,

teaching and training may be degraded, and allocation of marks may be biased (Keeton et al., 2017; Khoza-Shangase & Mophosho, 2021).

In order to overcome the dearth of racially, culturally and linguistically diverse teaching staff, SLH departments need to make concerted efforts to recruit and retain Black (Black African, Indian and Coloured) academic staff. This recommendation has been made by a number of international authors (Gona et al., 2018; Kohnert, 2013; Preis, 2013), although these authors write from a perspective of the SLH professions accommodating minority populations who are culturally and linguistically diverse, whereas the South African scenario has the majority Black population without sufficient senior SLH role models in the training programmes. In order to attract and retain Black SLH professionals into the academy, Seabi et al. (2014) contend that these individuals need to be encouraged and supported to complete postgraduate studies.

The employment of Black SLH lecturers in South African universities needs to coincide with active and meaningful decolonisation and Africanisation of the curriculum (Khoza-Shangase & Mophosho, 2021), otherwise the exercise will be meaningless attempts to meet racial quotas.

While it is clear that students would need guidance in order to learn to reflect and to act, actions by the universities who denied access to students for the current study, show that SLH departments and larger institutional structures seem less determined to confront transformation challenges at institutional and professional levels. The actions by the universities in the present study can be argued to use the visage of institutional autonomy and invoke the Protection of Personal Information Act (POPI Act, Act 4 of 2013) in order to maintain the status quo, protect White

fragility, and claim race neutrality (Khoza-Shangase, 2019; Joseph et al., 2020). This, in the face of studies that have depicted the hidden racism and discrimination that Black students continue to face within higher education (Macupe, 2020). Studies such as this, as well as the current study, indicate that a lot more needs to be done to dismantle the hegemonic machinery that keeps higher education running.

4.6. Student integration

Results of the current study indicate that while White students generally considered compatibility and kinship when choosing group members, the choice for Black students was based on racial, cultural and linguistic factors. Considering that SLH professions work in a multitude of settings, and that multi-disciplinary teams consisting of varied professionals and personalities are viewed as best practice, the ability to work in diverse groups and glean insights from varied sources is a sought-after skill (Penn et al., 2009). Penn et al. (2009) found that SLH professionals who worked in multi-disciplinary teams gained greater insight into the roles of each professional in the management of clients with complex diagnoses.

Results of the current study revealed that when Black students were part of diverse work groups in their classes, their opinions are not always valued, and their voices not always heard. Research into the experiences of Black students in higher education has highlighted occasions where the value of Black students' contributions to group tasks has been undermined and edited (Cornell & Kessi, 2017). The same study by Cornell and Kessi (2017) revealed that White students were sometimes unwilling to work with their Black peers.

A number of the comments aimed at Black students by their peers in the current study are indicative of racial microaggressions, which are subtle insults by those in dominant positions, that have far-reaching effects for those affected, which McCoy and Rodricks (2015) state are cultural assumptions. From the seemingly inane assumption in the study that a Black African person is able to speak every indigenous African language, to the harsher comment about Coloured people being a certain way, or telling a fellow student that Black people spit when they speak, these insidious comments are often automatic, and difficult to report (McCoy & Rodricks, 2015), but have significant implications not only for clinical training, but for clinical service provision once the student has qualified.

Current findings are affirmed by Gona et al. (2018) and Ong and Burrow (2018), who say that daily, common-place racial discrimination and toxic environments lead to Black students suffering from elevated stress and depressive symptoms, as described by Khoza-Shangase (2019) as emotional and intellectual toxicity from within a South African SLH training programme. The current author considers that the microaggressions and toxicity reported by participants in the current study have important implications for the retention and successful throughput of Black SLH students. Khoza-Shangase and Mophosho (2018) agree that contextual toxicity exists within SLH university departments, which is fostered by lecturers turning a blind eye to slights made to Black students. Participants in the study questioned how lecturers were oblivious to racial segregation and divisions that were occurring within their lecture rooms.

The current author recommends that a crucial part of the journey towards transformation of the SLH professions and acceptance of all students, is honest self-reflection about the privileges that certain students enjoy, a willingness to listen to

those who are disenfranchised by the system, and the ability the identify and speak out against structural and institutional racism and discrimination. This approach is supported by Preis (2013), who advocates for a structured approach by SLH university departments to issues such as cultural difference and discrimination, White privilege, and institutional racism .

Results of the current study found that participants gravitated towards those who were similar to them racially, culturally, and linguistically. Alexander and Tredoux (2010) found that interacting with those similar to you offered a collective identity, mutual interests, and supportive relationships to students of homogenous racial, and undoubtedly cultural and linguistic identity. The problem with this behaviour arises however, when informal segregation manifests as superficial classroom interactions, reproduction of formerly official segregation, and exclusion of minority groups, which in the South African higher education context, and specifically in the SLH programmes, is Black students (Alexander & Tredoux, 2010). If the exclusion of Black African students continues within SLH classrooms and the professions in general, their stories will never be told, and their contribution to more linguistically and culturally relevant professions will continue to be stifled, a significant loss to the professions functioning within the African context. However, in order for Black students to feel safe and secure to share their cultural realities, SLH epistemologies and ontologies must be decolonised, and SLH pedagogies must be indigenised (Davis et al., 2004).

An essential component of transforming current and future higher education in South Africa includes delving into the reproduction and embodiment of segregation and discrimination within South African universities (Perez et al., 2012). The sentiments expressed by participants relating to segregation within SLH classrooms

are echoed in a study conducted at UCT by Cornell and Kessi (2017), where racial segregation permeated lecture halls, residences and other public spaces on campus. In this regard, universities need to not only investigate, but encourage inter-racial relationships within hostels, lunch halls and recreational clubs.

Of major concern in the current study, is that two thirds of participants identified that informal racial segregation occurs in their classrooms. Results of the study reveal that while students are aware of informal segregation within their classrooms, they were waiting for lecturers to solve the problem for them. Participants made recommendations for inclusion, namely that lecturers need to acknowledge the segregation that exists and make concerted efforts to encourage diversity in class activities and group work, as well as group assignments and projects.

