



ACCESSING AUDIOLOGY: EPISTEMOLOGICAL EXPERIENCES OF NEWLY
QUALIFIED AUDIOLOGISTS

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DECLARATION OF ORIGINALITY

I, Musa Makhoba, declare that:


This thesis is my original work, and all elements that are not my original work are acknowledged accordingly through referencing.

As much as humanly possible, I have followed the APA style of referencing in correctly acknowledging other people's works that were used in this study.

The thesis is registered under the UKZN and no other university and has not been conducted with or submitted to another university before.

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ABSTRACT

Audiology was introduced in South Africa in 1936, originally to train exclusively White, Afrikaans, and English-speaking students to serve hearing-impaired patients from the same demographics. Although South Africa's democratic transition has expanded access to higher education, including Audiology training for Black African First Language Speaking (BAFLS) students, the extent of *epistemological access* (the ability to engage with knowledge, meaningfully) remains largely unexplored empirically. As a result, this study addressed this gap by examining the experiences of newly qualified BAFLS Audiologists as they navigated undergraduate Audiology curriculum and the subsequent impact of those experiences on their professional practice.

Guided by the hermeneutic phenomenological approach, this qualitative study drew on semi-structured interviews with 10 newly qualified Audiology graduates from a South African university. These graduates were purposively selected to reflect their diversity in terms of linguistic and socio-economic backgrounds. Through content analysis, data were analysed into pre-existing parent themes derived from the theoretical framework. Thereafter, thematic analysis was used to identify emergent themes.

Participants reported significant barriers to epistemological access during their undergraduate studies. These barriers included linguisticism, *racism*, *classism*, and a Eurocentric curriculum that excluded Afrocentric perspectives. Teaching and assessment practices were often perceived as biased against the BAFLS students, leading to surface learning. Hence, the BAFLS students felt underprepared for a more Afrocentric clinical practice, citing insufficient theoretical grounding

and difficulty bridging academic knowledge with professional skills. Participants also highlighted positive experiences with BAFLS lecturers, who, in their experiences, exercised more relatable mentorship and teaching approaches. In professional settings, they continued to face systemic exclusion, particularly in private practice, alongside ongoing racism, and classism. The persistence of Eurocentrism in both academic and clinical environments was a dominant theme.

Overall, the undergraduate Audiology curriculum at the University of Interest (pseudonym) remains predominantly Eurocentric, limiting the epistemological access for BAFLS students and their preparedness for Afrocentric or contextually relevant practice. Although existing models of transformation have been proposed to recontextualise the profession, they largely remain unimplemented. As a result, this study calls for a Radical Implementation of Fundamental Transformation (RIFT) framework, which emphasises enforcing and operationalising these models to ensure a more inclusive and Afrocentric Audiology curriculum. Such transformation is critical for equipping BAFLS students with the knowledge and skills necessary to meet the diverse needs of South Africa's population.

STATEMENT OF INTENDED IMPACT

This study presents experiences of accessing Audiology from an atypical perspective of BAFLS Audiology graduates. It responds to calls for epistemic transformation in the field of Audiology that surpasses the mere aesthetics of racial transformation. Furthermore, it aimed to fill the knowledge gap concerning how BAFLS individuals experience the Audiology curriculum and profession, particularly in the current post-apartheid transformation era. It thus makes a conceptual contribution by not only identifying BAFLS students' and Audiologists' experiences that hinder or reduce epistemological access but also by examining how marginalisation or challenges in epistemologically accessing Audiology through the undergraduate curriculum manifest and the subsequent impact on the participants' professional practice. I have not encountered a similar study that covers the topic of interest from the onto-epistemological perspective of BAFLS professionals, which is a novel contribution of the current study.

Moreover, this study makes a novel contribution in revealing how tools of marginalisation can act to maintain epistemic marginalisation of one perspective (Afrocentrism in this case), while transformation is reported to have taken place in the field, at face value, in line with the country's transformative agenda. Such and all other study findings should be relevant to any context that closely matches the one covered in the current study, where the experiences of minorities show persistent marginalisation beyond a declared emancipation or transformation. However, the intention was not to generalise but to explore a particular context, from a particular perspective, in depth. Therefore, this study findings should be applied where applicable, but not generalised unless if it can be justified by those who apply the findings to other similar contexts.

Secondly, this study employed hermeneutic phenomenology, a ubiquitous design in qualitative research that is less popular in Audiology and related communication or hearing care research. A cross-sectional approach to hermeneutic reflections on curriculum experiences and the subsequent impact on experiences of professional practice has not been previously adopted in the way it is adopted in this study. Reflecting on the unique methodological applications of hermeneutic phenomenology in the current study, I have argued that hermeneutic phenomenology should only be considered suitable when the researcher has deep insight into the researched topic from an insider's perspective. An ontological congruence between the researcher and participants is crucial in the application of hermeneutic phenomenology in the way it is recommended in the current study. This study has provided some methodological clarity in some of the ways hermeneutic phenomenology may be applied, which was important as there is a lack of methodological clarity around hermeneutic phenomenology to date.

With all the above contributions, the study intends to not only contribute to the discussions of epistemic transformation but also contribute to the Radical Implementation of Fundamental (Epistemological) in Audiology.

DEDICATION

I dedicate this thesis to my late father, my mother and everyone who reads it, and can relate to the findings.

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GLOSSARY OF TERMS AND ACRONYMS

BAFLS:	Black African First Language Speaking
HEIs:	Higher Education Institutions
HE:	Higher Education
KZN:	KwaZulu-Natal
LoTL	Language of Teaching and Learning
RIFT:	Radical Implementation of Fundamental Transformation
UoI:	University of Interest
Note for readers:	Footnotes are used for further acronyms and definitions of terms.

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CHAPTER 1: BACKGROUND TO THE STUDY

1.1 Introduction

Audiology¹ has developed significantly in South Africa since its formal introduction in 1936 by Pierre de Villiers, a White male professor (Moonsamy et al., 2017; Swanepoel, 2006). Initially, Audiology training was offered at universities that predominantly served White, English, and Afrikaans-speaking students, such as the University of Witwatersrand and the University of Pretoria. These institutions trained students primarily to serve hearing-impaired patients from similar demographic groups. Over time, other South African universities began offering Audiology programmes. The University of Interest (UoI), where this study was conducted, began providing undergraduate Audiology training in 1973, nearly 40 years after the first Audiology programme was introduced.

The UoI, a historically Black university that primarily served Indian South Africans (Bunting, 2006), played a significant role in transforming the racial composition of students physically accessing Audiology through the undergraduate programme. This shift towards a predominantly Black African race of students enrolled at the UoI is reflected in Figure 1.

¹ Audiology is an allied health rehabilitation field with a focus on the assessment and management of hearing conditions in relation to communication, auditory processing, and the functioning of the vestibular system. A four-year undergraduate professional degree in Audiology, with an Honours degree in the final year, is offered at five South African universities (Table 1), followed by a year of community service in underserved communities prior to the graduates being certified as independent (clinical) practitioners. Post community service, Audiologists can be employed at government hospitals, clinics, rehabilitation facilities, universities as Audiology lecturers, hearing aid companies and other suitable spaces, or provide their Audiology services independently through self-employment in their own private practices.

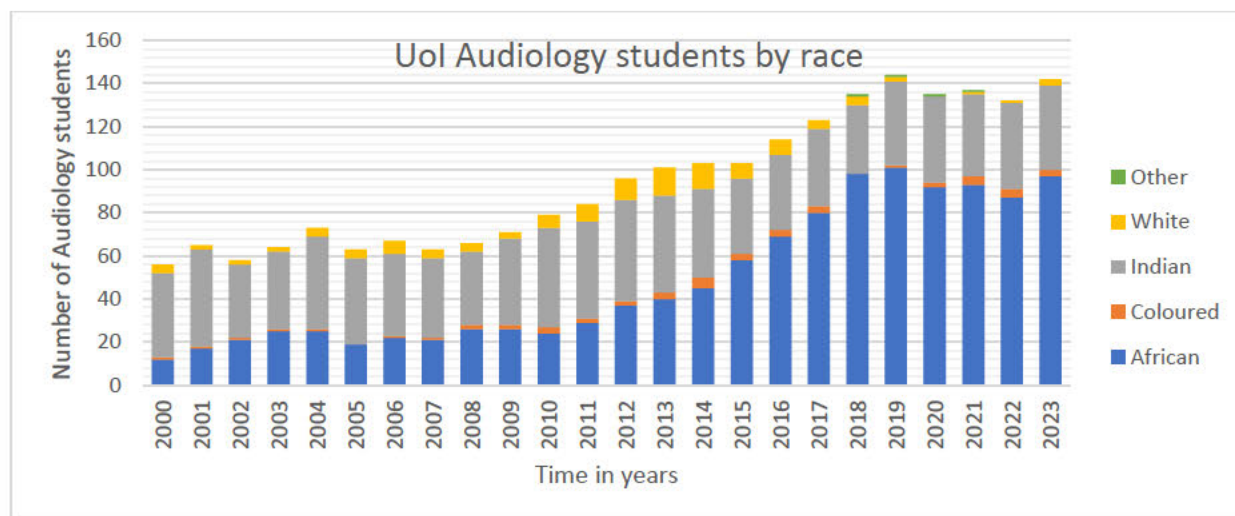


Figure 1: UoI Audiology Students Enrolment by Race

By the early 2000s, the Audiology programme at the UoI enrolled a predominantly Indian student population, with smaller proportions of Black African, Coloured, and White students. For example, in 2000, the student demographic was approximately 70% Indian, 21.5% Black African, and 7% White. In contrast, by 2023, the programme was enrolling 68.5% Black African, 27.5% Indian, 2% Coloured, and 2% White students, indicating a demographic shift toward increased Black African representation.

Despite the expansion of physical access to the Audiology profession for previously marginalised groups, particularly Black African First Language Speaking (BAFLS) students, questions remain concerning the extent of fundamental transformation in the field. Transformation must go beyond increasing racial diversity to address deeper issues related to the inclusivity of knowledge systems and the curriculum itself. As Moonsamy et al. (2017) point out, Audiology in South Africa was initially designed to serve White, English, and Afrikaans-speaking populations. While the UoI programme has broadened physical access, the curriculum and professional training seem to

remain largely Eurocentric, raising concerns about the readiness of graduates to serve South Africa's diverse population.

Calls for the transformation of the Audiology curriculum, particularly to make it more relevant to South African contexts, began in the early 1990s, coinciding with the country's transition to democracy (Beecham, 2002; Pascoe & Norman, 2011; Mershen Pillay et al., 1997) (section 1.2.1). These calls emphasised the need for a shift beyond mere racial representation, urging the integration of local knowledge systems and decolonised approaches to teaching and learning. It became evident that South Africa's diverse populations across race, class, and language needed to be better served by the healthcare professionals emerging from its universities and who could relate deeply to them. Achieving this could be threatened by a lack of epistemological transformation.

Khoza-Shangase and Mophosho (2018) argue that despite increased enrolment of BAFLS students, there has been little progress in achieving epistemological transformation in the field of Audiology. The Audiology curriculum, research and clinical practice continue to prioritise Eurocentric knowledge systems at the expense of Indigenous knowledge and Afrocentric perspectives (Abrahams et al., 2019; Moonsamy et al., 2017; Moroe & Khoza-Shangase, 2018). This limited epistemological transformation restricts the ability of BAFLS students and graduates to fully engage with the profession in a manner that is contextually relevant to the needs of South Africa's diverse communities.

Globally, decolonisation in professional fields like Audiology involves integrating Indigenous knowledge into curricula and making educational programmes relevant to local contexts (Lin et

al., 2021; Shahjahan et al., 2022). In South Africa, a true transformation of the Audiology profession would require shifting from a Eurocentric model to one that embraces African-centred approaches to education, research, and practice. Such an approach would prioritise the experiences and needs of African populations, ensuring that future Audiologists are equipped to serve all South Africans, not just those from White, English-speaking backgrounds.

This study aimed to explore the epistemological² experiences of newly qualified BAFLS Audiologists who have gained physical access to the profession. It sought to understand whether these graduates feel sufficiently prepared to practice in a diverse South African context and whether the experienced undergraduate curriculum has adequately transformed to support their learning and professional development. This study focused on the experiences of these Audiologists as they navigated both the undergraduate curriculum and their early professional practice, shedding light on whether the increased racial diversity in Audiology education has been accompanied by meaningful changes in the epistemic inclusivity of the curriculum.

This chapter provides the background and context for the study. It discusses the historical development of Audiology in South Africa, the challenges related to racial and epistemological transformation³, and the rationale for this study. The research problem, along with the study's objectives and research questions, is also presented, offering an overview of the issues that motivated this investigation

² Epistemology: It is the beliefs or assumptions about what knowledge is, its creation, acquisition or, and which knowledge is or should be acknowledged within specific perimeters or by certain societies. (Al-Saadi, 2014)

³ Epistemological transformation: A shift or change in the ways of knowing or beliefs about knowledge and knowing. (Hooper, 2006)

1.2 Contextual Background

South Africa has a complex historical and political background that continues to impact the socio-economic landscape, particularly in education. The Black African First Language Speakers (BAFLS) population, the majority in the country, has been disproportionately affected by limited access to quality higher education, exacerbated by their exposure to historically disadvantaged schooling systems (Bunting, 2006; Sedibe, 2011; van Dyk & White, 2019). The legacies of colonialism and apartheid continue to shape the higher education (HE) space, despite various political efforts to redress inequalities (Serame, 2019). These legacies are especially evident in how curricula are designed and experienced by students, with racial and epistemological exclusions still prevalent (Mnguni, 2016).

