

Journal of Psychology in Africa



ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rpia20

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To cite this article: Katijah Khoza-Shangase & Margo Kalenga (2024) English instruction experiences of native South African speech-language and/or hearing (SLH) undergraduate students: An exploratory study, Journal of Psychology in Africa, 34:1, 59-64, DOI: 10.1080/14330237.2023.2290426

To link to this article: https://doi.org/10.1080/14330237.2023.2290426

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English instruction experiences of native South African speech-language and/or hearing (SLH) undergraduate students: An exploratory study

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This study explored the experience of English as an instruction medium by South African Speech-Language and Hearing (SLH) students whose first language is not English (African language speakers). A purposive sample of 24 female students for whom English was an additional language were informants (60.9% in the third year of study and 30.1% in second year; 79.2% audiology and 20.8% speech-language pathology enrolled; 41.7% native IsiZulu speaking, 12.5% Afrikaans, 12.5% Sepedi, 12.5% Setswana, and the rest Sesotho, Southern Sotho, and IsiXhosa speaking). The students completed an online survey on their learning and social experiences in a South African SLH training programme. Descriptive and thematic analysis yielded findings to suggest: (i) fear of mockery, humiliation, and of being perceived as inferior; (ii) being overlooked and less valued contributions; (iii) missing the themes of discussions during lectures; and (iv) issues of accent getting in the way of self-confidence and leading to reduced participation overall. These findings suggest that undergraduate students experience English as an additional language to present significant challenges related to feelings of being undervalued which would hamper their academic and clinical training experiences. Our findings underscore the need for proactive and systematic interventions within SLH programmes to create a more inclusive and supportive learning environment for these students.

Keywords: Afrocentric, African language speaking, participation, South Africa, speech-language and hearing, undergraduate students

Introduction

Language and culture are intricately related, and jointly determine an individual's sense of belonging, and participation in a learning environment (Khoza-Shangase & Mophosho, 2021; Abrahams et al., 2023). This is true for students of Speech-Language and Hearing (SLH) professions training programmes in South Africa, who are educated in English as opposed to their home language. Several studies suggest that students who are taught in a language other than their home language may experience anxiety related to their limited vocabulary and accent differences, which in turn, would lead them to avoid participation due to fear of ridicule by their peers and/or educators/supervisors (Sanner et al., 2002; Bolderston et al., 2008). Students from countries with a recent colonial history that privileged western European languages to native languages would be less supported in their clinical service training experiences (Mamdani, 1993; Motha, 2014; Battiste, 2017). Active engagement with both peers and instructors is a crucial component of SLH clinical training (Khoza-Shangase, 2019; Mtimkulu et al., 2023; Mupawose et al., 2021) and would depend to an extent on the language of instruction.

In South Africa, SLH training programmes were developed during the apartheid era, primarily using English and Afrikaans as instruction media (Khoza-Shangase, 2019; Pillay & Kathard, 2015; Seabi et al., 2014). This language bias is a barrier to African language speakers as patients or would-be clinicians (Khoza-Shangase & Mophosho, 2018, 2021; Mtimkulu et al., 2023; Pillay et al., 2020). Post-apartheid, Black African students (who were

previously excluded from enrolling in SLH programmes) are enrolling in SLH programmes in larger numbers than historically (Almurideef, 2016; Khoza-Shangase & Mophosho, 2021; Pillay et al., 2020). As such, fewer students are English first language speakers (Linake & Mokhele, 2019; Pillay et al., 2020). SLH programmes primarily provide training in English, the mastery of which would be important for students' professional success in the long term. Furthermore, testing and intervention materials are also primarily in English, with very limited resources in African languages (Khoza-Shangase & Mophosho, 2021; McLeod et al., 2017; Mophosho, 2018).

Concerningly, SLH students with an African language background may experience a sense of exclusion and marginalisation during their professional preparation (Khoza-Shangase, 2019; Khoza-Shangase & Mophosho, 2021), associated with risk for distress and anxiety, social withdrawal, and academic difficulties (Archbell & Coplan, 2021; Bolderston et al., 2008; Chen, 2015; Khoza-Shangase, 2019; Pappamihiel, 2002). While African language students are better equipped to provide culturally and linguistically appropriate services to indigenous people with the same home language (Khoza-Shangase & Mophosho, 2018; 2021), they may struggle in the clinical setting as English is the language of instruction (Khoza-Shangase & Mophosho, 2021). Moreover, clinical supervisors may perceive English First Language (EFL) background students as more competent than African language background students, likely from implicit colonist cultural bias (Motha, 2014; Battiste, 2017; Pennycook, 2017; Egido, 2018).