Indeed Alexander and Tredoux (2010) assert that the classroom may be the ideal space to disrupt informal spatial segregation in higher education, however the students need to be willing and courageous enough take the first steps. While authors such as Walker (2005) state that even small changes by students in attitude, action, and interaction will go a long way in starting to bridge the divide, and that micro-interactions across racial, cultural and social lines may be linked to structural transformation. However, the current author is of the opinion that expecting students to lead the charge in transformation of higher education and within the SLH professions, negates the accountability and responsibility that the institutions and the professions have in confronting and dismantling racist, hegemonic structures. In the same way, Joseph et al. (2020) contend that when incidents of White supremacy, hate, and bigotry occur in higher education, placing blame on individuals or isolated groups instead of acknowledging the vestiges of colonialism and the violence that it

enacts on a daily basis, is a disingenuous act by higher education that serves to protect White comfort and White fragility.

While White participants in the current study expressed anxiety about their employment prospects after completing the year of mandatory community service in the public healthcare sector, the results of Pillay et.al (2020) confirm that the majority of SLH professionals in the country, the bulk of whom are White, are employed within the private sector. Similarly, Gradín (2019) reiterates that access to employment is one of the chief reasons for racial inequality in the labour market in South Africa, followed closely by job reservation.

This is evidenced by SLH professional associations - SASLHA as well as SAAA routinely allowing and endorsing advertisements for employment opportunities on their Facebook pages, where the job requirements include bilingual therapists fluent in Afrikaans and English only. These associations allow their members to advertise employment opportunities on their platforms with requirements that effectively exclude SLH professionals that are multilingual in the other South African languages besides Afrikaans – and these are mostly Black Africans. In addition, SASLHA and SAAA members occasionally pose questions or comments on the Facebook pages in Afrikaans, which excludes professionals who cannot speak the language. It must be emphasised that one of the aspects highlighted in the 2015 student protests in higher education related to language (Pentecost et al., 2018). Similarly, students at the University of Stellenbosch (US) reported how Afrikaans was used to exclude and negate the experiences of Black students (Macupe, 2020).

That SASLHA and SAAA continue to allow these exclusive and discriminatory practices and have not been witnessed to speak out against it, judging by the

continued practice, makes one question where these professional associations stand on transformation of the South African SLH professions. In the present study, participants reported that proficiency in Afrikaans was a requirement in job advertisements on SASLHA and SAAA sites. This can be construed as job reservation and serves to exclude job applicants who may be proficient in other official South African languages.

As revealed in the current study, Black SLH professionals face a myriad of challenges relating to employment, specifically within the private sector. From patient preference for White SLH professionals over Black therapists, to advertisements that specifically require Afrikaans, and discrimination relating to religious and/ or cultural dress, Black therapists face numerous obstacles to gaining employment. An unpublished undergraduate study conducted at UCT in 2019 found that racial and religious discrimination, as well as linguistic competence in Afrikaans were barriers that newly qualified professionals faced when attempting to enter SLH job markets (Davids et al., 2019). While the study focused specifically on challenges and opportunities that audiologists in South Africa face relating to employment, it is postulated that the results would be similar for speech-language therapists.

The results of the study by Davids et al. (2019), where discrimination on the basis of race and religion were prevalent in the private SLH sector, mirror the responses obtained in the current study, namely, that potential employers were of the view that patients would respond better to a White audiologist, and that wearing of a headscarf was not allowed at the specific private practice. It must be noted that the study by Davids et al. (2019) was conducted on qualified audiologists who had already entered or were attempting to enter the job market, whereas the current study focused on undergraduate students. It is disheartening that Black SLH

students have already experienced prejudice and discrimination, possibly during practical training blocks, even before applying for employment.

CHAPTER 5: CONCLUSION

6. CONCLUSION

6.1. Overview of the current study

The current study explored the perceptions and experiences of 3rd and 4th year SLH undergraduate students at South African universities relating to transformation of the SLH professions. The study sought to explore students' understanding of transformation, current practices in undergraduate training, clinical service provision, as well as student integration across linguistic, cultural, and racial lines. The study aimed to highlight what measures participants were aware of to transform the SLH curricula and clinical service provision.

Results of the current study revealed that the majority of participants believed that progress had been made towards attaining transformation, however the overwhelming majority felt that transformation was still necessary within the SLH professions. The implication of these results is that while steps have been taken to transform the SLH professions to be more reflective and inclusive of the indigenous population, a lot more still needs to be done.

English and Afrikaans are still the most prominently spoken first and second languages of SLH students. The implication of this is that Black African students continue to form the minority within SLH classrooms. Consequently, the majority Black African South African population will continue to receive SLH services in languages other than their first languages. This challenge has been documented on a number of occasions (Khoza-Shangase & Mophosho, 2018; Mdlalo et al., 2016; Pascoe et al., 2018; Seabi et al., 2014), and results of the current study point towards continuation of the status quo.

Tangible and meaningful strides in diversifying the SLH professions begins at recruitment of students into the SLH course at undergraduate level. In this regard, the HPCSA SLH board should continue to engage with university departments in order to meet prescribed diversity targets. However, enrolment by Black students in the SLH programs alone will be insufficient if successful throughput is not ensured. Results of the current study revealed that physical resources such as transport, as well as intangible capital such as feeling comfortable within university departments and being able to identify with teaching staff, play a role in the experiences that mark students' undergraduate careers.

Results of the study revealed that students have a basic understanding that transformation within higher education entails greater access to a greater diversity of students and an increased focus on indigenous epistemology and ontology. Similarly, participants were aware that decolonisation of the SLH curricula and practices needed to encompass all races, cultures, ethnicities, and local languages, with an increased focus on patient-centred care that is culturally responsive. Results of the current study recognised that decolonisation extended to the knowledge that was generated and shared within the SLH curricula, the student body that received this knowledge, and the lecturers who imparted the knowledge. Results pointed towards merging those Western elements that were relevant with Afro-centric knowledge. Furthermore, results of the current study revealed that the SLH professions need to reflect on knowledge that has been presented as facts, but that actually disadvantage or over-pathologize indigenous populations.