When the Audiology profession was introduced in South Africa, it landed in a political climate that marginalised Black Africans (Gradín, 2019). Historically, Black South Africans⁴ were largely excluded from accessing this field both physically and epistemologically when Audiology was established in the country (Mershen Pillay et al., 1997). While there has been notable racial transformation in South African higher education, particularly at the University of Interest (UoI), as discussed in section 1.1, the extent of epistemological transformation in Audiology remains unclear. There is growing concern that BAFLS students continue to experience marginalisation within the HE system, despite their increased physical access (Hlatshwayo & Fomunyan, 2019). This raises important questions about whether higher education, as accessed and experienced by BAFLS undergraduate students, is truly epistemologically transformed. Specifically, within the

⁴ Black South Africans include Black Africans, Indians, and Coloured (Brown) people. (Moonsamy et al., 2017)
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context of UoI's Audiology programme, where BAFLS students form the racial majority, the dominance of Eurocentrism in the curriculum remains a possible reality unless the institution has uniquely decolonised its approach (see sections 3.4.3).

1.2.1 Political Background and the Roots of Black Disadvantage in South Africa

Since the end of apartheid, the South African government has prioritised transformation to dismantle the systematic legacy of racial and economic inequality (Mzangwa, 2019). These efforts, however, have faced significant challenges, which inspire the current study. South Africa's colonial and apartheid history laid the foundation for the systematic marginalisation of Black Africans, not only socially and economically but also epistemologically. This study considers how this marginalisation persists in fields like Audiology, where calls for epistemological transformation have grown louder.

Before the colonial era, indigenous communities such as the Khoi, San, and later Bantu peoples of Southern Africa had established systems of governance, education, and sustenance. Knowledge was passed down through oral traditions and cultural practices, such as initiation ceremonies, which served as educational platforms (Seroto, 2011). These systems ensured that knowledge was embedded in daily life, and indigenous ways of knowing flourished (Mazonde, 1995). The Khoikhoi and San people engaged in trade with European settlers as early as the 15th century, developing sophisticated systems of exchange long before formal colonisation began (Oliver & Oliver, 2017; Ross, 1991).

Colonial rule, beginning with the Dutch colonisation of the Cape in 1652, introduced education systems designed to subordinate indigenous knowledge and elevate European ideals. Slave schools were established to prepare Khoikhoi and San individuals to serve White colonisers (Oliver & Oliver, 2017; Soudien, 2010). This laid the groundwork for White supremacy, which was later institutionalised through apartheid. The physical and epistemic (and onto-epistemological⁵) violence perpetrated during these periods fundamentally undermined African knowledge systems, while imposing Eurocentric education as the superior framework (Pinar, 2010). These dynamics of racial and epistemological exclusion have remained in place, in varying forms, throughout South Africa's history (Farkash, 2015; James, 1992).

Apartheid policies, such as the Group Areas Act and the Race Classification Act, exacerbated racial segregation in education (James, 1992; Union of South Africa, 1950). White South Africans had access to 19 universities and Technikons, while Black Africans were limited to just six institutions, which were grossly under-resourced (Bunting, 2006). This systemic inequity created deep-rooted educational disparities that still affect BAFLS students today (Adams, 2005; Ritchey, 2014). Even with the end of apartheid, many BAFLS students continue to face challenges stemming from an inferior primary and secondary education system, particularly those from township and rural schools (Kamsteeg, 2016). These students often enter higher education underprepared, leading to academic difficulties (Mdepa & Tshiwula, 2012; Sennett et al., 2003).

⁵ Onto-epistemology: Ontology is essentially a theory of being, while epistemology is a theory about knowing. A merger of the two, simplified, becomes a theory of knowing and being, or knowing in relation to being (as I applied it in the current study). (Thiele & Kaiser, 2014)

Despite efforts to broaden physical access to higher education since the democratic transition (Department of Education, 1997), the system remains largely influenced by Eurocentric frameworks, particularly in specialised fields like Audiology (Heleta, 2016; Hlatshwayo & Fomunyam, 2019). Therefore, as mentioned earlier, despite an increase of undergraduate Audiology classes from 15 to over 30 students today, there is little evidence of substantial change in curriculum content to reflect prioritisation or at least an incorporation of African knowledge systems (Khoza-Shangase & Mophosho, 2018).

1.2.2 The Impact of Eurocentrism on the Audiology Curriculum

The persistence of Eurocentrism in South African higher education is not unique to Audiology but is part of a broader pattern across the higher education system. Internationalisation and globalisation often reinforce Eurocentric standards, further entrenching Western ideologies in disciplines like Audiology (Guo et al., 2022; Stein, 2017). For example, the history of how native Southern Africans conceptualised and treated hearing disabilities remains sparsely documented in modern Audiology literature (Pinar, 2010). This lack of recognition should not be equated with a lack of knowledge. Traditional African societies understood disability in inclusive ways, and people with disabilities were not isolated, especially in cases where the disability was not visually apparent (de Andrade, 2011). Western approaches, in contrast, have often treated disability through an individualistic lens, providing interventions that do not always meet the needs of African communities (Mutanga, 2023).

In post-apartheid South Africa, the curriculum in many fields, including Audiology, remains predominantly Eurocentric. Calls for an epistemic shift in Audiology reflect a broader need to

incorporate African ways of knowing into the curriculum. This study, therefore, examined the extent of this epistemological transformation within the Audiology programme at the UoI and sought to understand how BAFLS students experienced the curriculum and the subsequent clinical profession.

1.3 The Need for Epistemological Transformation in Audiology

Audiology as a profession in South Africa has been shaped by the country's apartheid history and its associated racial dynamics. Initially, access to Audiology healthcare services was restricted to White patients (M. Pillay et al., 1997; Uys & Hugo, 1997), and the first undergraduate Audiology programmes were introduced at historically White English and White Afrikaans universities (Swanepoel, 2006). As a result, for over three decades, White audiologists dominated the field. It was only at the end of the 1970s that the first Black African Audiology students graduated (Moonsamy et al., 2017), marking the beginning of a slow and uneven process of racial integration in the profession. For much of this period, Audiology remained a predominantly White profession in terms of both leadership and practice.

Over time, the number of undergraduate Audiology programmes in South Africa has expanded in response to the demand for Audiological services to address the high prevalence of hearing loss and communication challenges in the country. As of today, five universities offer undergraduate programmes in Audiology, compared to only two in the past (see Table 1). This expansion has enabled wider physical access to the profession, attracting students from diverse socio-economic and educational backgrounds. The broader geographic distribution of these programmes also allows for greater representation of students from previously marginalised communities.

Table 1: List of South African universities providing Audiology undergraduate training

	Former classification	University	Programme offered	Province
1	HWA	Stellenbosch University	Speech-Language and Hearing Therapy (no longer offers Audiology)	Western Cape
2	HWA	University of Pretoria	Bachelor of Arts: Audiology	Gauteng
3	HWE	University of the Witwatersrand	Bachelor of Arts: Speech and Hearing Therapy	Gauteng
4	HWE	University of Cape Town	Bachelor of Science: Audiology	Western Cape
5	HB	Sefako Makgatho Health Sciences University (Former Medunsa)	Bachelor of Speech-Language Pathology and Audiology (Combined degree until 2024)	Limpopo
6	HWE and HI	University of KwaZulu-Natal (formed from merging the former Universities of Durban-Westville and Natal)	Bachelor of Communication Pathology: Audiology	KwaZulu-Natal
7	HB	University of Fort Hare	Currently preparing to start offering Audiology	Eastern Cape

Information sourced from Bunting (2006, p. 49); Swanepoel (2006, p. 263)

Key: HWA: Historically White Afrikaans; HWE: Historically White English; HB: Historically Black for Africans; HC: Historically Black for Coloureds; HI: Historically Black predominantly for Indians.

However, while the physical (or formal) access to Audiology education has increased, the deeper question remains: has this expansion of access resulted in meaningful epistemological transformation within the profession? Despite the potential for a more diverse body of students, the field of Audiology still faces significant challenges when it comes to transforming its epistemic

foundations, those underlying knowledge structures, pedagogical approaches, and curricula that continue to reflect a predominantly Eurocentric framework.

The expansion of physical access to undergraduate Audiology programmes should theoretically have contributed to the transformation of the profession. Higher education institutions (HEIs) are expected to not only diversify their student populations but also transform their curricula to reflect the diverse experiences, languages, and epistemic values of a democratic South Africa. However, epistemological transformation has lagged significantly behind the increased racial diversity of students accessing undergraduate Audiology training.

Epistemological access⁶, a concept developed by Morrow (2009), extends beyond merely granting students physical entry into institutions of higher learning. It involves providing meaningful access to knowledge and facilitating active student engagement in the process of knowledge construction. This process must consider the epistemic values of different societies, recognising the role of culture, language, and lived experiences in shaping how knowledge is understood and applied.

In the context of Audiology, the epistemological transformation would mean revisiting the curriculum and pedagogical approaches to include African epistemologies, indigenous knowledge systems, and culturally relevant approaches to communication and hearing healthcare. For example, while current curricula are often grounded in Western medical models, transformative changes would involve integrating local understandings of communication, the significance of

⁶ Epistemological access: Meaningful access to disciplinary knowledge and ways of knowing beyond physical access to university or similar institutions of knowledge. (Maniram & Maistry, 2018; Morrow, 2009)

multilingualism in South Africa, and the socio-cultural factors that influence hearing and language development in different communities.

While there have been policy statements from HEIs aimed at promoting curriculum transformation, the actual implementation of these policies has been inconsistent (Heleta, 2016). Many curricula in health sciences, including Audiology, continue to reflect Eurocentric worldviews, with little integration of African knowledge systems or the realities of South African society. This gap between policy and practice suggests that physical access to education does not automatically lead to epistemological access. In fact, the risk of students, particularly Black African and first-generation learners, gaining physical entry into universities without meaningful engagement with the knowledge being taught seems to have remained high, as suggested by the results of the current study (Morrow, 2009).

As a result, this study sought to address this gap by exploring the experiences of Black African First-Language Speakers (BAFLS) in the field of Audiology. Specifically, it aimed to investigate how these students experienced epistemological access within their training and whether the current curriculum accommodates or marginalises their socio-cultural and linguistic backgrounds. By doing so, this study problematises the nature of access to higher education, with emphasis on transformation beyond increasing student numbers.

In summary, while the expansion of Audiology programmes has facilitated greater physical access for a more diverse student body, the profession seems to have been slow to embrace the epistemological transformation needed to fully democratise knowledge in this field. This study

highlights the importance of transforming not only who is included in higher education but also how knowledge is framed and taught, ensuring that Audiology becomes a truly inclusive and contextually relevant profession in South Africa.

1.4 Research Problem (Problem Statement)

White privilege⁷ and Eurocentrism, often perpetuated through institutional culture, have long been known to marginalise the identities and experiences of Black African First Language Speakers (BAFLS) in South African higher education (Bazana & Mogotsi, 2017; Mnguni, 2016). Historically White Institutions (HWIs) continue to present environments where BAFLS students face significant challenges, both academically and socially, due to entrenched colonial legacies, including the apartheid-era impacts on basic education (Roberts, 2021; Sennett et al., 2003). While significant strides have been made toward expanding physical access to higher education for previously disadvantaged groups, the epistemological access to knowledge, particularly the transformation of curricula to reflect Indigenous and diverse ways of knowing, remains largely unaddressed, especially in professional fields such as Audiology.

It remains unclear at the UoI where the Audiology discipline has increasingly admitted students from historically disadvantaged backgrounds whether the curriculum, as experienced by the BAFLS students, has undergone sufficient epistemic transformation to support these students' academic success and professional development. Literature on Audiology education in South Africa highlights concerns over the lack of epistemological transformation in the curriculum

⁷ White privilege: a covert systematic prioritisation of otherwise undeserved opportunities and resources for the White individuals, to the exclusion or sidelining of people of other colour. (Bennett et al., 2019; Sawyer & Waite, 2021)

(Khoza-Shangase & Mophosho, 2018; 2021; Pillay & Kathard, 2015, 2018). While the Health Professions Council of South Africa (HPCSA) has commended the UoI for contributing to racial transformation in the field, there is a significant gap in understanding how BAFLS students and recent graduates experience the Audiology curriculum in terms of its relevance to their cultural, social, and linguistic contexts.

Research shows that BAFLS students in HWIs tend to underperform compared to their White peers and report more negative academic experiences (Department of Higher Education and Training, 2023; Sennett et al., 2003). These challenges are often exacerbated by curricula that fail to acknowledge and accommodate diverse epistemologies, leaving students feeling alienated and unsupported. However, prior research has not explored how these dynamics play out within the Audiology programme at the UoI, particularly from the perspective of newly qualified BAFLS Audiologists.

Consequently, this study aimed to address the gap in knowledge regarding the epistemological experiences of BAFLS students in the Audiology programme at the UoI. Specifically, it sought to understand whether the current Audiology curriculum adequately prepares students for professional practice in a contextually relevant way and whether BAFLS students perceive the curriculum as transformative or alienating. By examining these experiences, this study provides critical insights into the extent to which the Audiology curriculum reflects or resists Eurocentric knowledge systems and the implications this has for both students and the broader profession.

Furthermore, while previous research has discussed the impact of Eurocentric curricula on healthcare professions in Africa (Joubert, 2010), there is a paucity of research specifically addressing how Eurocentrism is experienced by South African Audiology students and professionals in relation to epistemological access to Audiology. This study fills this gap by exploring the kind of knowledge BAFLS students are exposed to in their training and how this shapes their professional identities and practices. The findings contribute to ongoing conversations about decolonising higher education and the health professions in South Africa, with a particular focus on Audiology.

1.5 Research Questions

To address the research problem and research interests set out above, I developed and was guided by the following research question and critical sub-questions: What are newly qualified BAFLS Audiologists' epistemological experiences of accessing Audiology through the undergraduate curriculum and subsequent field of practice?

Critical sub-questions:

1. What are newly qualified BAFLS Audiologists' epistemological experiences of accessing Audiology through the undergraduate Audiology curriculum?
2. What are newly qualified BAFLS Audiologists' epistemological experiences of accessing Audiology through the profession (field of practice)?
3. Why do the newly qualified BAFLS Audiologists epistemologically experience accessing Audiology in the way they do?