Goal of the study

We aimed to explore the learning and social experiences of English as a medium of instruction with undergraduate students in a South African SLH training programme. Our specific research question was: What are the learning and social experiences of undergraduate students who do not speak English as their first language in a South African SLH training programme?

Method

Participants and setting

Undergraduate South African SLH students (n = 24) in their second (30.1%) and third (60.9%) year at a university participated in the study. They were all female, mostly black Africans (83.3%), and native isiZulu speakers (41.7%). This profile is consistent with the demographic profile of the country (Statistics South Africa, 2020). Most (79.3% were from urban areas, with only 20.7% from rural areas. The participants were variously fluent in English. Most (79.2%) were in the audiology programme, while 20.8% were in the speech-language pathology programme.

Procedure

Ethical clearance to conduct the study was granted by the University's Human Research Ethics Committee (non-medical) (protocol number: STA_2022_10). Participants provided informed consent prior to taking part in the study. They completed the survey online with assurances of confidentiality. The survey was completed in English.

Data collection

Participants completed an online survey that took direction from an unpublished survey used in a postgraduate study titled "Transformation in Speech-Language and Hearing Professions in South Africa: Undergraduate students" perceptions and experiences explored' (Abrahams, 2021). The adapted survey was administered as an online survey using closed-ended and open-ended questions. Participants provided information on their (i) socio-demographic characteristics; (ii) SLH clinical training experiences associated with having a first language other than English; (iii) linguistic competence for administration-related clinical activities (in English); (iv) academic experience and participation in lectures; (v) and ideal teaching, learning, and assessment methods for inclusive learning.

To enhance the credibility and trustworthiness of our data, we conducted a pilot study of the survey questions for clarity, relevance, and appropriateness, refining our questions accordingly.

Data analysis

For the data analysis, we conducted descriptive (frequency) and thematic analysis following the procedures by Braun and Clarke (2006): (i) familiarising oneself with the data; (ii) generating initial codes, (iii) searching for themes; (iv) reviewing potential themes; (v) defining and naming themes; and (vi) producing the report.

To increase the dependability of the themes and interpretations we utilised a systematic and consistent coding process. The coding process adopted entailed the researchers independently coding portions of the data to ensure reliability through the use of a codebook that outlined definitions and criteria for each code. This ensured consistency in coding between the researchers. Three coding rounds were conducted to facilitate the refinement of codes and the identification of additional themes as the analysis progressed (Fereday & Muir-Cochrane, 2006). Inter-coder agreement was calculated through the use of Cohen's Kappa, and an inter-coder agreement of 0.78 was achieved, indicating a substantial level of agreement among coders. The researchers held discussions to resolve any coding discrepancies, and these were minimal. Lastly, we achieved thematic saturation for confidence in our findings.

Results and discussion

When asked whether participants thought their participation in class discussions was influenced by what their peers would think of their proficiency, most (66.7%) answered in the affirmative. In fact, a sizable 79.2% determined that they would participate more frequently in class discussions if they could use their native language.

Our analysis of the open-ended questions yielded four themes as follows: (1) fear of mockery, humiliation, and being perceived as inferior; (2) being overlooked and less valued contributions; (3) missing the themes of discussions during lectures; and (4) issues of accent getting in the way of self-confidence and leading to reduced participation. We present and discuss each of the themes below.

Theme 1: Fear of mockery, humiliation, and of being perceived as inferior

Most participants (92%) appeared to be willing to participate in academic discussions and interactions. However, they experienced challenges of being anxious due to their English language proficiency. Some comments on participation reluctance due to fear are illustrated below:

Most definitely, because the way that you speak determines... plays a role in how people view you or their perception of you, so if you look at the people around you and they speak differently from you (or you speak differently from all of them) it may be difficult to participate because you will feel like you do not belong (or to expect mockery or underestimation) which will lead to a certain level of isolation or limitations to your interactions. (Participant 2)

I agree. I am reluctant to participate in class discussions as I am scared to make a mistake. (Participant 20)

You don't want to find yourself speaking in a wrong grammar to an extent where people ask themselves how you got accepted at [university]. (Participant 21)

So, to spare myself the humiliation, I'd rather withdraw from verbally participating. (Participant 15)

Pabro-Maquidato (2021) noted similar findings regarding risk for anxiety about English language proficiency, pronunciation, and diction. Accordingly, various studies reported similar findings among students studying English (Universit Putra, Malaysia: Aziz & Hashima, 2007) and radiation therapy (University of Toronto: Bolderston et al., 2008). Specifically, Bolderston

and colleagues (2008) found that undergraduate radiation therapy students (who speak English as a second language in the clinical environment), were disinclined to participating in classroom discussions due to a fear of being made the centre of classroom humour.