Relating to understanding what transformation meant, participants reported that the inclusion of a greater diversity of students as well as clients, redressing

injustices that had been committed during apartheid, as well as a change in epistemology and ontology of the profession.

Participants reported that transformation was embodied within their departments by the inclusion of SASL and indigenous South African languages and cultures in the undergraduate SLH training. More participants in the current study were able to communicate in SASL than in an indigenous African language, which means that these students have been able to learn South African sign language within the three to four years of their current undergraduate careers. Training in indigenous African languages on the other hand, was reported to be at a very superficial level which did not empower the participants to use indigenous languages in meaningful ways. If students can be taught to communicate in sign language within their four-year training, then more in-depth and comprehensive training in one or more indigenous African languages is certainly possible.

The fact that two Black African participants who reported being able to communicate in an indigenous African language were unable to offer SLH services in those indigenous languages speaks to how far removed the SLH professions' epistemology is from indigenous ontology. The implication of this finding is that increasing numbers of Black students within the SLH programs will not result in more culturally and linguistically responsive services without a serious overhaul of the SLH curricula. This can only be achieved if locally-driven research is encouraged, contextually and culturally appropriate resources are not only made available, but are actively foregrounded, and through serious self-examination of the dominant culture that permeates the SLH professions.

Results of the current study highlight that participants are hankering after locally developed and normed, culturally and linguistically relevant assessment and management material. The lack of appropriate recourses and tools remains a stumbling block in enabling transformation of the SLH professions. However, it appears as if those locally developed and normed resources that are indeed available are not given the same pride of place as often-inappropriate international resources. This raises questions about why universities continue to train students using Western and Euro-centric epistemologies, methodologies and ontologies while ignoring and devaluing local knowledges and ways of being.

The answers to these questions point to a lack of willingness of higher education to transform the SLH professions. Additionally, the denial of access by some universities to allow students to reflect and report on transformation of the SLH curricula, clinical service provision, and integration within their undergraduate classes, needs exploring. Are these institutions protecting their students, or are they safeguarding the institution and the status quo? Does transformation of the SLH professions feature within these institutions, or are this generation of SLH students being kept in the dark? These and other questions that were raised by participants in the current study are relevant to those institutions who denied access.

Related to patient care, unequal power dynamics between SLH professionals and clients was raised as a stumbling block to effective patient care. A number of contributing factors to this dynamic are linguistic, cultural, and socio-economic disparities, as well as reliance on the medical model of care. Trained interpreters as well as a sound understanding of the impact of culture on language, can be used to bridge this mismatch. Furthermore, the SLH professions are in dire need of politically conscious students who are not only cognisant of the impacts of power and privilege,

the social determinants of health, and the impact of institutional racism on patient care, but are also trained to question and challenge inequity and the status quo.

The study unearthed that regardless of the race of the participants, SLH students were anxious about what awaits them in the professional employment sphere. White students feared that Affirmative Action (AA) policies would disadvantage their employment prospects, while Black SLH students had already experienced discrimination during their practical training due to racial, religious, and cultural reasons. It is widely accepted that corrective policies such as AA are necessary in order to address and redress past and present injustices. This is an uncomfortable conversation that needs to be had in SLH classrooms, especially in those students who are accustomed to receiving first preference. This is a serious implication for the practical sites that SLH students gain clinical experience at, as racism is a serious offence that contravenes HPCSA guidelines. One way of ensuring that SLH students feel safe enough to report such deleterious behaviours to their university departments, is for the departments to be required to report on such microaggressions to the SLH board of the HPCSA, and to have policies in place for how to manage these reports. Practicing SLH professionals that are guilty of discriminating against students should be reported to the HPCSA. These experiences that Black SLH students have endured, together with exclusive job advertisements, have made them apprehensive of seeking employment, especially within the private sector. With less than a quarter of practicing SLH professionals currently employed within the public health sector (Pillay et al., 2020), newly qualified professionals will most likely seek employment in the private sector.

In conclusion, the current study highlights that while transformation of the SLH professions has begun, it is in its infancy, and much remains to be done. Considering

that South Africa is over a quarter of a century into a democratic dispensation, the urgency of transforming the professions cannot be overstated. Students have received a cursory overview of what transformation and decolonisation entails, but it appears that this knowledge remains insulated as discussions, and needs to be translated into practical outcomes in curricula, clinical service provision, as well as relationships amongst peers across racial, cultural, and religious lines. Furthermore, talks on transformation need to extend beyond the pleasantries of increasing diversity, and include the concept of redress and what it means for admission into the SLH degree programs as well as employment.

6.2. Implications and impact of the study

There is limited research that explores undergraduate SLH students' perceptions of, and experiences with transformation in the minority world as well as in South Africa. Research into perceptions and experiences of transformation in SLH curriculum and clinical service provision, explorations of university institutional culture and its impact on Black SLH students, as well as practices related to integration across linguistic and cultural differences has not been conducted in the multi-lingual, multi-cultural South African context.

It was envisaged that the findings of the current study will depict a clear picture of students' perceptions of and experiences with transformation in SLH curriculum, undergraduate training, and professional practice, as well as experiences of institutional culture, and practices relating to integration. The results of the study have given students the opportunity to reflect on what transformation means for the SLH professions, as well as reveal their experiences of transformation, both positive and negative. The study has cast a spotlight on the concepts and practices

surrounding institutional culture and transformation, and should stimulate critical reflection and debate by a number of stakeholders, namely, the HPCSA as the regulatory body, SLH university departments, professional associations, and future SLH professionals on the current situation, and galvanise action towards transformed SLH professions that are reflective of, and addresses the needs of the majority population of South Africa.

6.3. Strengths of the study

- While a number of studies have been undertaken overseas to explore the perceptions and experiences of undergraduate students relating to transformation, very few studies have been undertaken specifically within the SLH professions. Within the multi-lingual, multi-cultural South African context, this study adds to the body of literature on transformation within the SLH professions.
- The study highlighted undergraduate SLH students' understanding and experiences with transformation within their university departments. All SLH training institutions with senior students were included in the study.
- The study exposed practices and experiences around student integration and discrimination, and underscored the important role that lecturers play in identifying, decisively managing, and speaking out when they see instances of students being made to feel inferior.