1.6 Rationale for the Study

1.6.1 Researcher's Positionality

As a Black African, First-Language Speaker (BAFLS) male in my mid-thirties, my lived experiences deeply inform my interest in this research. Born in the late 1980s in a rural area of KwaZulu-Natal (KZN), I spent my early childhood amidst the political turmoil of the Inkatha Freedom Party (IFP) and African National Congress (ANC) conflict. This period shaped my understanding of the socio-political context of Black South Africans and the challenges associated with accessing quality education under apartheid. However, it was not until I moved to Umlazi township, a low-income, predominantly Zulu-speaking area, that I encountered the stark realities of inequality within the South African education system.

My schooling experience in the township was defined by overcrowded classrooms, limited resources, and a curriculum delivered primarily in isiZulu. In comparison to peers attending well-resourced Model C and private schools, I was acutely aware of the disparities in educational quality. Despite these challenges, I worked relentlessly to succeed in a system that was not designed to nurture students from underprivileged backgrounds. My ability to perform well in matric allowed me to access higher education, a privilege I was keenly aware many in my community did not share.

As a BAFLS student entering an English-medium university to study Audiology, I found myself struggling academically, particularly with linguistic barriers. My primary and secondary education had not adequately prepared me for the demands of higher education in a second language. While I considered myself capable, my experiences with the curriculum and university culture were

shaped by feelings of exclusion, particularly in relation to the Eurocentric orientation of the discipline. These challenges extended beyond language and included difficulty adjusting to the social environment of a historically White institution, where I often felt alienated.

Years later, as a lecturer in Audiology, I noticed that many of the BAFLS students I taught shared similar struggles. They, too, grappled with academic challenges rooted in a disconnect between their previous educational experiences and the curriculum they encountered in higher education. This observation fuelled my interest in exploring whether these students' difficulties were linked to the broader systemic issues of curriculum design, particularly the extent to which epistemological transformation and decolonisation had been integrated into the training of audiologists.

1.6.2 The Influence of My Background on the PhD Study Choices

My background as a BAFLS student and later a lecturer within a historically White institution informs my interest in the curriculum experiences of BAFLS students in Audiology. The research gap, as discussed in section 1.4, highlights a paucity of studies exploring these students' experiences within the context of a Eurocentric curriculum that has remained largely unchanged despite efforts at racial transformation in South Africa. Scholars such as Pillay and Kathard (2015, 2018) and Khoza-Shangase and Mophosho (2018, 2021) have drawn attention to the urgent need for epistemic transformation within Audiology, yet I have not come across studies that have examined how students, particularly BAFLS students, experience the current curriculum and how it prepares them for practice in a diverse and multilingual society.

This study is rooted in my personal journey, yet it extends beyond my individual experiences. It aims to contribute to the growing body of research that critiques the Eurocentric foundations of professions like Audiology, which, although geographically located in Africa, continue to be shaped by Western epistemologies. My personal and professional trajectory has allowed me to witness first-hand how BAFLS students struggle to navigate a curriculum that is not attuned to their linguistic and cultural realities. The exclusionary nature of this curriculum can hinder these students' success and professional integration, which raises critical questions about the inclusivity of Audiology training in South Africa.

By choosing an interpretive paradigm and hermeneutic phenomenology as the methodological framework, I was able to bring my own experiences into dialogue with those of the participants. This approach allowed me to interpret the participants' experiences through a lens informed by my understanding of the challenges BAFLS students face. However, it is crucial to acknowledge that my background might have also introduced biases into the research process. While I share similar educational and social experiences with the participants, my role as a lecturer and researcher necessitates a critical reflection on power dynamics. I had to remain mindful of how my position may have influenced the data collection and analysis processes, particularly in terms of the participants' expectations of me as someone who once walked in their shoes but now occupies a relatively more authoritative role.

1.6.3 Reflexivity and the Research Process

Engaging in this research as both an insider (a former BAFLS student) and an outsider (a current lecturer) presented unique challenges and opportunities. My familiarity with the struggles of

BAFLS students allowed me to approach the research with empathy and insight. However, this closeness also required constant reflexivity to ensure that my interpretations were not overly coloured by my own experiences. I had to critically engage with the participants' narratives without imposing my own assumptions or biases onto their stories.

The interpretive paradigm, grounded in hermeneutic phenomenology, provides a structured approach for navigating this delicate balance. This methodology emphasises the importance of understanding participants' experiences within their socio-cultural and historical contexts, while also allowing the researcher's positionality to shape the interpretive process. By reflecting on my own journey through higher education, I felt better equipped to interpret the epistemological challenges faced by the participants. However, I had to continuously interrogate how my position as a researcher and lecturer might have shaped the participants' willingness to share their experiences and how I subsequently interpreted their stories.

In summary, my positionality as a BAFLS student-turned-lecturer informed not only my motivation for conducting this research but also the interpretive lens through which I approached this study. My personal and professional background enabled me to critically engage with the research problem, while the hermeneutic phenomenological framework allowed me to explore the nuances of the participants' epistemological experiences in relation to their educational and professional journeys.

1.7 The Study's Significance and Contributions

The findings of this study are expected to provide valuable insights for policy-making bodies, such as the Health Professions Council of South Africa (HPCSA), into the experiences of previously marginalised BAFLS students as they navigate the undergraduate curriculum and transition into the Audiology profession. Specifically, this study highlights the need for a comprehensive policy framework to guide the transformation of the Audiology curriculum, an essential step currently lacking. By identifying specific barriers to epistemological access in the curriculum, this study provides research-based recommendations that can inform the development of such a policy. This builds upon existing guidelines, such as the HPCSA's *Guidelines for Practice in a Culturally and Linguistically Diverse South Africa* (HPCSA, 2019), (2019), and the principles of the *Education White Paper 3* (Department of Education, 1997), ensuring more practical and systemic changes at both the national and institutional levels.

In addition, this research is intended to inform accreditation and quality assurance bodies by revealing gaps in how the curriculum is currently evaluated, particularly regarding its responsiveness to diverse student needs. The existing measures have either inadequately captured the depth of the challenges faced by marginalised students or failed to prompt meaningful curricular reforms that could foster true epistemological transformation. By exposing these gaps, this study advocates for a more critical and nuanced evaluation process, one that prioritises the decolonisation and Africanisation of the Audiology curriculum to make it more inclusive and accessible to BAFLS students.

Furthermore, this study's findings have the potential to influence curriculum design, leading to improved teaching, learning, and assessment practices that directly address the needs of underrepresented students. It advocates for a shift from purely demographic transformation towards deeper epistemological shifts that prioritise the intellectual and cultural inclusion of diverse student populations. This can promote a more equitable student experience, preparing graduates not only for academic success but also for meaningful engagement in the Audiology profession.

1.8 Outline of the Thesis

This thesis comprises eight chapters, each building towards an understanding of the experiences of BAFLS students accessing the Audiology profession and the broader need for transformation in South African higher education.

Chapter 1 introduces the study, outlining its background, problem statement, and research questions. It provides a historical and political overview of South Africa, drawing connections between the country's past and the current state of higher education, particularly in relation to the lack of epistemological transformation in Audiology. This chapter also establishes the gap in the literature and highlights the significance of addressing these challenges.

Chapter 2 discusses the theoretical and methodological frameworks that underpin this study. It explores three key theories: hermeneutic phenomenology, the Logical Model of Curriculum Development, and the Knowledge-to-Action framework. Hermeneutic phenomenology, as theorised by Heidegger, serves a dual role, framing both the participants' lived experiences and

the methodology adopted for this study. The Logical Model of Curriculum Development allows for an analysis of the participants' experiences within key curriculum components, such as teaching, learning, and assessment, while the Knowledge-to-Action framework helps in understanding how participants transition from theoretical knowledge in the undergraduate curriculum to practical, professional knowledge.

Chapter 3 reviews the literature relevant to this study, focusing on the massification of higher education, the challenges of accommodating diverse student demographics, and the slow pace of epistemological transformation within South Africa's Audiology programmes. Through this chapter, I explore how racial transformation, though important, does not equate to epistemological inclusivity, which remains an unaddressed issue for BAFLS students. This chapter identifies key gaps in the existing research and situates the current study within that context.

Chapter 4 details the study's methodology, grounded in hermeneutic phenomenology and qualitative research. I explain the rationale behind selecting purposive sampling, semi-structured interviews for data generation, and a combination of deductive content and thematic analysis for the interpretation of the data. I also address how I ensured trustworthiness through rigorous methodological adjustments and discuss the ethical considerations involved in conducting this study.

Chapter 5 presents the findings related to the participants' experiences of accessing Audiology through the undergraduate curriculum. The chapter focuses on the inequities in assessment, teaching, and learning experiences, particularly how participants from multiracial, multilingual

backgrounds had better access to the curriculum compared to those from lower-income, unilingual backgrounds. The findings reveal a disconnect between the curriculum and the needs of BAFLS students, suggesting that the current system inadequately prepares them for professional practice.

Chapter 6 shifts the focus to the participants' experiences of accessing Audiology through professional practice. The findings suggest that the lack of sufficient preparation at the undergraduate level resulted in significant challenges during the transition to professional practice, particularly in terms of acquiring practical, professional knowledge. This chapter also discusses how participants sought to fill these knowledge gaps through continuing professional development and other informal learning platforms after graduation.

Chapter 7 explores the underlying reasons for the participants' experiences, contrasting Afrocentric perspectives, such as *Ubuntu*, with the predominantly Eurocentric underpinnings of the Audiology curriculum. I apply the theory of *Ubuntu* to interpret how being a BAFLS student is experienced in contrast to the Eurocentric philosophical stance of Audiology in South Africa. The chapter also draws on the Matrix of Domination (Collins, 1990) to explain how Eurocentrism in the curriculum perpetuates dominance along racial, linguistic, and cultural lines, disadvantaging BAFLS students.

In **Chapter 8**, I conclude the study by reflecting on the existing transformation frameworks within Audiology and arguing that they have failed to address epistemological transformation in a meaningful way. I also propose the Radical Implementation of Fundamental Transformation (RIFT) framework, which seeks to consolidate and implement existing approaches to

transformation, moving beyond demographic shifts to include comprehensive epistemological changes. This chapter also summarises the key contributions of this study, offers policy and curriculum recommendations, and outlines avenues for future research.

1.9 Chapter Summary

This chapter introduced the study by discussing the contextual, historical, and political background of South Africa and its relevance to higher education and the Audiology curriculum. The problem statement, research questions, and critical sub-questions were introduced, alongside an outline of the thesis structure. The significance of this study in contributing to the transformation of the Audiology curriculum and profession was emphasised, setting the stage for the chapters that follow.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 Introduction

Chapter 1 provided the background and rationale for this study, introducing its central research questions and objectives. This current chapter presents the theoretical framework that underpins this study and guides the key elements of the literature review (Chapter 3) and informs the subsequent decisions concerning methodology (Chapter 4). This theoretical framework, therefore, shaped the way in which the planning, generation and analysis of the data were conducted.

I begin this chapter by outlining the paradigmatic perspective adopted for this study. Situated within an interpretive paradigm, this research drew on three key theories that served as the lenses through which the research problem was examined. The first part of this chapter focuses on these theoretical perspectives, while the second part discusses hermeneutic phenomenology as the methodological framework, demonstrating how it informed the data generation and analysis methods adopted in this study (Creswell, 2014). Through this discussion, the chapter establishes the theoretical and methodological foundations that underpin the research approach.

2.2 The Adopted Paradigm: Interpretivism

Audiology, as an allied healthcare profession, has historically been influenced by medical professions, resulting in a strong alignment with positivist paradigms (Swanepoel, 2006). The positivist tradition, characterised by an emphasis on objectivity, measurement, and quantifiable outcomes, remains dominant in medical research, clinical practice, and healthcare education (Brown & Dueñas, 2020; Park et al., 2020). In Audiology, a biomedical lens has been frequently adopted to investigate communication disorders, often at the expense of exploring patients' lived

experiences (Kathard et al., 2007). This positivist focus on objective measures has overlooked the richness of human experiences related to hearing, auditory processing, and related communication.

Conversely, the interpretive paradigm, which seeks to understand and interpret human behaviour and experiences, remains relatively underutilised in Audiology and broader healthcare research (Bunniss & Kelly, 2010). While positivist frameworks have undeniably contributed valuable insights to Audiology research (Swanepoel, 2007), they may not allow the reflexivity⁸ needed to fully understand the complexity of hearing-related human communication and the social contexts that shape these experiences. Given that Audiology inherently involves studying human responses to stimuli, an interpretive paradigm offers a more appropriate approach to exploring the epistemological experiences of newly qualified audiologists.

In selecting an interpretive paradigm for this study, I aimed to move beyond the limitations of objectivity and explore the subjective experiences of my participants. The interpretivist approach allows for the co-construction of meaning between the researcher and participants, recognising that knowledge is situated and socially constructed (Cohen et al., 2005). This paradigm enabled an in-depth exploration of participants' experiences of epistemological access, allowing them to actively contribute to the data generation process rather than being treated as passive subjects (Cohen et al., 2017; Kafle, 2011; Lindseth & Norberg, 2004).

⁸ Reflexivity: The researcher's ability to acknowledge and reflect on his/her pre-existing experiences and how they can influence how he/she conducts research. It is a further acknowledgment that one phenomenon can be experienced and understood differently based on the researcher's perspective. (Malterud, 2016)

Given the nature of this study's research problem, the choice of an interpretive paradigm is particularly significant. Audiology education, like other healthcare fields, often prioritises clinical skills and biomedical knowledge, potentially neglecting the importance of understanding the subjective experiences and epistemological journeys of newly qualified professionals. Interpretivism, by emphasising the participants' perspectives, is well-suited for examining how these individuals negotiate, experience, and construct their professional identities and navigate the challenges of epistemological access.

Moreover, my selection of this paradigm was motivated by a growing body of research advocating for interpretive and constructivist approaches in Audiology and healthcare education (Douglass et al., 2018; Meston & Ng, 2012; Pillay & Kathard, 2018). Pillay and Kathard (2018), for instance, call for a shift towards approaches that prioritise the experiences and perspectives of practitioners, acknowledging that such approaches can lead to a deeper understanding of the complexities of healthcare practice and related issues. By adopting an interpretive paradigm, I responded to this call and positioned my research within a broader movement that seeks to challenge traditional positivist frameworks and embrace more inclusive, experience-based methods.