Within the South African patient population, English proficiency does not determine successful clinical outcomes (Khoza-Shangase & Mophosho, 2021). South Africa is a linguistically diverse country with 12 official languages, including English. While English is widely spoken and is often used as a medium of instruction, it remains essential to recognise that many patients in the healthcare system have various primary languages and English may not be their first language (Janse Van Rensburg, 2020). As such, English proficiency can serve as a barrier and be a key determinant of successful clinical outcomes in SLH. This is true for both would-be clinicians and most South African SLH patients (Khoza-Shangase & Mophosho, 2021). The reality that language and culture influence communication has important implications for effective therapy (Pillay & Kathard, 2015; Khoza-Shangase & Mophosho, 2021; Abraham et al., 2023). Furthermore, the use of English can negatively influence SLH health literacy programmes, thus serving as a barrier towards preventive programmes as well as negatively affecting treatment adherence and outcomes; over and above the negative impact on clinicians' abilities to empathise, build relationships, and provide patient-centred care, irrespective of the patient's language proficiency (Levin, 2006; Matthews & Van Wyk, 2018). Lastly, the use of English creates assessment challenges where available standard assessment tools and protocols may not be culturally and linguistically sensitive, thus leading to misdiagnosis or the overlooking of patients' true needs (McLeod et al., 2017; Mophosho, 2018).

Theme 2: Being overlooked and contributions less valued

Most participants (74%) perceived to be misunderstood and misjudged by instructors based on their less than perfect command of English. This is illustrated in the following excerpts:

[...] sometimes you say something then it gets overlooked, but then someone else who is more proficient in English says the same [thing] you said but with better vocabulary and/or grammar, then their answer becomes more acceptable than yours. This leads to less and less will to participate. (Participant 1)

In some settings, other students don't really take you seriously solely based on how you speak English, and that has an impact on one's self-confidence. (Participant 5)

When I attempt to engage, most people don't listen to me as I usually stammer or take long to get my point across, people who are more proficient in the language are able to engage more in class without fear and are paid attention to. (Participant 13)

They judge you based on how you speak, and they think by knowing English it automatically makes them smarter. (Participant 21)

Pabro-Maquidato (2021) reported similar findings in an English-only teaching-learning environment in

a state university in the Philippines, although this was in a non-clinical environment. As noted by Sanner and Wilson (2008), their study in nursing schools in the United States revealed that students who were not English home language speaking may experience antagonism from being ignored or where their verbal contributions are perceived as insignificant. Blackwell and colleagues (2021) found similar findings with homeopathy students and Julie and colleagues (2019) with nursing students in South Africa.

Theme 3: Missing the themes of discussions during lectures

A significant minority of participants (48%) expressed having trouble participating in English-only discussions, rendering it difficult to provide input. They perceived this to be further exacerbated by concomitant challenges among those with hearing loss. For instance, the participants made the following observations.

True, one's vocabulary and grammar impacts participation in class discussions as some class discussions may include words that one is not familiar with and can affect understanding of the discussions. (Participant 14)

There was this other time during first year when we were having a discussion in class, and I remember the lecturer posting me out to answer. First of all, I didn't follow what was being discussed because of the bombastic words they were using. Secondly, it was because of my hearing loss, they were speaking very fast and it was so difficult to follow what was being said. (Participant 3)

As compared to passive learning, active learning is associated with higher learning outcomes (Freeman et al., 2014). The understanding of lectures is necessary for learning (Schmidt et al., 2015). Students cannot participate in discussions when they do not have an understanding of what is being discussed (Abdullah et al., 2012). Van der Walt and Pfeiffer (2019) found that written participation is also restricted when investigating ethno-linguistically diverse pre-service teachers' writing from a South African university.