6.4. Limitations of the study

- The current study utilised a survey methodology in order to protect the anonymity of participants. It is believed that a mixed method study incorporating both a survey as well as focus groups that allow for interviewing of participants would garner more in-depth results.
- The sample size of participants was relatively small in relation to the total number of third and fourth year SLH students. The fact that two universities denied access to the researcher meant that all their students were excluded from the study.
- Due to the current make-up of the SLH profession, the sample was skewed towards White female participants. If the racial and gender demographic of the 3rd and 4th year SLH classes were known, a more representative sample could have been obtained through the use of quota sampling.

6.5. Recommendations

As far as academic training is concerned, it is recommended that university departments devise implementation plans to tackle transformation of the SLH professions on a meaningful and integrated level and not as disconnected modules that do not translate into growth and development of their students. At policy level, these plans need to be monitored by the SLH board of the HPCSA in order to ensure that transformation of the SLH professions is personified in practice and not confined to policy level or once-off talks. Central to transformation would be honest discussions about privilege and power, and how these serve to maintain the status quo within the SLH professions. These reflections can occur at university level as

well as through CPD activities. However, more than reflections, there needs to be accountability and action in dismantling the status quo.

Furthermore, locally developed, culturally and linguistically relevant resources must be foregrounded and form a central component of undergraduate training. New resources need to be developed through fostering research with an Afrocentric lens. Black students need to be supported to pursue postgraduate studies so that they are equipped to enter academia. Lastly, indigenous African language training needs to be tailored to suit the SLH training and practice so that students become more comfortable with actually offering SLH services in an African language.

Related to institutional culture, SLH departments need to be transparent about incidences of discrimination amongst students or at clinical training sites. University departments need to honestly introspect about microaggressions that occur on their watch, and whether students feel safe and supported to report such occurrences. The SLH board of the HPCSA might need to create a standard template that universities need to report on so that action can be taken against students and practicing SLH professionals who are found to be discriminating against any student.

Regarding clinical practise, interpreters need to play a more central role in undergraduate assessment and management sessions, so that students can develop the requisite skills before they enter the job market. Next, the SLH professional associations (SASLHA and SAAA) need to reflect on a number of issues, namely, why they allow exclusionary practices to continue on their platforms, as well as what in their institutional culture makes Black SLH professionals feel so excluded that they have felt the need to establish their own professional body (NABSLHA). These professional associations need to be clear on what their

positions are relating to transformation and what concrete plans they have to advance transformation of the SLH professions, particularly within the private SLH sectors.

Ultimately, transformation of the South African SLH professions should not be viewed as a voluntary option- it is a national imperative. Consequently, SLH professionals and university departments alike need to commit to and be accountable for providing the equitable SLH services to the majority Black African population that is long overdue.

6.6. Further research

Not much has been reported on the perceptions and experiences of undergraduate SLH students on transformation of the professions within the South African context. The results of the current study revealed the progress of transformation of the SLH professions at undergraduate level. Many answers were obtained; however, many questions were raised that need to be answered. It is recommended that a qualitative study be conducted to explore what the facilitators and barriers to transformation of the professions are.

A large-scale survey can be conducted with practising SLH professionals in order to determine if and how they are implementing transformation in clinical service provision. Results of such a study might elucidate practical recommendations which can be fed back into higher education.

A study can be undertaken specifically investigating how SLH university departments have implemented transformation and how they rate their own progress

in successfully transforming their student demographics, the curriculum, and clinical service provision.

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APPENDICES

8. APPENDICES

APPENDIX A- Questionnaire

Transformation in Speech-Language and Hearing (SLH) Professions in South Africa: Undergraduate students' perceptions and experiences explored

Please take a few minutes to complete this survey. All answers from the survey will be kept confidential, and used solely for academic purposes. Thank you for your participation.

INFORMED CONSENT

By completing and submitting this survey, I am giving consent for the information that I have supplied to be used by the researcher.

□

I consent to the researcher using anonymous quotes as part of the research report.

□

A. DEMOGRAPHIC AND BACKGROUND INFORMATION

1. Please state your gender

   □ Male □ Female □ Other

2. Please state your race

   □ Black African □ White

   □ Coloured □ Indian

   □ Other Please specify: _____

3. What year of study are you currently in?

   □ 3rd year □ 4th year

4. What is your undergraduate degree?

   □ Speech Therapy

   □ Audiology

□ Speech Therapy & Audiology

5. What is your first language?

   _____

6. Please indicate any other official South African languages that you can communicate in.

   □ English
   □ Afrikaans
   □ isiZulu
   □ isiXhosa
   □ Setswana
   □ Sepedi
   □ Sesotho
   □ Xitsonga
   □ siSwati
   □ Tshivenda
   □ isiNdebele
   □ South African Sign Language (SASL)

7. Do you feel confident to provide Speech- Language and/or Hearing (SLH) services in an INDIGENOUS language other than your first language?

   □ Yes □ No

8. Are you the first member of your immediate family (parents, brothers or sisters) to attend university?

   □ Yes □ No

9. Do you have a parent with a tertiary qualification?

   □ Yes □ No

10. Do you have an immediate or extended family member who is a speech therapist and/or audiologist?

    □ Yes □ No

11. Are speech therapists and/ or audiologists easily available in your community?

□ Yes □ No

B. UNDERSTANDING OF TRANSFORMATION

12. What do you think transformation means in the context of higher education?

_____

_____

_____

13. Do you think transformation is necessary in the SLH profession?

□ Yes □ No

14. Do you think there has been transformation in SLH undergraduate training?

□ Yes □ No

C. TRANSFORMATION IN CURRICULUM

15. Have you learnt about your own culture during your undergraduate training?

□ Yes □ No

16. Does the curriculum reflect your culture and values?

□ Yes □ No

17. Does the curriculum reflect the culture and values of your clients?

□ Yes □ No

18. What do you think it means to decolonise the SLH curriculum in South Africa?

_____

_____

_____

D. TRANSFORMATION IN CLINICAL SERVICE PROVISION

The professional culture of the South African SLH profession has been described as predominantly female, White, Westernised, and English- and Afrikaans speaking (Khoza-Shangase & Mophosho, 2018)

19. Do you feel competent to work with interpreters and/or language brokers?

□ Yes □ No

20. Have you ever been required to translate or interpret for another student during an assessment or intervention session?