In addition, this paradigm allows for a reflexive approach, where my own experiences as a researcher are acknowledged and integrated into this study. Reflexivity is central to interpretivism, as it recognises that the researcher's positionality inevitably shapes the research process (Kafle, 2011). In this study, I reflected on my own experiences in the field of Audiology and considered how these experiences influenced the ways in which I engaged with the participants and interpreted their narratives.

Finally, the use of hermeneutic phenomenology as the methodological frame further aligns with the interpretive paradigm adopted for this study. Hermeneutic phenomenology emphasises the interpretation of lived experiences and seeks to understand the meanings individuals attach to their experiences. This approach complements the interpretive paradigm by providing the tools to explore the participants' epistemological journeys in depth and interpret how they made sense of their professional identities and roles within Audiology. The choice of this methodological frame will be elaborated upon in subsequent sections. But it is important to note here that it reinforces this study's commitment to understanding participants as co-creators of the data, actively shaping the research outcomes.

2.3 The Theoretical Frame

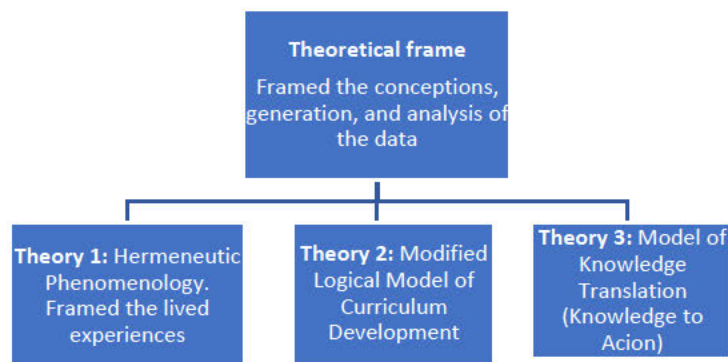


Figure 2: The theoretical frame

Guided by the interpretive paradigm, this study draws on three key theories: **hermeneutic phenomenology**, the **Logical Model of Curriculum Development**, and the **Knowledge Translation Model**. These theories were carefully selected to form an integrated framework for exploring the participants' experiences of accessing Audiology, both through the undergraduate curriculum and their subsequent professional practice. Each theory brings a unique perspective to

this study, but they work together to provide a comprehensive understanding of how newly qualified audiologists navigate their academic and professional journeys. Below, I explain how each theory contributes to the overall theoretical framework and how they interrelate.

2.3.1 Hermeneutic Phenomenology as the Overarching Lens

Hermeneutic phenomenology, rooted in the philosophical traditions of Heidegger et al. (1962) and Gadamer (1960), served as the overarching theoretical lens for this study. As an approach concerned with understanding and interpreting lived experiences, hermeneutic phenomenology is particularly well-suited to examining how newly qualified audiologists experience their academic and professional contexts. This theory allowed for an in-depth exploration of the participants' subjective realities, recognising the importance of both their experiences and my own interpretive role as a researcher.

In the current study, hermeneutic phenomenology provided a framework to examine how participants experienced and made sense of their journey through the Audiology curriculum and into professional practice. The focus was on understanding their *epistemological access*, how they experienced acquiring, interpreting, and internalising the knowledge necessary to become professionals. Hermeneutic phenomenology was particularly valuable for enabling rich, nuanced insights into the participants' personal and professional growth, allowing them to actively co-construct meaning from their experiences, rather than being passive subjects of observation (Lindseth & Norberg, 2004). It also allowed the acknowledgement of my pre-existing knowledge and experiences to be part of the interpretive process, aligning with Gadamer's emphasis on the fusion of horizons (Gadamer, 1960).

2.3.2 The Logical Model of Curriculum Development: Framing Epistemological Access

To explore how participants experienced *accessing Audiology* through the undergraduate curriculum, I employed the **Logical Model of Curriculum Development**. This model, rooted in educational theory, is designed to analyse the structure, content, and delivery of a curriculum (Posner, 2004). It provided a systematic approach to understanding how educational experiences are designed and how students engage with and make meaning of those experiences.

In this study, the Logical Model helped to unpack how the Audiology curriculum was experienced as facilitator or hindrance of the participants' epistemological access to the field. By focusing on key elements such as the curriculum content, pedagogy, and assessment methods, this model allowed for an exploration of the structural components of the curriculum and how they influenced students' learning experiences. Specifically, the model enabled me to interrogate the alignment between the curriculum's intended outcomes and the actual experiences of the participants, providing insights into the barriers and enablers of Audiology knowledge acquisition. This model was critical in revealing the systemic issues within the curriculum that shaped participants' early academic experiences in the field of Audiology, as reported in Chapter 5.

2.3.3 The Knowledge Translation Model: Bridging Theory and Practice

To capture the experiences pertaining to the participants' transition from the curriculum to professional practice, the **Knowledge Translation (KT) Model** was adopted (Graham et al., 2006). This model, which is widely used in healthcare to understand how knowledge moves from academic settings into practical application, was essential for exploring how the newly qualified audiologists translated their academic knowledge into real-world clinical and professional practice.

The KT Model provided a structured way to analyse how participants navigated the gap between theory and practice how they applied what they had learned during their undergraduate studies to the challenges of their professional roles. It also facilitated an understanding of the contextual factors that influenced this process, such as workplace environments, mentorship, and the availability of resources for continued professional development. By using this model, this study was able to reveal the complexities of professional knowledge translation, including the difficulties participants encountered when applying theoretical knowledge in practical, often unpredictable, clinical, and professional settings.

2.4 Theoretical Justification

2.4.1 Justification for Theory Selection

The selection of these theories was deliberate and driven by the specific needs of this study. **Hermeneutic phenomenology** was chosen for its alignment with the study's focus on lived experiences, allowing for an in-depth exploration of how participants internalised and made sense of their journeys. **The Logical Model of Curriculum Development** was selected because of its relevance to educational research and its capacity to systematically analyse the curriculum, a key aspect of this study. Finally, the **Knowledge Translation Model** was chosen for its established use in healthcare research, particularly in understanding how academic knowledge is applied in clinical settings a critical aspect of the professional practice experiences being studied.

Together, these theories formed a robust framework that addresses both the academic and professional dimensions of accessing Audiology. They offer a balanced approach that respects the

complexity of human experiences while providing the necessary structure to analyse educational and professional transitions.

2.4.2 Synergy Among the Theories

These three theories, hermeneutic phenomenology, the Logical Model of Curriculum Development, and the Knowledge Translation Model, were not applied in isolation but worked together to provide a holistic understanding of the participants' experiences. **Hermeneutic phenomenology** offered the overarching lens through which all experiences were interpreted, ensuring that participants' voices remained central to this study and that their lived experiences were the primary source of meaning. **The Logical Model of Curriculum Development** zooms in on the structural and pedagogical factors that shaped participants' access to knowledge during their undergraduate studies, while **the Knowledge Translation (Knowledge to Action) Model** focuses on the post-academic application of that knowledge in the professional world.

The synergy among these theories allowed for a comprehensive exploration of the participants' journey from students to practitioners. The Logical Model and Knowledge Translation Model provided a structural and procedural understanding of how knowledge was accessed and applied, while hermeneutic phenomenology brought a subjective, interpretive layer that contextualised these experiences within the broader framework of personal and professional development. This multi-theoretical approach ensured that this study captured the complexity of the participants' experiences, offering both a detailed analysis of the systems they navigated and a deep understanding of their personal, lived realities.

2.5 Exploring lived experiences through Hermeneutic phenomenology

2.5.1 Historical and Philosophical Background of Phenomenology

This section discusses the application of hermeneutic phenomenology in exploring lived experiences, focusing on its historical and philosophical foundations. Understanding lived experiences is essential for this study as it aims to illuminate how participants navigate and interpret their academic and practical journeys in Audiology. As an overarching theory, phenomenology guides the exploration of these experiences, providing a rich framework for understanding the complexities of human consciousness and meaning-making.

Phenomenology, founded over a century ago by Edmund Husserl, has profoundly influenced qualitative research methodologies (Friesen et al., 2012; Lindseth & Norberg, 2004). Initially emerging as a critique of positivism and natural science approaches in psychology, Husserl's phenomenology emphasises the importance of foregrounding lived experiences in human-related research (Lavery, 2003). Edmund Husserl's phenomenology paved the way for the different types of phenomenology used to date, such as realist phenomenology⁹, constitutive phenomenology¹⁰, existential (such as hermeneutic) phenomenology¹¹ (Friesen et al., 2012).

⁹ Realist Phenomenology: A type of phenomenology that endorses realist perspectives, where parts of reality exist independent of humans' knowledge or it, and the other part is human social perception. (Budd et al., 2010).

¹⁰ Constitutive Phenomenology: Phenomenology that foregrounds the possibility of bracketing one's experiences from influencing one's understanding of the essence of the participants' experiences; and prioritises reductionism in the exploration of peoples' experiences. This type of phenomenology is very similar to transcendental phenomenology. (Tassone, 2011).

¹¹ Existential phenomenology: Phenomenology is essentially about the meaning of human existence and related behavioural choices. (Zieske, 2020).

The core tenet of phenomenology is the exploration of phenomena as they appear through human consciousness. Husserl argued that understanding human experiences necessitates conscious reflection on past events, revealing their essence (Kafle, 2011). However, he emphasised the need for researchers to bracket their own experiences to maintain the purity of participants' descriptions (Kafle, 2011). This practice of bracketing distinguishes transcendental or Husserlian phenomenology from Heidegger's hermeneutic phenomenology.

Heidegger, a former mentee of Husserl, developed hermeneutic phenomenology, which shares some foundational traits with Husserl's approach. Both philosophies subscribe to interpretivism, utilising human experiences to gain insight into the world. However, they differ significantly in their epistemological and ontological foci. While transcendental phenomenology is descriptive and concerned with the essence of experiences, hermeneutic phenomenology prioritises interpreting the meanings that individuals derive from their experiences (Egalite et al., 2015; Lavery, 2003; Neubauer et al., 2019).

Given the philosophical underpinnings of hermeneutic phenomenology, this study also adopted it as a methodological framework. This choice allowed for a deeper understanding of the participants' lived experiences as co-generators of data, reflecting their subjectively reported reflections (Smythe et al., 2008).

2.5.2 Hermeneutics and Hermeneutic Phenomenology

Hermeneutic phenomenology, founded by Martin Heidegger, guides researchers in exploring participants' lived experiences and their interpretations (Kakkori, 2009). Kakkori notes that

"phenomenology is concerned with finding the essence of things, whereas hermeneutics sees that everything has its being in language and interpretation" (Kakkori, 2009, p. 20). Heidegger critiqued Husserl's focus on certainty and absolute clarity, arguing that it neglected the inherent flexibility of human nature (Fleming et al., 2003). Central to Heidegger's philosophy is the belief that researchers cannot isolate their own experiences while interpreting the experiences of others. Instead, researchers must acknowledge their interpretations to gain a deeper understanding of participants' lived experiences (Lavery, 2003). Heidegger posited that no description is possible without some level of interpretation, asserting that the essence of experience is a product of interpretation (Acharya, 2024; Kafle, 2011). This marks a fundamental departure from Husserl's approach, as hermeneutic phenomenology dismisses the bracketing of the researcher's lived experiences.

Furthermore, hermeneutic phenomenology challenges the notion of objectivity present in transcendental phenomenology, emphasising that experiences are unique to individuals. As Gadamer noted, each person is positioned within their social circles, which shapes their interpretations of lived experiences (Crowther et al., 2017). This subjectivity is a crucial aspect that Heidegger critiques in Husserl's transcendental phenomenology, suggesting that objectivity and bracketing are elusive and perhaps unnecessary (Friesen et al., 2012). As Friesen et al. (2012) assert, "In its (hermeneutic phenomenology) emphasis on the interpretation and reinterpretation of meaning, it rejects any 'transcendental' claim to meaning or any research conclusions that are fixed once and for all. It does not study objects or phenomena as (potentially) objective but as necessarily meaningful" (p. 1).

Initially, hermeneutics was applied in the 17th century to interpret biblical or religious texts (Friesen et al., 2012). Philosophers like Schleiermacher later expanded its application to interpreting human understanding in written texts (Smith, 2020). Heidegger, Hans-George Gadamer, and others further developed hermeneutics, leading to various philosophical interpretations, including hermeneutic and existential phenomenology(ies) (Cilesiz, 2020; Kakkori, 2009). Given the scope of this chapter, only hermeneutic phenomenology will be discussed, as it served as the primary framework for exploring the lived experiences of participants in this study.

2.5.3 Epistemological experiences through hermeneutic phenomenology

Heidegger's hermeneutic phenomenology emphasises an ontological (existential) focus, making it a fitting framework for exploring participants' experiences and their interpretations of "being" (Dasein) within a specific context (Heidegger et al., 1962; Louw, 2018; Paterson & Higgs, 2005, p.345). This study operated on the premise that each participant (individual) uniquely experienced and interpreted phenomena, suggesting that the same undergraduate curriculum would be understood differently by each individual (Paterson & Higgs, 2005). This assumption underpinned the choice of hermeneutic phenomenology as both a theoretical and methodological frame (Friesen et al., 2012).

In line with the philosophical tenets of hermeneutic phenomenology, key concepts such as "being" and "temporality" were essential to this exploration (Heidegger et al., 1962; Horrigan-Kelly et al., 2016). In this context, "being" refers to an individual's contextuality, denoting their existence in relation to their world, space, and time. These factors significantly shape how individuals

experience phenomena and the meanings they derive from those experiences (Heidegger et al., 1962). As previously stated, Heidegger emphasises the necessity of exploring the meaning of everyday life through the consciousness of those living it, which was central to this study's examination of the Audiology curriculum and related phenomena through the participants' perspectives. The concept of "being" is understood in three interrelated ways, as discussed below.