Theme 4: The issue of accent 'inadequacy'

About two-thirds (66.7%) of the students reported a lack of accent self-confidence, leading to reduced overall participation. The following students' responses are illustrative of this view:

This is true, someone who is very cautious of what their accent sounds like is less likely to participate in class discussions. (Participant 6)

Yes, it does, I sometimes feel as though my accent or grammar are not well developed as a result, I shy away from answering in class and communicating with my peers within the class. (Participant 7)

Yes, it does influence my participation, I don't think I'm that proficient in my language, grammar and accent as a result I get anxious when I have to speak during lessons and presentations. The way I speak affects my self-esteem. (Participant 10)

Accent inadequacy is compounded by limited vocabulary and grammar (Bolderston et al., 2008; Pabro-Maquidato, 2021; Park et al., 2017; Sanner & Wilson,

2008). Present findings are also consistent with those by Sanner and Wilson (2008) on nursing students in the United States, where they concluded that challenges experienced by culturally diverse students, including accent inadequacy, impeded their ability to provide culturally sensitive care to the diverse society. A larger body of evidence on accent and its influence on school performance and participation focuses on primary school learners (Galanakis, 2010; Hugo & Nieman, 2010), with limited research in higher education.

Implications for practice

Overall, the findings of this study hold several significant implications for SLH programme education practice in South Africa. We consider a need for targeted interventions to ensure their holistic academic and professional development as set out below.

Cultural sensitivity, inclusivity, and language choice

Findings underscore the importance of fostering a culturally sensitive and inclusive learning environment in South African SLH programmes, creating a safe space where students' diverse linguistic backgrounds are valued, and where open dialogue is encouraged without the fear of ridicule or judgement. A significant portion of participants expressed a desire to participate more actively in class discussions if they could use their native language. Incorporating multilingual strategies in teaching could enhance comprehension and participation. South African SLH programmes could consider incorporating bilingual teaching methods that acknowledge and respect the diverse linguistic backgrounds of their students.

Addressing anxiety and self-esteem

The fear of mockery, humiliation, and being perceived as inferior that emerged as a prominent theme indicates the need for psychological support and strategies to boost the self-esteem of African language-speaking students. South African SLH programmes should consider offering counselling services and workshops that address language-related anxiety, thereby enabling students to build confidence in their communication abilities.

Value of contributions and enhancing lecture understanding

South African SLH programmes should educate both students and instructors about the potential bias tied to language proficiency and accent. Encouraging active listening and providing constructive feedback could create a more inclusive atmosphere where all contributions are valued. Moreover, South African SLH programmes should focus on enhancing lecture clarity, using simpler language where necessary, and providing additional resources to aid comprehension.

Accent diversity, acceptance, and long-term professional support

South African SLH programmes would do well to emphasise that linguistic variation is natural and valuable. Promoting accent diversity could not only enhance students' confidence, but also prepare them to work with a diverse patient population. Educators and policy-makers need to recognise that effective communication skills extend beyond language proficiency. By ensuring African language-speaking students' active engagement, SLH programmes contribute to the overall competence and inclusivity of future professionals in the field. Finally, South African SLH programmes need to utilise interactive and participatory teaching techniques that accommodate diverse linguistic abilities and encourage active engagement among all students.

Limitations and future recommendations

Although this study yielded valuable insights, it has certain constraints. First, the study utilised a cross-sectional design, which captures information at a single time point. A more comprehensive understanding of language use barriers in SLH clinical training could be achieved through longitudinal studies that track participants over an extended period.

Second, the study's participant pool was a convenient sample of 24 female African language-speaking undergraduate students from a single SLH programme. This limited sample size might not fully capture the diverse range of experiences among all African language-speaking students in South African SLH training programmes. Therefore, caution is warranted when interpreting the findings, which might not be applicable to larger and more diverse populations.

Lastly, the data collection method employed a self-report online survey, relying on participants' self-disclosures about their experiences. This approach introduced potential social desirability bias, whereby they might have shaped their answers to align with perceived expectations rather than their actual experiences. This bias could compromise the accuracy and reliability of the outcomes. Future research endeavours should utilise larger and more diverse participant groups, mixed-method research designs, and longitudinal investigations to address these limitations and provide a more nuanced understanding of African language-speaking students' experiences within South African SLH programmes.

Conclusion

Current findings suggest challenges to participation experienced by students receiving SLH training. The fact that most participants felt that their academic and clinical training was impacted by their avoidance of participation due to their proficiency in English is an important finding. In this context, fears and anxieties linked to English language instruction require careful consideration by SLH training programmes. The Health Professions Council of South Africa in their programmes' evaluation and accreditation may need to consider how English as the only language of instruction may impact SLH students' learning outcomes and quality of professional preparation.

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