□ Yes □ No

If you answered Yes, please elaborate on translating or interpreting for another student.

_____

_____

_____

21. Has a client or caregiver of a client ever requested a different student SLH professional instead of you?

□ Yes □ No

22. What do you think the dominant culture in the Speech Therapy and Audiology profession in South Africa is?

_____

_____

_____

23. Does the professional culture of the SLH profession reflect the clients that we serve? (i.e., would our clients easily see themselves in the profession's knowledge and practices?)

□ Yes □ No

24. Do you consider your clients' cultural practices when planning assessments and interventions?

□ Yes □ No

25. Do you consider your clients' religious beliefs when planning assessments and interventions?

□ Yes □ No

26. Are your management plans in line with your clients' lifestyle?

□ Yes □ No

27. Do you think SLH professionals can create unequal power relationships with their clients?

□ Yes □ No □ Unsure

Can you please elaborate on the above statement?

_____

_____

_____

E. INSTITUTIONAL CULTURE OF SPEECH-LANGUAGE THERAPY & AUDIOLOGY DEPARTMENTS

Institutional culture has been defined as the history, character, and networks of powered in an institution (Walker, 2005).

28. Do you see yourself in the academic staff that teaches in your department in terms of race, language and culture representation?

□ Yes □ No

29. Have you ever felt isolated in your university department because of your race?

□ Yes □ No

30. Have you ever felt isolated in your university department because of your culture?

□ Yes □ No

31. Have you ever felt isolated in your university department because of your religion or beliefs?

□ Yes □ No

32. Do you think that you benefitted from the institutional culture within your SLH department?

□ Yes □ No

33. Do you think that you have been disadvantaged by the institutional culture within your SLH department?

□ Yes □ No

34. Has a lecturer ever made a casual remark about you that made you feel inferior?

□ Yes □ No

Please elaborate on the remarks by your lecturer that made you feel inferior.

_____

_____

_____

35. Do you feel fairly treated by your lecturers?

□ Yes □ No

36. Would you consider studying for your Master's degree in Speech-Language Therapy or Audiology at your CURRENT university department once you complete your undergraduate training?

□ Yes □ No

37. Please describe what stands out for you about relating to transformation during your undergraduate experience within your department.

_____

_____

_____

_____

_____

F. STUDENT INTEGRATION

38. Do you stand out in your class because of your race?

□ Yes □ No

39. Do you stand out in your class because of your culture?

□ Yes □ No

40. Do you stand out in your class because of your religion or beliefs?

□ Yes □ No

41. Has a fellow SLH student (not necessarily in the same year as you) ever made a casual comment about you that made you feel inferior?

□ Yes □ No

If you answered Yes above, please elaborate on the casual comment by a peer that made you feel inferior.

_____

_____

_____

42. When doing group work, did you choose your own group members, or were groups assigned?

□ Chose own group members □ Groups were assigned

43. If you chose your own group members, was the group homogenous (i.e., all female, all same race, etc.)

□ Yes □ No

44. What determines your choice of who to work with?

_____

_____

_____

45. Do you think there is informal segregation in your class?

□ Yes □ No

46. Do you think your employment options after community service will be influenced by your race, for example state employed, private practice employed, own practice, etc?

□ Yes □ No

If you answered Yes to the question above, please elaborate on your response above:

_____

_____

_____

47. Would you recommend studying speech therapy or audiology at THIS institution to a family member?

□ Yes □ No

48. Please add any additional information regarding your perceptions or experiences of transformation that you think might be of value to this study.

_____

_____

_____

_____

_____

_____

Should you require support or counselling after completion of this questionnaire, please contact one of the following:

1. *Your campus wellness centre or psychology department,*
2. *Your nearest provincial hospital, or*

3. *The South African Depression and Anxiety Group (SADAG) at www.sadag.org or 0800 212 223*

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY. YOUR INPUT IS GREATLY APPRECIATED.

APPENDIX B- Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Abrahams

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H19/09/01**
PROJECT TITLE	Transformation in speech-language and hearing professions in South Africa: Undergratuate students' perceptions and experiences explored
INVESTIGATOR(S)	Mrs F Abrahams
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	13 September 2019
DECISION OF THE COMMITTEE	Approved Permission letters required before data collection can commence
EXPIRY DATE	10 October 2022

DATE 11 October 2019 **CHAIRPERSON** J. Knight
(Professor J Knight)

cc: Supervisor : Dr N Moroe and Prof K Khoza-Shangase

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature **Date** 14 / 10 / 2019

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX C1: Permission Letter from Registrar- UCT

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room G 50 Old Main Building
Groote Schuur Hospital
Observatory 7925
Email: hrec-enquiries@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

06 December 2019

HREC REF: 805/2019

Dr Nomfundo Moroe
School of Human and Community Development (Wits University)
PO Box 1679
Kimberley 8301

Dear Dr Moroe

PROJECT TITLE: TRANSFORMATION IN SPEECH-LANGUAGE AND HEARING PROFESSIONS IN SOUTH AFRICA: UNDERGRADUATE STUDENTS' PERCEPTIONS AND EXPEIRENCES EXPLORED (MASTER'S CANDIDATE-F ABRAHAMS)

Thank you for submitting your new study to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 January 2021.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period. (Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledges that the student: Ms F. Abrahams will also be involved in this study.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the HREC REF in all your correspondence

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE
Federal Wide Assurance Number: FWA00001637.

HREC 805/2019
OL

APPENDIX C2: Permission letter from HREC- UCT

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

Registration number: REC-101114-044

12 November 2019

Dear Professor Blockman

I am writing to confirm that researcher Farieda Abrahams has received full ethics clearance for her project from Wits University, protocol number H19/09/01. In this process, we examined the application form, proposal, supporting documents (information sheets, consent forms), and instruments. I confirm that we were happy with the documentation provided.