2.5.3.1 Being (who)

In hermeneutic phenomenology, "being" encompasses both a person's physical and conscious existence among others (Heidegger et al., 1962). This concept guided my exploration of participants' experiences of accessing Audiology, particularly as they interacted with lecturers, peers, and other audiologists during their training and subsequent professional lives. Participants were encouraged to reflect deeply on how their experiences of "being" within the context of their undergraduate training influenced their epistemological access to Audiology. This exploration was premised on the understanding that "the self" is inherently linked to the context of time and the world within which participants are situated (Horrigan-Kelly et al., 2016).

2.5.3.2 Being in the world (spatiality and embeddedness)

The notion of "being in the world" underscores the inseparable connection between individuals and their environments (Heidegger et al., 1962; Horrigan-Kelly et al., 2016). In this study, participants are recognised as being embedded in their spatial context, which significantly influences how they experience their roles as audiologists. The South African context is crucial here, particularly where BAFLS patients represent the majority while White English-speaking patients comprise a minority with access to private healthcare (Marten et al., 2014). Although this

study primarily investigated epistemological experiences, hermeneutic phenomenology's ontological focus allowed for a nuanced understanding of how these spatial and contextual factors shaped participants' experiences. Isolating epistemological experiences from participants' "being" would have misrepresented their interconnectedness, contrasting with Husserl's transcendental epistemology (Lavery, 2003).

2.5.3.3 Being in (and) time (temporality)

Heidegger argues that "being in the world" is inextricably linked to temporality, which encompasses the interplay of past, present, and future (Heidegger et al., 1962; Horrigan-Kelly et al., 2016). Participants in this study are part of a recent generation of graduates who navigated the transition from student life to professional practice as audiologists during a significant period of (post)racial transformation in the field. This context is vital for understanding their experiences, especially as they grappled with the emerging need for transformation beyond race (Khoza-Shangase & Mophosho, 2018).

While hermeneutic phenomenology has greatly enriched my understanding of the lived realities of Audiology students and newly qualified audiologists, it is essential to acknowledge its limitations. Critics argue that hermeneutic phenomenology lacks clarity in guiding research methods and is often viewed as vague (Alsaigh & Coyne, 2021). The subjective nature of this approach can complicate the validation of research findings, especially as hermeneutic phenomenology contends that there is no need for validation through conventional methods such as member checking (Crowther et al., 2017).

As a researcher, I have accepted these challenges inherent in hermeneutic phenomenology. The approach's emphasis on not excluding my own lived experiences when interpreting those of study participants presents an advantage that outweighs its drawbacks. Furthermore, the flexibility of hermeneutic phenomenology allowed me to employ it not only as a theoretical lens for understanding lived experiences but also as a framework guiding my methodology.

2.6 Exploring the undergraduate curriculum experiences through the Logical Model of Curriculum Development

As noted in Section 3.2 of this thesis, the curriculum can be understood from various perspectives, necessitating a clear articulation of the adopted framework. The Logical Model of Curriculum Development (Cowan & Harding, 1986; Stefani, 2009) (see Figure 3) guided the conceptualisations of the curriculum in this study. This model's complexity accommodates all aspects of the curriculum that were pertinent to this research, particularly in illustrating the interrelationships between the participants' experiences of teaching, learning, and assessment and the influential external forces that influenced the curriculum.

2.6.1 Understanding the modified Logical Model of Curriculum Development

The Logical Model of Curriculum Development was initially designed to facilitate lecturers' reflection on curriculum development processes and related activities (Cowan & Harding, 1986). It delineates the logical relationships among different curriculum components, moving beyond the chronological flow prevalent in earlier models. While Stefani (2009) made minor adaptations to simplify the model, its core structure remains intact (see Figure 3). This framework served as a lens through which to examine the participants' experiences of the undergraduate Audiology

curriculum. The sections that follow unpack the key assumptions of the Logical Model that were instrumental producing data in this study

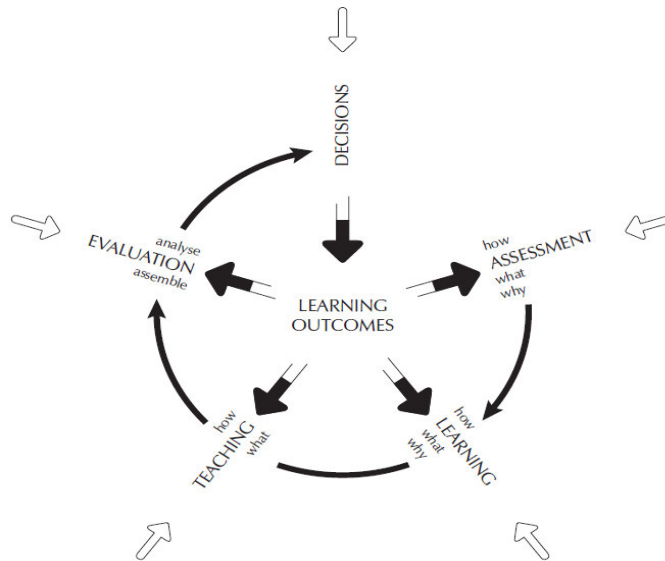


Figure 3: Stefani's modification of Cowen's Logical Model of Curriculum Development (Stefani, 2009, p.53)

2.6.1.1 Assumption 1: External forces influence the curriculum

The first assumption posits that an undergraduate curriculum is not insulated from external influences. It is shaped by various external forces, such as institutional culture, quality assurance entities, and professional bodies (Cowan & Harding, 1986; Stefani, 2009). In the context of Audiology, these influences may include stakeholders such as health professions councils and government entities that provide employment opportunities for graduates (van Staden & Duma, 2022). Furthermore, students' racial, language, and cultural profiles may impact their experiences within the curriculum. However, as indicated by the smaller arrows pointing inward in Figure 3, the extent of external influence on the undergraduate curriculum is relatively limited compared to the internal forces (Stefani, 2009). This observation was supported by findings in Chapter 5, where

it was noted that factors influencing curriculum experiences primarily originated from within the University of Interest (UoI).

2.6.1.2 Assumption 2: The learning outcomes are the central force of the undergraduate curriculum

In the Logical Model, learning outcomes are positioned at the core, signifying their pivotal role in shaping the curriculum. This highlights the assumption that students' teaching, assessment, and learning experiences are largely driven by these intended outcomes. Utilising this model (see Figure 2), I focused on the lived curriculum experiences of students and their relationship with learning outcomes. This approach enabled me to comprehend the significant impact of perceived learning outcomes on participants' experiences. The bold lines extending outward to various components of the model illustrate this relationship between learning outcomes and curriculum components (assessment, teaching, learning, evaluation). Indeed, the participants reported negative curriculum experiences when they perceived the learning content to be irrelevant to the outcomes (see Sections 5.3.3.1 and 5.3.3.2).

2.6.1.3 Assumption 3: Assessment influences students' learning

The third assumption asserts that assessment can significantly influence students' learning, often serving as an indicator of curriculum focus areas (Heeneman et al., 2015; Wiliam et al., 2004). Drawing from my teaching experiences, I recognise that intended learning outcomes are not always directly assessed. In clinical settings, I have used assessment as a tool to promote broader learning (Heeneman et al., 2015). However, the alignment between students' assessment experiences and the intended curriculum may not always be consistent. While lecturers strive for fairness and inclusivity in assessments, discrepancies can occur, potentially leading to negative

experiences for some students. Thus, it was essential to explore how students, particularly those from the BAFLS demographic, experienced assessment within the Audiology curriculum. This model guided my inquiry into the relationship between assessment experiences and the accessibility of Audiology knowledge through learning.

2.6.1.4 Assumption 4: Teaching facilitates learning

According to the Logical Model (Cowan & Harding, 1986), teaching is positioned as a facilitator of learning, suggesting that learning does not necessarily depend on teaching. This perspective implies that while students can learn independently, they benefit from guidance provided through effective teaching. A core focus of this study was to understand whether the teaching experiences of participants facilitated their learning. Participants were prompted to elaborate on their interactions with lecturers and clinical supervisors, highlighting methods and elements that either supported or hindered their learning processes.

2.6.1.5 Assumption 5: Evaluation informs future curriculum decisions

The evaluation process encompasses a formative review of the curriculum regarding teaching, learning, assessment, and learning outcomes (Cowan & Harding, 1986; Stefani, 2009). Evaluation plays a critical role in shaping future curriculum decisions, directly influencing learning outcomes and curricular components. While this study did not aim to conduct a formal evaluation of the curriculum, it raised questions about the historical and recent design of the curriculum in relation to facilitating epistemological access for BAFLS students. Even though the evaluation aspect was utilised indirectly, it guided my exploration of the curriculum's influence on participants'

experiences in accessing Audiology and informed considerations for their subsequent professional practice.

2.7 Accessing Audiology Through Practice

The application of the Logical Model of Curriculum Development helped to frame the curriculum (teaching, learning, and assessment) experiences related to accessing Audiology. However, this model proved inadequate for examining the epistemological experiences of audiologists in practice. Consequently, an additional framework was introduced to guide the exploration of this critical aspect of this study: The Knowledge Translation Model (see Figure 3). This model enabled an exploration into how participants translated the knowledge gained through their undergraduate curriculum into their professional practice. The following section discusses this model and its application in the current study.

2.7.1 Accessing Audiology Through Practice: The Knowledge to Action Framework

The Knowledge-to-Action framework was employed to explore the epistemological experiences of accessing Audiology in practice and the subsequent impact of those experiences on participants' professional practice. Moodie et al. (2011) adapted the Knowledge-to-Action framework originally developed by Graham et al. (2006) to explain how knowledge from research and theory translates into practice within the Audiology profession (see Figure 4). This dynamic process involves ongoing refinement and recycling of knowledge over time. For this study, only the relevant components of the Knowledge-to-Action framework were utilised.

The framework consists of two key components: The Knowledge Creation Funnel and the Knowledge-Action (Application) Cycle. Each component will be discussed in detail below.

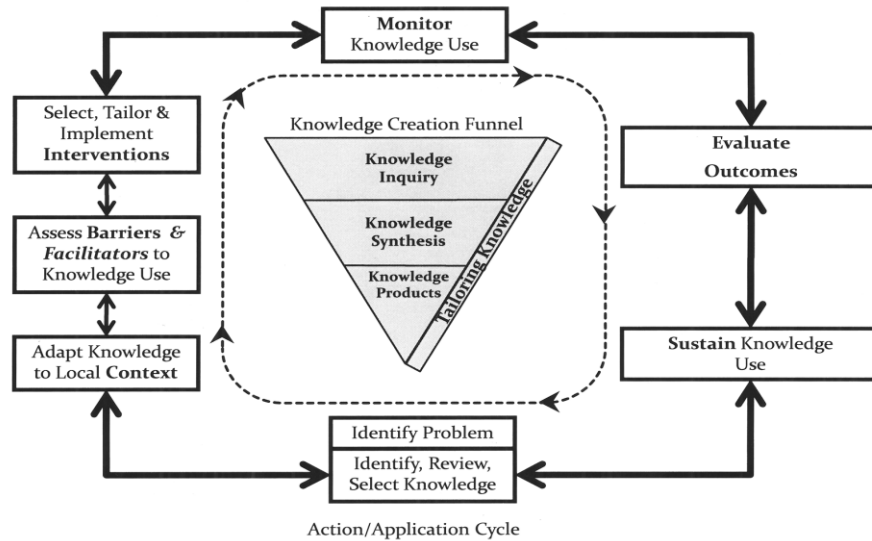


Figure 4: The Knowledge-to-Action Framework (Graham et al. 2006, p. 19; Moodie et al. 2011, p., Straus et al. 2009, p. 267)

2.7.1.1 The knowledge creation funnel

The Knowledge Creation Funnel aspect of the Knowledge-to-Action Framework (Graham et al., 2006) provides a lens to examine how new graduates perceive the profession as a knowledge context and how they respond to its knowledge demands. As elaborated in Chapter 6 (section 6.2.1), participants faced challenges due to gaps in the knowledge required for specific areas of practice. Consequently, they had to create new knowledge or adapt existing knowledge to meet the professional demands they encountered, particularly when their undergraduate curriculum did not optimally prepare them for practice or provide sufficient epistemological access to Audiology.

A key theoretical assumption in the Knowledge Creation Funnel is that knowledge generated or adapted through its stages can adequately address knowledge demands (Graham et al., 2006). The first stage, **knowledge inquiry**, represents the primary pool of unrefined knowledge, where individuals face problems requiring solutions they have yet to develop (Graham et al., 2006). For instance, if Audiology students encounter a breadth of practical and theoretical knowledge during their training that does not align with their post-graduation work settings, they may be confronted with knowledge inquiries where they must acquire new knowledge to effectively address clinical problems in a relatively unfamiliar context. This scenario parallels problem-based learning contexts (Thorndahl & Stentoft, 2020).

The second stage, **knowledge synthesis**, involves individuals gathering and selecting all accessible knowledge to create a new set of knowledge that can address specific knowledge demands (Graham et al., 2006). In this study, this stage pertained to how participants selected and integrated clinical knowledge and skills to formulate effective responses to workplace knowledge inquiries.

Lastly, the **knowledge production** phase represents the enactment of responses to the identified knowledge inquiries (Graham et al., 2006). This stage results in the creation of practical tools or guidelines, such as clinical tools, rules, regulations, and policy guidelines that address the initial inquiries effectively.

2.7.1.2 The Action or Application Cycle

The Action Cycle aspect of the Knowledge-to-Action Framework (see Figure 4) guided the exploration of how participants applied their knowledge in clinical and professional settings.

Knowledge translation is a dynamic and iterative process (Graham et al., 2006; Ødemark & Engebretsen, 2022). Accordingly, I anticipated that the participants' reflections would also demonstrate non-linear characteristics.

The first step in the Action Cycle involves identifying a problem that necessitates the application of relevant knowledge, such as addressing a challenging case in Audiology. Next, participants identify the appropriate knowledge and tools necessary to address this problem. These may include clinical procedures or interventions tailored to the specific needs of the client.

In the subsequent step, participants adapt the identified knowledge for practical application, highlighting the flexibility required to meet unique patient needs, even when those needs are generally common among clients. Possible barriers to implementing the identified and adapted knowledge are then assessed, facilitating the identification of the best approaches to execute necessary clinical interventions. Finally, the outcomes of applying this knowledge are evaluated to inform future practice and potential refinements.

Lastly, the knowledge user implements measures to sustain the use of effective knowledge in similar situations that may arise in the future (Graham et al., 2006; Moodie et al., 2011; Straus et al., 2009). While these aspects of the knowledge translation cycle guided my inquiry into participants' experiences of translating knowledge into practice, this study did not specifically focus on the monitoring, evaluation, and sustainability elements due to its scope.

2.8 Hermeneutic phenomenology as a methodological frame

2.8.1 Key phenomenological assumptions adopted in the methods

Adopting hermeneutic phenomenology has significant methodological implications. According to Cilesiz (2020), a researcher's philosophical background profoundly influences the methods they apply. While phenomenology has primarily focused on philosophical considerations, its methodological approaches have been critiqued for being limited (Horrigan-Kelly et al., 2016; Qutoshi, 2018). However, this study drew on scholars who have suggested suitable methodological frameworks for interpretive phenomenological studies (Hafferty et al., 2015; Horrigan-Kelly et al., 2016; Kafle, 2011).

In guiding this study, I adopted specific principles that informed my approach. Phenomenology, in general, emphasises understanding lived experiences, focusing on ontology (the nature of being), epistemology (the nature of knowledge), and meaning from the perspectives of those experiencing it (Finlay, 2012; Langdrige, 2007). While different types of phenomenology may emphasise various aspects, hermeneutic phenomenology specifically foregrounds the participants' lived experiences, allowing for a deeper understanding through their interpretations (Heidegger et al., 1962; Kafle, 2011).

Conducting this study from an insider's perspective enabled me not only to interpret participants' experiences but also to appreciate their interpretations of those experiences. I organised the data generation process in a flexible manner, allowing discussions to evolve organically without being overly constrained by my pre-existing questions. This cyclical process involved ongoing reflection

between my insider perspective and my own related experiences. The methods employed are further detailed in Chapter 4.

2.8.2 My positionality in relation to hermeneutic phenomenology

Using hermeneutic phenomenology as a philosophical lens profoundly influenced my role in this study. As a BAFLS Audiologist, I share common traits and experiences with this study participants, allowing me to relate closely to the experiences they described. However, my primary responsibility was to interpret their experiences of accessing Audiology through the curriculum and subsequent clinical practice.

Hermeneutic phenomenology acknowledges the researcher's background and experiences, rather than excluding them. My journey as a former BAFLS student and now a lecturer enriched my understanding of the participants' experiences, which I did not view as a confounding factor to be bracketed, as one might in Husserl's transcendental phenomenology (Lavery, 2003). I engaged in reflective practices to navigate my dual role as a researcher and participant, considering my personal values, beliefs, motivations, culture, and ethnicity (Clancy, 2013; Finlay, 2012). This reflective approach allowed me to gain deeper insights into the participants' experiences while remaining aware of how my positionality could shape my interpretations.

2.9 Chapter Summary

In this chapter, I explored and justified the theoretical choices that underpin this study. I presented the Logical Model of Curriculum Development proposed by Stefani (2009) to outline the essential components of the undergraduate Audiology curriculum, illustrating how it informed this study's

structure. Additionally, the Knowledge to Action Framework was utilised to guide the exploration of epistemological access to Audiology in professional practice, emphasising the dynamic process of knowledge translation. Lastly, I employed hermeneutic phenomenology as a lens to understand lived experiences, discussing how it shaped my methodological approaches. Together, these frameworks provided a comprehensive foundation for understanding the complexities of accessing Audiology through education and practice.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

Chapter 1 provided the contextual background for this study, focusing on the challenges of the Audiology curriculum in relation to broader higher education and healthcare transformation in South Africa. Chapter 2 outlined the theoretical framework guiding this research, shaping the approach taken throughout this study, including the literature review, data generation, analysis, and reporting.

This chapter critically reviews the literature with two primary foci. First, I explore the undergraduate higher education curriculum, particularly its transformation, or lack thereof, within the context of Audiology. The literature I will review suggests that, while massification of higher education has improved access to a broader demographic of students globally, concerns persist regarding declining educational quality, inadequate epistemological transformation, and insufficient academic support, especially for historically marginalised students such as those in the BAFLS demographic. These challenges are evident in the Audiology curriculum, where the participants reported ongoing struggles with academic success, engagement, and epistemological access.

The second focus of this chapter is the transformation of the healthcare sector, particularly regarding access to clinical practice in Audiology. The literature indicates that, similar to higher education, the healthcare sector has witnessed only superficial transformation, primarily in terms of demographic change. However, deeper structural and epistemological shifts remain absent, limiting the effectiveness of transformation efforts. The literature underscores the need for more

profound epistemic and pedagogical reforms such as the decolonisation and Africanisation¹² of healthcare education, to address the historical and ongoing marginalisation of diverse knowledge systems, particularly in the South African context. These two areas of curriculum reform in higher education and clinical practice in healthcare are interconnected, forming a crucial foundation for understanding the broader experiences of Audiology students, particularly those from marginalised backgrounds such as the participants of this study.

3.2 The higher education curriculum

The ‘curriculum’ concept has been defined in various ways across the literature. Kelly identifies different types of curricula, including the formal (planned¹³, documented), the hidden¹⁴ (unspoken norms, power dynamics), the experienced¹⁵ (what students actually engage with), and the null¹⁶ (What is intentionally or unintentionally excluded) curriculum (Kelly, 2004). These distinctions highlight that the curriculum is not merely a static document but a dynamic construct influenced by teaching practices, institutional culture, and student experiences (Bitzer & Botha, 2011; Pinar, 2010). For this study, I adopt a broad understanding of the undergraduate curriculum as the entirety of teaching, learning, and assessment experiences co-created by academic staff, institutional structures, and students (Cowan & Harding, 1986; Stefani, 2009).

¹² Africanisation: This entails a form of prioritisation and the centring of African and its knowledge systems. (Mbembe, 2016)

¹³ Planned curriculum: curriculum that is intended and often documented, with explicit intended outcomes. (du Toit, 2011).

¹⁴ Hidden curriculum: curriculum that is not overtly documented, but ends up taking place in the teaching and learning environment, sometimes unintentionally. (Hafferty et al., 2015; Kelly, 2004, p. 5).

¹⁵ Experienced curriculum: the teaching and learning that students experience, regardless of what is planned. (du Toit, 2011, p. 61; Kelly, 2004, p. 6).

¹⁶ Null Curriculum: curriculum that is excluded from the intended teaching and learning. (Grange, 2010, p.196).

The Audiology curriculum is shaped not only by the formal or planned activities but also by the hidden and experienced teaching and learning. The hidden curriculum includes implicit messages conveyed through institutional culture, power relations, and the prioritisation of certain knowledge systems over others. This often leads to the reinforcement of exclusionary practices, especially in fields like Audiology, where the curriculum tends to privilege Western, Eurocentric knowledge frameworks, marginalising indigenous or alternative epistemologies (Ramonyai et al., 2022). As the literature indicates, despite the increased physical access to higher education, particularly for historically marginalised groups, epistemological access remains elusive (Badat, 2010; Heleta, 2016).

For BAFLS students in particular, these barriers can manifest in various ways. The language of instruction, predominantly English, can alienate students from non-English speaking backgrounds, limiting their engagement with core theoretical and clinical content. Additionally, cultural and linguistic differences between students and their lecturers can exacerbate feelings of exclusion, creating a disconnect between what is taught and what is understood. This is especially concerning in clinical practice settings, where communication and cultural competence are crucial for effective healthcare delivery. The literature suggests that many BAFLS students experience the curriculum as inaccessible, not only because of its content but also due to the ways in which the learning environment reinforces existing inequalities (Brunner & Labraña, 2020; Gao, 2018).

In healthcare education, the hidden curriculum plays a particularly important role in shaping professional identity and practice. For Audiology students, clinical practice is an essential component of their training, yet many students from marginalised backgrounds report difficulties

in navigating clinical environments where cultural competence is lacking. These challenges are compounded by the experienced curriculum that students encounter in clinical placements, which often diverges from the formal curriculum's goals. The lack of alignment between theory and practice in clinical settings creates additional barriers to epistemological access for BAFLS students. Literature highlights that clinical supervisors and educators may not fully appreciate or be fully prepared to deal with diverse cultural and linguistic needs of their students, further entrenching exclusionary practices in the profession, including Audiology (du Toit, 2011; Gauvin & Gregory, 2024).

While the formal curriculum may aim to promote equitable access to knowledge, the hidden and experienced curricula frequently undermine these efforts. The failure to integrate diverse cultural perspectives into both classroom teaching and clinical practice perpetuates epistemic hierarchies that privilege certain ways of knowing while marginalising others. As a result, BAFLS students and others from historically disadvantaged backgrounds often struggle to succeed academically and professionally in fields like Audiology, where Western biomedical frameworks dominate.

Moreover, the null curriculum, the knowledge that is excluded or omitted, further exacerbates these challenges. In Audiology, little attention is given to indigenous knowledge systems or to the ways in which culturally responsive care can be integrated into clinical practice. This omission reinforces the perception that Western knowledge is superior, marginalising alternative ways of knowing that could enrich students' educational experiences and improve patient care outcomes. The literature calls for a more inclusive approach to curriculum design, one that recognises and values diverse epistemologies and pedagogies (Heleta, 2016; Ramonyai et al., 2022).

In summary, the literature points to the need for transformative interventions within the higher education curriculum, particularly in fields like Audiology, where epistemological barriers continue to limit students' access to meaningful knowledge. These barriers are not limited to the formal curriculum but extend to the hidden and experienced curricula as well, where institutional culture, teaching practices, and clinical placements all play critical roles. By failing to address these challenges, higher education institutions risk perpetuating the very inequalities they seek to dismantle. For BAFLS students, these issues remain a significant barrier to academic success and professional growth.

3.3 Accessibility of Higher Education (Curriculum)

3.3.1 Improved formal access: A global perspective

Over the past two decades, higher education has become increasingly accessible on a global scale. According to UNESCO (2020), global student enrolment increased by 38% between the years 2000 and 2018, marking significant progress in the expansion of higher education. This Massification¹⁷ and diversification¹⁸ of access to higher education has been a prominent trend, with predictions suggesting further enrolment growth over time (Nethsinghe, 2017; Shava et al., 2021). For instance, Asia is expected to experience substantial increases in enrolment numbers (Calderon, 2012; Mok & Jiang, 2018). Such increased access to higher education is expected to rise further with the increase in Massive Open Online Courses (MOOCs) (Hushin, 2025).

¹⁷ Massification: Rapid increase in student enrolment at HEIs within a relatively short space of time. (Scott, 1995).

¹⁸ Diversification: Entails the enrollment of students from a wide range of different backgrounds as the education system moves from an elitist to a massified system. (Guri-Rosenblit & Sebkova, 2004).

Similarly, parts of Africa saw substantial growth in student enrolment, particularly in sub-Saharan Africa, where annual enrolment growth is estimated at 8.4% USAID (2014). Given Africa's historical challenges arising from colonialism and apartheid, which restricted educational access for many, this increase represents a move toward redressing historical injustices (Mohamedbhai, 2014). Despite this progress, the higher education sector in Africa still struggles to meet the rising demand. Challenges such as the insufficient number of institutions, limited affordability, and other barriers continue to restrict access, preventing further massification (Lebeau & Oanda, 2020).

The COVID-19 pandemic introduced additional complexities, with its full impact on enrolments in the region yet to be fully understood. Preliminary evidence from regions like Canada indicates that the pandemic may have further constrained access to higher education, a possibility that could also hold true for parts of Africa (Lebeau & Oanda, 2020). Nevertheless, in countries like South Africa, improved access to higher education has become a key element of the broader transformation agenda, a point explored in the next section. The university I teach at has more than 30 students in the first-year Audiology class, which indicates that the student Audiology enrolment remains high.

3.3.2 Improved formal access: A South African perspective

In post-apartheid South Africa, higher education has played a critical role in advancing the country's transformation agenda, particularly in promoting racial inclusivity across different sectors, including education and the economy (Mzangwa, 2019). The National Council for Higher Education (NCHE) was tasked with guiding the implementation of these transformation

objectives, as outlined in key policy documents such as the *Education White Paper III* (Cloete & Moja, 2005; Department of Education, 1997).

One of the most notable achievements of this transformation agenda has been the substantial increase in Black African student enrolment across most South African public universities. Many of these students come from previously marginalised communities, and the higher education sector now reflects more inclusive student demographics (Soudien, 2010). There has also been a notable increase in Black African academic staff at universities, with a nearly 10% rise in Black African academics between 2005 and 2015 (Breetzke & Hedding, 2018; Cele, 2023). These changes represent positive steps toward addressing racial imbalances in South African higher education, as envisioned in key policy documents such as the *Education White Paper III* (Department of Education, 1997).

3.3.3 Transformation of higher education through massification and diversification

Transformation within South African higher education can be understood in two key dimensions: structural, which focuses on demographic shifts, and ideological, which addresses deeper changes in institutional cultures and epistemologies (du Preez et al., 2016). While much of the progress has been in the former, little has been done to address the latter, as mentioned in Chapter One. This structural focus on increasing student numbers, particularly those from historically disadvantaged groups, has led to notable demographic shifts but limited epistemological or cultural transformation.

Although universities are expected to design curricula that support the government's transformation agenda, as reflected in several key policy documents (*Green Paper on Higher Education Transformation*, *Education White Paper III*, *The National Plan for Higher Education*) (DoE, 1996, 2001b), the impact of these efforts has been mixed. Demographic transformation has undeniably improved access, especially for Black Africans who were previously excluded from quality education under apartheid (Bunting, 2006; Cele, 2023; Leibowitz & Bozalek, 2014). However, there remains room for further demographic alignment with national population trends, and concerns persist about the limited ideological transformation within institutions (Le Grange, 2009; Ramrathan, 2016).