Yours sincerely,

Professor Jasper Knight
Chair, Human Research Ethics Committee (Non-Medical)
Jasper.knight@wits.ac.za
011 7176508

Shaun Schoeman (Administrative Officer)
Solomon Mahlangu House, 10th Floor, Room 10004, Jorissen Street, Braamfontein, Johannesburg
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www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/

APPENDIX C3- Approval for research access to students- UCT

	RESEARCH ACCESS TO STUDENTS	DSA 100

NOTES

1. This form must be **FULLY** completed by all applicants who want to access UCT students for the purpose of research or surveys.
2. Return the fully completed **(a) DSA 100** application form **by email,** in **the same word format,** together with **your: (b) research proposal inclusive of your survey, (c) copy of your ethics approval letter / proof (d) informed consent letter** to: Moonira.Khan@uct.ac.za Cc: Nadiarah.Ramsay@uct.ac.za. You application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
3. The turnaround time for a reply is **approximately 10 working days.**
4. NB: It is the responsibility of the researcher/s to apply for and to obtain **ethics approval and to comply with amendments that may be requested;** as well as **to obtain** approval to access UCT staff and/or UCT students, from the following, at UCT, respectively: (a) **Ethics:** Chairperson, Faculty Research Ethics Committee' (FREC) for ethics approval, (b) **Staff access:** Executive Director: HR for approval to access UCT staff, and (c) **Student access:** Executive Director: Student Affairs for approval to access UCT students.
5. **Note:** UCT Senate Research Protocols requires compliance to the above, **even if prior approval has been obtained from any other institution/agency. UCT's research protocol requirements applies to all persons, institutions and agencies from UCT and external to UCT who want to conduct research on human subjects for academic, marketing or service related reasons at UCT.**
6. **Should approval be granted to access UCT students for this research study, such approval is effective for a period of one year from the date of approval (as stated in Section D of this form), and the approval expires automatically on the last day.**
7. **The approving authority reserves the right to revoke an approval based on reasonable grounds and/or new information.**

SECTION A: RESEARCH APPLICANT/S DETAILS

Position	Staff / Student No	Title and Name	Contact Details (Email / Cell / land line)
A.1 Student Number	2159548 (WITS)	Mrs. Farieda Abrahams	fariedaabrahams81@gmail.com / 082 923 8708
A.2 Academic / PASS Staff No.			
A.3 Visitor/ Researcher ID No.			
A.4 University at which a student or employee	University of the Witwatersrand	Address if not UCT: Private Bag 3, Wits, 2050 P.O. Box 1679, Kimberley, 8301 (Student postal address)	
A.5 Faculty/ Department/School	Faculty of Humanities, School of Human and Community Development, Department of Speech Therapy & Audiology		
A.6 APPLICANT'S DETAILS if different from above	Title and Name	Tel.	Email

SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

Position	Title and Name	Tel.	Email
B.1 Supervisor	Dr. Nomfundo Moroe	011 717-4501	Nomfundo.Moroe@wits.ac.za
B.2 Co-Supervisor/s	Prof. Katijah Khoza-Shangase	011 717-4565	Katijah.Khoza-Shangase@wits.ac.za

SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS

C.1 Degree – if applicable	Masters in Audiology
C.2 Research Project Title	Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored
C.3 Research Proposal	Attached: Yes ■ No ☐
C.4 Target population	3rd and 4th year Speech therapy and Audiology undergraduate students
C.5 Lead Researcher details	If different from applicant: A0025159A, Dr. Nomfundo Moroe, 011 717-4501, Nomfundo.Moroe@wits.ac.za
C6. Will use research assistant/s	Yes ☐ No ■ If yes- provide a list of names, contact details :
C.7 Research Methodology and Informed consent	**Research methodology:** For the purpose of the proposed study, the researcher will utilise a quantitative cross-sectional survey design that is exploratory in nature **Informed consent:** All participants will be required to indicate their willingness to participate in the study, and for anonymous quotations from the survey to be utilised in the results
C.8 Ethics clearance status from UCT's Faculty Ethics in Research Committee /Chair (ERC)	Approved by the UCT EIRC: Yes ■ With amendments: Yes ☐ No ■ (a) Attach copy of your UCT ethics approval. Attached: Yes ■ No ☐ (b) State date / Ref. No / Faculty of your UCT ethics approval: 6/12/2019 Ref. / Faculty: 805/2019

SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE
(To be completed by the UCT - ED, DSA or Nominee)

	Approved / With Terms / Not	* Conditional approval with terms	Applicant's Ref. No.:
D.1 APPROVAL STATUS	(i) Approved ■ ~~(ii) With terms~~ ~~(iii) Not approved~~	a) Access to students for this research study must only be undertaken after written ethics approval has been obtained. b) In event any ethics conditions are attached, these must be complied with before access to students.	2159548 / Mrs. Farieda Abrahams (WITS)
D.2 APPROVED BY:	Designation	Name	Signature / Date of Approval
	Executive Director Department of Student Affairs	Dr Moonira Khan	4 February 2020

APPENDIX C4: Permission letter from HoD- UCT

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD
HEALTH SCIENCES

DHRS

26 September 2019

To whom it may concern

This letter serves to allow Farieda Abrahams, a Masters student at the Department of Speech Pathology and Audiology at the University of the Witwatersrand permission to distribute an online survey link to the Communication Sciences and Disorders 3rd and 4th students at the University of Cape Town.

Yours faithfully,

Michelle Pascoe
Head of Division
Communication Sciences and Disorders
Department of Health and Rehabilitation Sciences
Faculty of Health Sciences
University of Cape Town

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Department of Health & Rehabilitation Sciences
F45 Old Main Building
Groote Schuur Hospital
Observatory 7945
Tel: 021 406 6401 www.dhrs.uct.ac.za

"Our Mission is to be an outstanding teaching and research university, educating for life and addressing the challenges facing our society."