The higher education curriculum in South Africa has been reported to have the potential to transform through a responsive design that meets the students' needs (Vela et al., 2024). Consistently, the broader participation from democratically diverse students has led to opportunities for improved socio-economic conditions and interracial social integration, but has not automatically resulted in substantial shifts in curriculum design or knowledge production (Audretsch et al., 2010; Franklin, 2013). Social integration among students of different races has been positive, as in this study by Vandeyar and Mohale (2017), who explored the experiences of students at a Historically White University, highlighted generally non-racist interactions among students. Yet, despite this and other positive transformations in student demographics and racial interactions, concerns about the untransformed, Eurocentric, and colonial nature of higher education curricula persist, including the unrealised potential to fundamentally transform the undergraduate curriculum in higher education, in general (Govender & Naidoo, 2023).

A deeper transformation requires moving beyond demographic representation to include the epistemological aspects of decolonising¹⁹ the curriculum. This involves questioning the knowledge systems privileged in higher education and creating space for diverse, non-Western forms of knowledge. Despite the visible demographic shifts, these deeper ideological transformations remain limited in South African higher education institutions, including at universities that have experienced significant racial change but minimal curricular transformation. Scholars such as Ramathan (2016) and Kessi and Cornell (2015) have criticised this as "cosmetic" rather than fundamental change, a concern that has also been echoed in discussions about the UoI where this study was located.

While the UoI has made significant strides in improving access for Black African first-language speakers (BAFLS), with enrolments rising dramatically since the early 2000s, the institution's contribution to epistemic transformation remains less evident. For example, the UoI's enrolments in 2023 reported over 9,600 BAFLS students, making up the majority of its student body (UoI, 2023a). Nevertheless, as detailed in Chapter 5 of this thesis, the curriculum experiences of these students suggest that deeper ideological changes, particularly related to curriculum content and teaching practices, have not matched the pace of demographic transformation.

In summary, while significant progress has been made in terms of formal access to higher education in South Africa, particularly for marginalised racial groups, the broader ideological transformation that includes decolonising the curriculum remains an ongoing challenge. This

¹⁹ Decolonization: is known to be a transition away from the coloniser's way of being or thinking about knowledge, or knowing. Decoloniality is therefore an ontological perspective that aligns or embraces the way of thinking, being or knowing outside that imposed by the colonisers. (Chiramba & Motala, 2023; Grosfoguel, 2007)

suggests that true transformation requires not only increased access but also fundamental shifts in the epistemologies that underpin higher education institutions.

3.4 Concerns about the higher education curriculum in South Africa

3.4.1 Lack of (and calls for) transformation beyond race

From the above discussions, it is clear that the South African higher education (HE) system still faces significant challenges in achieving transformation that extends beyond mere racial change. It continues to operate largely under European models, as noted by Heleta (2016), Mbembe (2016), and Pinar (2010). Consequently, the need for a more comprehensive transformation, including an epistemic shift, remains highly relevant. Paphitis and Kelland (2016) argue for a deeper transformation to enhance epistemological access to higher education for BAFLS through the reconfiguration of physical university structures, demographics, and teaching practices.

However, several challenges impede such fundamental transformation. Kamsteeg (2016) highlights a stagnation in institutional culture that undermines calls for deeper transformation, thereby hindering epistemic engagement and access for BAFLS students. Although there have been efforts to Africanise physical university spaces (Metz, 2015) and student demographics (Soudien, 2010), these efforts have often overshadowed the critical need for a substantive epistemic shift. Resistance to transformative efforts has further complicated this process (Paphitis & Kelland, 2016).

Moreover, increased access to higher education has not translated into improved academic performance for BAFLS students, leading to rising attrition rates. For example, Jama et al. (2008)

found that Black students in the University of Free State's Health Sciences programme experienced significantly higher attrition rates compared to their White counterparts. Although this study is over a decade old, similar issues persist today, as indicated by a recent report from the Department of Higher Education and Training (2023), which reveals that the success rates of Black African students remain the lowest among all racial groups in South Africa across various disciplines. Contributing factors include poorer socio-economic backgrounds and the inability of HE institutions to adequately meet the support needs of BAFLS students, as identified in Otu and Mkhize (2018) systematic literature review.

In response to the above challenges, Metz (2014) calls for the recognition of African ways of living and epistemologies in higher education. This requires more than just diversifying the faces of university staff and students; it demands a journey of self-rediscovery where African scholars and students can engage with their heritage confidently. Metz envisions an African Renaissance that includes an epistemological transformation within the HE system. Koma (2018) similarly emphasises the urgency for an epistemic shift beyond mere rhetoric, highlighting the crucial role of the higher education sector and its academics in spearheading this transition toward an Afrocentric educational framework. This study responds to these calls for deeper epistemological transformation within the South African higher education system.

3.4.2 Lack of (need for) Epistemological transformation

While racial and demographic transformations have garnered significant attention in the literature (as noted in section 3.3.3), the need for epistemological transformation remains largely overlooked. Paphitis and Kelland (2016) argue that the academic struggles faced by Black African

students and the broader failure to meet transformation goals are primarily due to the absence of an epistemic shift in higher education institutions (HEIs). They contend that a stronger focus on epistemic and epistemological transformation is essential to accommodate the diverse needs of students, particularly those from disadvantaged backgrounds.

Students often find their engagement with the curriculum limited when the epistemological and cultural frameworks presented are unfamiliar. For example, (Smith, 2017) observed a significant attainment gap between Black minority ethnic students and their White counterparts in the United Kingdom, attributing this to curricula that favour European epistemologies, resulting in a monocultural educational experience. This situation can perpetuate a lack of inclusivity in academic content, including reading lists and teaching methods (Gaztambide-Fernández, 2006; Gaztambide-Fernández & Murad, 2011). In response, there have been calls for a conscious effort to diversify curricula, referred to by Gaztambide-Fernández and Murad (2011, p. 15) as “browning the curriculum” to better represent non-colonial perspectives. In the South African context, this means recognising and integrating diverse African knowledge systems in a way that does not marginalise them in favour of Eurocentrism.

Seroto (2018) critiques the colonial imposition of knowledge and power structures that have historically placed indigenous systems at a disadvantage. Maldonado-Torres (2007) utilises Heidegger’s ontological theory of being to elucidate the connection between coloniality and existence. He argues that the power and freedom of ‘Being’ for Black individuals have been severely constrained by Western narratives that dictate the norms of education and religion, often in conflict with indigenous practices (Okeke et al., 2017). This colonial legacy continues to shape

educational practices, reinforcing a singular epistemic perspective at the expense of African ways of knowing.

This notion is supported by Asante's assertion that African knowledge has often been appropriated and repackaged by Europeans, returning to Africa as "new knowledge" (Asante, 2020, p. 35). Such practices not only highlight the dominance of Eurocentric views but also reflect a systematic neglect of Afrocentric perspectives in the South African higher education landscape. The literature suggests a persistent emphasis on Euro-North American epistemic views, which often dictate how Africans understand themselves and their cultural practices. Ndlovu-Gatsheni (2015) points to the pressure on South African institutions to comply with global Euro-American pedagogical frameworks. My own research methodology, as discussed in Chapter 4, reflects this Eurocentric influence, revealing the challenge of using Western frameworks to analyse Afrocentric experiences. This highlights a broader issue identified by Heleta (2016) and Asea (2022), who argue that the predominance of Western epistemologies in South African universities contributes to the ongoing consequences of epistemic violence and the failure to address the legacies of apartheid and colonialism.

Mbembe (2016) critiques South African universities for their physical presence in the country while remaining epistemologically foreign. He argues that the neglect of indigenous epistemologies perpetuates the hegemony of coloniality long after the formal end of colonial rule. This issue is compounded by the efforts of European scholars to promote and centralise Eurocentric narratives at the expense of African intellectual contributions. Powel (2019) discusses this phenomenon in the context of history, where Eurocentrism is often presented as the dominant

global worldview, a sentiment echoed by Oyedemi (2020), who laments the over-crediting of Eurocentrism in global knowledge systems.

In summary, the South African higher education system continues to prioritise a singular, Eurocentric epistemic focus, marginalising diverse ways of knowing and being. By addressing these concerns and advocating for epistemological transformation, this study aims to contribute to a more inclusive and representative higher education landscape in South Africa.

3.4.3 A Singular Epistemic Perspective

The diversification of the student body through expanded access to higher education (HE) is a commendable global movement that enhances opportunities to diversify epistemic approaches to curriculum practices, such as teaching, learning, and assessment (Morgan, 2013). However, Morgan challenges the HE system to become more inclusive of various ethnic and socio-economic backgrounds, emphasising the need to push the transformation agenda beyond mere racial considerations (Nethsinghe, 2017; Shava et al., 2021). A singular epistemic perspective, such as Eurocentrism prevalent in South African educational institutions, significantly limits the potential benefits of student diversity. In the higher education context, student diversity encompasses participation from various racial, ethnic, gender, and other backgrounds (Mdepa & Tshiwula, 2012). For this discussion, I focus on race, ethnicity, language (specifically, first-language speakers of African languages), and socio-economic class, examining their relation to epistemological access throughout this thesis.

Morgan (2013) warns against a one-size-fits-all approach to the curriculum, which often ignores the diverse needs of students. This neglect can adversely affect their academic experiences and limit opportunities for academic success. The curriculum should be viewed not merely as an innocuous engagement between students and lecturers, but as a platform for knowledge exchange that shapes the educational landscape. It acts as a hub in the knowledge economy, influenced by the knowledge society and various stakeholders (Le Grange, 2009). Additionally, the curriculum functions politically, often promoting specific epistemic perspectives over others, thereby determining what knowledge is deemed important (Apple, 2018).

Apple (2018) critiques the conformist practices of researchers who typically avoid challenging the knowledge promoted through the curriculum, leading to an institutional culture that goes unquestioned. This is particularly concerning in contexts where the curriculum favours certain epistemic perspectives, as I will elaborate on in the following paragraphs. Pinar (2010) reiterates that power dynamics in curriculum design in South Africa have historically preserved hegemonic narratives of White superiority and Black inferiority. He calls on researchers and practitioners to explore methods that challenge this prevailing narrative. Bitzer and Botha (2011) suggest that transformative change can be achieved through practical and theoretical approaches that demystify knowledge and its construction.

Despite these calls for transformation, little has been accomplished to fundamentally alter the existing HE landscape. Jansen (2009) emphasises the importance of recognising the influence of institutional curriculum culture on how the curriculum is practised. He urges curriculum scholars to understand the power of institutional culture in legitimising certain knowledge while

disregarding others. Ignoring these power dynamics may severely limit the fundamental changes required for meaningful epistemological transformation.

Mbembe (2016) asserts that South African university curricula remain reflective of their Eurocentric roots, with African epistemologies often overlooked. Efforts to address this status quo are limited (Ramoupi, 2014). The undergraduate curriculum, with few exceptions, tends to be epistemologically one-sided. Motta (2013) concurs, highlighting that Eurocentrism is the dominant epistemological perspective promoted by those in power. He advocates for the exploration and acknowledgment of alternative epistemologies to counteract the narrow exclusivity prevalent in undergraduate curricula.

This epistemic imposition of Eurocentrism within the higher education system in Africa contributes to broader issues. For instance, "Westernised universities" are characterised by the recognition of only Eurocentric knowledge as universal, marginalising non-Eurocentric epistemic perspectives (Cupples & Grosfoguel, 2019). This coloniality can result in a situation where Africans, despite being declared free from colonial powers, continue to uphold Eurocentric paradigms, effectively remaining mentally confined to these frameworks (Nyoni, 2019). This coloniality raises concerns regarding the declining quality of education in an era where the South African higher education system attempts to balance globalisation and decolonisation while addressing issues of Afrocentrism. The feasibility of achieving these objectives concurrently, particularly amidst the ongoing massification of higher education, warrants critical exploration.

3.4.4 Concerns of a declining quality of higher education

The expansion of access to undergraduate higher education presents numerous challenges, including the capacity limits of higher education institutions (HEIs). In the South African context, equitable access has led to the enrolment of a significant number of underprepared students, many of whom do not graduate on time or at all (Mohamedbhai, 2014). The United States Agency for International Development (USAID, 2014) reported similar concerns in sub-Saharan Africa, noting a compromise in quality due to limited resources for an expanding student body, resulting in a growing number of underprepared graduates.

Quality can be defined in various ways, with Shava et al. (2021) describing it as a context- or institution-specific standard. In this study, I refer to "declining quality" as indicative of suboptimal educational standards. The growth in student numbers from diverse backgrounds, particularly from predominantly Black African schools, due to massification has led to curriculum practices of inadequate quality (Teferra, 2015), producing graduates who are ill-prepared for the job market (Adetiba, 2019).

Concerns regarding the declining quality of undergraduate higher education are not unique to South Africa. In Northern African countries like Algeria, expanded access has reportedly devalued educational qualifications and limited throughput rates (Rabah, 2020). Similar issues have been documented across Western, Eastern, and Southern Africa (Matovu, 2018). Following the establishment of democratic governments, Zimbabwe and South Africa experienced a dramatic increase in HE access, leading to significant worries about the quality of education students receive (Adetiba, 2019; Alexander et al., 2005; Shava et al., 2021).

The limited effectiveness of quality assurance bodies in optimising epistemological transformation within higher education institutions remains a critical concern. Quality assurance can be understood as a system of ongoing evaluation to ensure institutions meet established quality standards in their core functions (Eaton, 2021). Quality assurance (QA) agencies bear some responsibility for ensuring that higher education institutions engage with students in ways that advance public interests (Machumu & Kisanga, 2014). Consequently, QA agencies indirectly influence the quality of knowledge and skills students acquire.

When graduates from the UoI find themselves unprepared to serve African patients due to inadequately structured curriculum experiences, QA agencies are among the stakeholders accountable for reviewing the undergraduate Audiology programme's quality. If concerns persist regarding an untransformed Audiology curriculum, as noted in section 3.4.5, QA structures both within and external to the UoI must be evaluated.

The UoI, like other South African universities offering undergraduate audiology training, has a Quality Promotions and Assurance unit dedicated to maintaining curriculum quality. While the QPA policy at the UoI recognises transformation as essential, the extent to which this transformation addresses the necessary epistemic shift and Africanisation of the curriculum remains questionable. Findings from the current study suggest a lack of progress in this regard (see section 5.4.2.2). The enduring challenge of epistemological transformation in Audiology is reflected in the literature, indicating that the undergraduate curriculum has been largely untransformed towards a more decolonised and African-centered framework.