APPENDIX D1- Permission Letter from Registrar- UP

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Office of the Registrar

2019-10-30

Ms Farieda Abrahams
Speech Pathology & Audiology
The School of Human and Community Development
University of the Witwatersrand

Email: fariedaabrahams81@gmail.com

Dear Ms Abrahams

APPROVAL OF RESEARCH PROJECT

The UP Survey Coordinating Committee has granted approval for the research project titled "Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored".

The proposed research study has to strictly adhere to the associated study protocol, as well as the UP Survey Policy and the Ethics Committee of the Faculty of Humanities.

A final electronic copy of the research outcomes must be submitted to the Survey Coordinating Committee as soon as possible after the completion of the study.

Please liaise with the Market Research Office in the Department of Institutional Planning (carlien.nell@up.ac.za) to officially register the study and to finalise the survey procedures and the field work dates.

Kind regards

Prof CMA Nicholson
REGISTRAR
CHAIRPERSON: SURVEY COORDINATING COMMITTEE

Rectorate, Room 4-23, 4th floor, Administration Building, Hatfield Campus
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel: +27 (0)12 420 4236
Fax: +27 (0)12 420 5648
Email: regis@up.ac.za
www.up.ac.za

Kantoor van die Registrateur
Ofisi ya Mmušakarolo

APPENDIX D2: Permission letter from HREC- UP

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100
1919 - 2019
Research Ethics Committee

10 December 2019

Dear Mrs F Abrahams

Project Title:	Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored
Researcher:	Mrs F Abrahams
Supervisor:	
Department:	Speech Language Path and Aud
Reference number:	20084481 (HUM024/1119)
Degree:	Staff Research / Non Degree

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 10 December 2019. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Mr A Biggs; Dr L Blokland; Dr K Bosman; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; Ms RT Govinder; Andrew; Dr S Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taliaard; Prof V Thebe; Ms B Tsebe; Ms D Makalane

APPENDIX E1: Permission from Registrar- Wits

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

17 October 2019

Farieda Abrahams
Student number 2159548
Masters in Audiology
School of Human and Community Development

TO WHOM IT MAY CONCERN

"Transformation in speech-language and hearing professions in South Africa: Undergraduate student's perceptions and experiences explored"

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

Ethical clearance has been obtained. (Protocol number:H19/09/01)

Research Duration: 3 months data collection from 2020

Nicoleen Potgieter
University Deputy Registrar

Private Bag 3, Wits, 2050, South Africa | T +27 11 717 1204/8 | F +27 86 553 2271 | www.wits.ac.za

APPENDIX E2: Provisional approval from HREC- Wits

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

Registration number: REC-101114-044

27 August 2019

Permission from the Deputy Registrar regarding research using University staff and / or students as participants

This is a reminder to all Schools and all ethics clearance applicants that permission from the Deputy Registrar can ONLY be given once applicants have received ethics clearance from their School committee or the main University Ethics committee. Therefore, applicants must apply for and have received ethics clearance from the appropriate committee BEFORE applying to the Deputy Registrar's office.

Prof Jasper Knight
Dr Ramona Kunene Nicolas
Co-Chairs, University Human Research Ethics Committee (Non-Medical)

Shaun Schoeman (Administrative Officer)
Solomon Mahlangu House, 10th Floor, Room 10004, Jorissen Street, Braamfontein, Johannesburg
Private Bag 3, Wits 2050
T + 27(0)11 717 1408 | E Shaun.Schoeman@wits.ac.za | hrec-medical.researchoffice@wits.ac.za
www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/

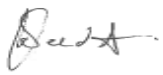
APPENDIX E3: Permission from HoD- Wits

SPEECH PATHOLOGY & AUDIOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

PERMISSION FOR SURVEY LINK DISTRIBUTION BY INSTITUTION

I Jaishika Seedat in my capacity as HOD Speech Language Pathology at the following university: Witwatersrand permit the distribution of a survey link via Google Forms, for the research titled: Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored.



_____ _____20/08/2019_____

Signature Date

APPENDIX F1: Permission from Registrar- UKZN

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

24 October 2019

Mrs Farieda Abrahams
School of Human and Community Development
University of the Witwatersrand
Email: farieda.abrahams81@gmail.com

Dear Mrs Abrahams

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), provided Ethical clearance has been obtained. We note the title of your research project is:

"Transformation in speech-language and hearing professions in South Africa: Undergraduate students' perceptions and experiences explored".

It is noted that you will be constituting your sample as follows:

- with a request for responses on the website. The questionnaire must be placed on the notice system http://notices.ukzn.ac.za. A copy of this letter (Gatekeeper's approval) must be simultaneously sent to (govenderlog@ukzn.ac.za) or (ramkissoonb@ukzn.ac.za).

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

DR KE CLELAND (ACTING)
REGISTRAR

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8005/2206 **Facsimile:** +27 (0) 31 260 7824/2204 **Email:** registrar@ukzn.ac.za
Website: www.ukzn.ac.za

1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood, Howard College, Medical School, Pietermaritzburg, Westville

APPENDIX F2: Permission from HoD- UKZN

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

COLLEGE OF HEALTH SCIENCES

To Mrs F. Abrahams

PERMISSION FOR SURVEY LINK DISTRIBUTION BY INSTITUTION

I Zandile Peter in my capacity as Acting Academic Leader for Speech Language Pathology at the following university: KwaZulu-Natal permit the distribution of a survey link via Survey Monkey, for the research titled: Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored.

Signature

02 October 2019
Date

Discipline of Speech-Language Pathology
College of Health Sciences
School of Health Sciences
2019 -10- 02
University of KwaZulu-Natal
(Westville Campus)
SIGNATURE: .....

Discipline of Speech Language Therapy
Postal Address: P/Bag X54001, Durban, 4000, South Africa
Telephone: +27 (0) 31 2608983 Facsimile: +27 (0) 31 2608984 Email: nkongwa@ukzn.ac.za Website: www.ukzn.ac.za
Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

APPENDIX G: Participant information sheet (PIS) for pilot study

SPEECH PATHOLOGY & AUDIOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

PARTICIPATION IN PILOT STUDY: Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored

Dear student

Thank you for agreeing to be a participant in my pilot study.

Please open the link to complete the survey. Once you have completed, please submit the online survey. Thereafter please email me at fariedaabrahams81@gmail.com to comment on the following aspects of the questionnaire:

- Whether the length of the questionnaire is appropriate
- The flow and structure of the survey
- Whether any questions were difficult or ambiguous to answer
- Any additional comments about the type of questions asked
- Any additional questions that should be included in the survey

Could you please provide this feedback within one (1) week of completing the survey?

Please note that your comments are an invaluable part of my pilot study, as your input will allow me to amend my questionnaire accordingly.

The completed research report will be available online through the University of the Witwatersrand's library website. A summary of this research report will be available via e-mail upon request.

If you require any additional information prior to, or during your participation of the study, please do not hesitate to contact me or my supervisor on the details listed below.

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27 (0)11 717 1408, or e-mail shaun.schoeman@wits.ac.za

Kind regards,

Farieda Abrahams (Researcher)

Fariedaabrahams81@gmail.com

082 923 8708

Dr. Nomfundo Moroe (Supervisor)

Nomfundo.Moroe@wits.ac.za

011 717 4501

Prof. Katijah Khoza-Shangase (Supervisor)

Katijah.Khoza-Shangase@wits.ac.za

011 717 4565

APPENDIX H: Request for permission to conduct research

SPEECH PATHOLOGY & AUDIOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

SURVEY: Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored

For attention: **REGISTRAR/ HEAD OF DEPARTMENT**

Dear Sir / Madam,

RESEARCH PERMISSION LETTER

My name is Farieda Abrahams and I am a Masters student at the Department of Speech Pathology and Audiology at the University of the Witwatersrand. As part of the degree I am required to perform and submit a research dissertation. In this study, the perceptions and experiences of undergraduate Speech- Language and Hearing (SLH) students at universities regarding transformation in SLH professions in South Africa- will be explored.

The study is aimed at 3rd and 4th year undergraduate SLH students. This letter serves to request permission for the distribution of an online survey link to these students via Google Forms.

Participation is voluntary, and participants may withdraw from the survey at any stage, or choose not to answer a question, without any disadvantages or penalties. The survey results will be confidential and anonymous, as it is not compulsory for participants to provide their names or identifying information. Information gathered from the study will be used exclusively for the purpose of research. There are no risks associated with the research.

Implications of the study include critical reflection and debate by university lecturers and future SLH professionals on the current situation, with a concrete action plan towards transforming the SLH profession to be reflective of, and address the needs of the majority population of South Africa.

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27 (0)11 717 1408, or e-mail shaun.schoeman@wits.ac.za

If you require any additional information regarding the study, please do not hesitate to contact me or alternatively my supervisor at the contact details listed below:

Farieda Abrahams

Fariedaabrahams81@gmail.com

082 923 8708

Dr. Nomfundo Moroe

Nomfundo.Moroe@wits.ac.za

011 717 4501

Prof. Katijah Khoza-Shangase

info@eardoctor.co.za

011 717 4565

Kind regards,

Farieda Abrahams

Researcher

APPENDIX I: Letter from Chairperson of Wits HREC

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

Registration number: REC-101114-044

12 November 2019

Dear Professor Blockman

I am writing to confirm that researcher Farieda Abrahams has received full ethics clearance for her project from Wits University, protocol number H19/09/01. In this process, we examined the application form, proposal, supporting documents (information sheets, consent forms), and instruments. I confirm that we were happy with the documentation provided.

Yours sincerely,

Professor Jasper Knight
Chair, Human Research Ethics Committee (Non-Medical)
Jasper.knight@wits.ac.za
011 7176508

Shaun Schoeman (Administrative Officer)
Solomon Mahlangu House, 10th Floor, Room 10004, Jorissen Street, Braamfontein, Johannesburg
Private Bag 3, Wits 2050
T + 27(0)11 717 1408 | E shaun.schoeman@wits.ac.za | hrec-medical.researchoffice@wits.ac.za
www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/

APPENDIX J: Participant information letter (PIS) for main study

Participant Information Sheet



Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT

Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored

Dear Speech-Language therapy/ Audiology student/ Speech Language and Hearing Therapist

RESEARCH PERMISSION LETTER

My name is Farieda Abrahams and I am a Masters student at the Department of Speech Pathology and Audiology at the University of the Witwatersrand. As a requirement for the completion of the degree, I am conducting a study titled: Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students' perceptions and experiences explored. The aim of this study is to explore the perceptions and experiences of undergraduate Speech- Language and Hearing (SLH) students at universities regarding transformation in SLH professions.

I would like to invite you to participate in this study. The on-line survey will take approximately 20 minutes to complete.

Participation is voluntary and you may withdraw from the survey at any stage, or choose not to answer a question, without any disadvantages or penalties. The survey results will be confidential and anonymous as it is not required of you to provide your name or identifying information. If you give informed consent and agree to participate in the survey, please click on the link provided, this will redirect you to the survey exploring the perceptions and experiences of undergraduate SLH students regarding transformation.

Information gathered from the study will be used exclusively for the purpose of research, and data will be securely retained and stored. Results of the study aim to encourage discussion by university lecturers and future SLH professionals on the current situation, in order to recommend a plan for transforming the SLH profession to address the needs of the majority population of South Africa.

The completed research report will be available online through the University of the Witwatersrand's library website. A summary of this research report will be available via e-mail upon request.

If you require any additional information prior to, or during your participation of the study, please do not hesitate to contact me or my supervisor on the details listed below.

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27 (0)11 717 1408, or e-mail shaun.schoeman@wits.ac.za

Kind regards,

Farieda Abrahams (Researcher)

Fariedaabrahams81@gmail.com

082 923 8708

Dr. Nomfundo Moroe (Supervisor)

Nomfundo.Moroe@wits.ac.za

011 717 4501

Prof. Katijah Khoza-Shangase (Supervisor)

Katijah.Khoza-Shangase@wits.ac.za

011 717 4565