3.4.5 Concerns about the untransformed Audiology (curriculum) in South Africa

Bortz et al. (1996) acknowledged the pressing need to address the skewed racial, linguistic, and socio-economic class representation in the field of Audiology during a transformative period in South Africa, transitioning from apartheid to democracy. They argued that individuals beyond the White, middle-class demographic must gain access to the professions of Speech Therapy and Audiology. Similarly, Uys and Hugo (1997), both of whom trained as Audiologists and Speech Therapists during the apartheid era, questioned the profession's relevance to the South African context, specifically regarding clinical service delivery, research, and undergraduate training. Their lived experiences of exclusivity as White professionals drove their advocacy for a more inclusive and diversified profession that could better meet the needs of all South Africans facing speech therapy and hearing-related communication challenges.

M. Pillay et al. (1997) called for a transformation of the Audiology curriculum, policy, and practice to foster equal participation among Black Africans, including BAFLS Audiology students, professionals, and clients. They noted that policy changes alone are inadequate unless reflected in teaching, research, and clinical practice. This concern remains salient today, as elaborated in section 8.2.2, where I contend that the lack of practical implementation of transformative frameworks reduces the transformation agenda in Audiology to mere rhetoric.

Reflecting on the racially skewed background of the profession, Beecham (2002) asserted that Audiology undergraduate programmes in South Africa appeared resistant to change, despite calls for reform from the new democratic government. The under-representation of BAFLS students meant that the profession and its degree programmes struggled to respond effectively to the

demands of primary healthcare, thereby failing to benefit all racial and socio-economic groups equally. Beecham (2002) also highlighted the academic challenges faced by a single BAFLS Audiology student, which stemmed from her social, cultural, racial, and linguistic differences compared to her predominantly White, middle-class peers.

Some progress in racial transformation emerged in the late 2000s, as (Swanepoel, 2006) noted an increase in students from diverse ethnic backgrounds. However, their representation still fell short of reflecting the racial makeup of South African communities. The graduation of the first Black African PhD student in 2008 underscored the shortage of high-level research perspectives among BAFLS Audiologists or researchers in South Africa.

Following the 2000s, the discourse around transformation shifted from a primarily racial focus to a deeper examination of transformative practices in African contexts and research more broadly (Zezeza, 2009). This evolution also permeated Audiology, as Kathard et al. (2007) critiqued the discipline for emphasising pathologies at the expense of adopting a holistic view of patients, who experience communication challenges requiring Audiological interventions. They contended that the empirical, biological focus prioritised by evidence-based practices lacked the humanistic perspective that the field desperately needed. This highlighted the persistence of Western-Eurocentrism and underscored the necessity of addressing the epistemic foundations of Black disadvantage and White privilege within Audiology.

Kathard and Pillay (2013) argued for a political conscientisation among professionals in the field to confront White privilege in Audiology. This discourse not only challenged the advantaged but

also urged the marginalised to adopt a more active stance in recognising the politics that uphold the status quo. Their emphasis on the need for a more robust commitment to decolonising Audiology Pillay and Kathard (2015) reflects the ongoing struggles for transformation within the profession.

Moonsamy et al. (2017), attributed the slow progress of transformation in Audiology to its deep entrenchment in colonial structures and reliance on service models guided by Euro-North American standards. Historically, Audiology services were concentrated in key central hospitals serving primarily middle-class patients, thereby excluding those in rural and township areas. Although a primary healthcare approach has been adopted, Audiology services generally remain limited to district and regional hospitals, with many township clinics lacking adequate resources. Consequently, the populations marginalised during apartheid continue to face significant barriers.

Moreover, Black African Audiology students often contend with financial constraints that disadvantage them relative to their White counterparts. Many hail from townships or rural areas where access to Audiologists is scarce, leading them to view urban, middle-class professionals as role models rather than recognising local resources.

In summary, while the reviewed literature indicates a growing awareness within the profession regarding the necessity for transformation, careful attention must be directed towards core transformations in care models. Recent research has begun to address these issues, with some exploring traditional practices in hearing and ear healthcare (Pillay & Serooe, 2019). Nonetheless,

limited studies foreground indigenous or Afrocentric models of care in Audiology, signifying a critical gap in the existing literature that this study envisages filling.

3.4.6 Epistemological Transformation in Audiology

The Audiology curriculum and professional practice have experienced some racial transformation, with increasing participation from BAFLS students, lecturers, researchers, and clinicians over time (Pillay & Serooe, 2019). However, several aspects of transformation, particularly alternative models of Audiology practice that align with the needs of South Africa's diverse cultural and linguistic groups, still require substantial attention (Pillay & Serooe, 2019). The persistent reductionism and singular focus on Western knowledge systems within the curriculum and professional practice perpetuate White dominance and Eurocentrism (Pillay & Kathard, 2015). This critique emphasises that the epistemological perspectives promoted in Audiology education remain largely Western and Eurocentric, neglecting indigenous African understandings of hearing and communication disorders, as evidenced by the limited number of pertinent publications on this topic (de Andrade & Ross, 2005; Pillay & Serooe, 2019).

Due to this lack of fundamental epistemic transformation, the Audiology curriculum does not adequately prepare graduates to serve BAFLS patients in a contextually relevant manner. Participants in the current study expressed a greater readiness to serve White English First Language patients (5.3.1.2), highlighting how assessment, teaching, and learning reinforce White dominance within the curriculum. This observation aligns with broader trends in South African higher education, where many programmes exhibit Western and Eurocentric epistemological approaches while failing to recognise Indigenous ways of knowing and practising (Heleta, 2016;

Pillay & Kathard, 2015). The persistence of White supremacy, Eurocentrism, and coloniality in the institutional culture and epistemological foundations of undergraduate programmes exacerbates this issue (Heleta, 2016; Kamsteeg, 2016; Ndlovu-Gatsheni, 2015). Despite the significant racial transformation in the profession, it can be argued that White dominance (or Whiteness²⁰) continues to prevail.

One of the most challenging aspects of confronting Whiteness is its potential invisibility, as Soudien (2010) suggests. This obscurity complicates efforts to address White dominance, particularly when those perpetuating it may remain unaware of their actions. Soudien (2010) further cautions that without careful consideration, attempts to combat White dominance risk perpetuating discrimination. This mirrors the political landscape in South Africa, where the political freedoms gained approximately 30 years ago have not translated into significant economic or transformative benefits for Black Africans. Consequently, many South Africans perceive transformation as mere rhetoric, reflecting similar dynamics in the discourse surrounding curriculum change in the South African higher education system.

Khoza-Shangase and Mophosho (2018) raised concerns about the insufficient responses to calls for more Afrocentric approaches in the design and practice of the Audiology curriculum, aimed at challenging the epistemological hegemony that favours White English First Language students and patients. The need for decoloniality and an epistemic shift is more relevant now than ever, as the focus on racial transformation should evolve to encompass broader issues (Heleta, 2016;

²⁰ Whiteness is hardly ever defined explicitly but seems to be applied as a description of covert, implicit, systematic nature of Being or prioritising (privileging) the White culture (ways of being, behaving, thinking, knowing...), in a way that suggests that White is superior over any other culture. (Kessi & Cornell, 2015) (Behm Cross, 2017)

Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2015). This urgency underscores the call for a significant shift through the political conscientisation of Audiology students and future professionals (Kathard & Pillay, 2013). Political awareness entails a self-awareness of one's surroundings and the potential impact of these factors on one's reality (Rulska-Kuthy, 2014). In the context of Audiology, political consciousness requires an understanding of the dynamics that enable or constrain the provision of services to underserved populations (Kathard & Pillay, 2013).

While there is currently no universally accepted method for achieving epistemological transformation in South African undergraduate curricula, scholars like Esakov (2009), (Mbembe, 2016), and (Ndlovu-Gatsheni, 2015) regard higher education and the undergraduate curriculum as ideal platforms for effecting change. They contend that the curriculum can play a pivotal role in tackling decoloniality and reducing White supremacy, while simultaneously laying the groundwork for Afrocentrism. It is crucial to heed Ndlovu-Gatsheni (2015) warning against employing Eurocentric approaches in decolonisation efforts, as these are likely to fall short unless grounded in Afrocentric frameworks.

Pillay and Kathard (2018) advocate for the adoption of frameworks that address the specific needs of populations requiring hearing and communication care, rather than those rooted in the profession's colonial origins. Similarly, Khoza-Shangase and Masondo (2021); (2018) emphasise the necessity of shifting toward epistemologies, student training, and research that are more attuned to the African context. While there is a growing call for decolonisation and transformation in Audiology, it is essential for educators and students to strive for a more substantial epistemological transformation that challenges Eurocentric paradigms and embraces African philosophies. By

cultivating a more inclusive understanding of hearing and communication care, the Audiology profession in South Africa can work towards fulfilling its potential as a practice that serves the diverse needs of its communities.

3.5 BAFLS Students' experiences of HE

Understanding the experiences of BAFLS students in South Africa requires careful understanding of the country's socio-political context, some of which is discussed in section 1.2.1. The ongoing racial transformation over more than two decades coincides with alarming rates of attrition among BAFLS students, who face the highest dropout rates in higher education (Department of Higher Education and Training, 2023; Letseka, 2010; Otu & Mkhize, 2018). This highlights that mere racial transformation is insufficient for BAFLS students to enjoy equitable curriculum experiences and achieve academic success comparable to their White counterparts. Many BAFLS students, often coming from disadvantaged schooling backgrounds, encounter an institutional culture that emphasises their weaknesses rather than providing the necessary support for optimal academic performance (Cornell & Kessi, 2017).

Moreover, BAFLS students are frequently confronted with stigmatisation stemming from White supremacy/excellence, Black failure²¹ (Robus & MacLeod, 2006). This is a pervasive belief system that positions White Eurocentric standards as the epitome of excellence. A belief that Eurocentric standards are a norm that all others should work toward or be supported toward

²¹ White excellence (supremacy)/Black failure: The attribution of excellence to Whiteness (Eurocentrism and Americanism) and failure to Blackness. "White excellence' folds in on, and is reproduced by, the desirable, modern, urban space and an appeal to Euro-American standards. Institutions and individuals are positioned as being able to overcome 'black failure' by moving into white space and through intense personal labour". (Robus & MacLeod, 2006, p.463).

attaining (Southern, 2024). I have grappled with these notions in my personal life, growing up as I experienced and subconsciously internalised the ideas of White supremacy and White dominance in my environment. Items deemed superior in quality were often described as *izinto zaBeLungu* (things of White origin), reinforcing a harmful narrative that associates value and quality with Whiteness. For this reason, Robus and MacLeod (2006) argued that a Eurocentric/American gold standard is used as a benchmark against which all other knowledge systems are measured, and criticise this practice as leading to a perception that proximity to these standards signifies quality, as Southern (2024) pointed this practice out in higher education many years later.

The institutional culture that enforces Eurocentrism as a pathway to success marginalises BAFLS students and hinders their academic progress (Otu & Mkhize, 2018). This phenomenon has been particularly noted in historically White higher education institutions (HEIs) in South Africa, where BAFLS students are expected to assimilate into a culture that demands conformity to White norms (Mercadal-Barroso, 2015). A clear example is the expectation that students, including those from BAFLS backgrounds, must master English to succeed academically (Thomas & Maree, 2022; Van Rooy & Rooy, 2015).

Despite the Audiology discipline at the UoI being among the most racially transformed, with a majority of BAFLS students, the privilege of Whiteness persists. The findings of the current study indicate that elements of White domination continue to be prevalent, even in spaces where White students are nearly absent. This suggests that the ideology of aligning with Eurocentrism (Roberts, 2021) often supersedes Afrocentrism, leading to a phenomenon that (Fanon, 1986) describes as

"having Black skin but wearing a White mask," where Black individuals may adopt White characteristics in an attempt to fit into the dominant culture.

Vincent (2015) identifies two dimensions of institutional culture: the softer, discursive element, which includes tacit beliefs upheld within the institution, and the material dimension, which encompasses more tangible aspects such as the physical appearance of the campus. Physical spaces can significantly influence students' sense of belonging, and colonial architecture prevalent in many South African universities can contribute to feelings of alienation (Horner, 2022). The #RhodesMustFall movement (2015-2016) serves as a prominent example of the calls for decolonising university spaces (Hendricks, 2018). My initial experience at university, with its tall colonial buildings, reinforced the sense of being in a "White man's land."

Thus, there is an urgent need for fundamental changes not only in the material aspects of the university environment but also in the discursive elements of institutional culture²² (Adonis & Silinda, 2021). A superficial transformation of the material environment without addressing underlying discursive beliefs can be problematic. While BAFLS students may gain formal access to historically White institutions, these institutions often remain inadequately equipped to understand and meet the needs of BAFLS students (Vincent, 2015).

²² Institutional culture: refers to the set of shared subconscious values and norms among personnel within a particular institutions about certain practices and an acceptable way of engaging with people. (Barnes et al., 2021)

BAFLS students subjected to White dominance often feel compelled to conform (assimilate²³) to White Eurocentrism as a strategy to mitigate marginalisation (Adonis & Silinda, 2021; Bazana & Mogotsi, 2017). This creates a clear pre-existing White patriarchal mould into which students must fit to achieve academic success or positive experiences (Ratele, 2015). Those who resist this culture face marginalisation, highlighting how institutional practices perpetuate White dominance under the guise of racial blindness, rather than fostering meaningful inclusivity (Bazana & Mogotsi, 2017; Meier & Hartell, 2009; Ratele, 2015).

3.5.1 BAFLS students' experiences and academic success

Research indicates that Black students, particularly in countries with histories of apartheid or systemic racism, frequently encounter significant academic challenges (Alexander et al., 2005; Cortina et al., 2017; Jama et al., 2008). A persistent academic performance gap exists between Black and White students, with White students generally achieving higher academic outcomes across various global contexts, including South Africa (Adusei-Asante, 2018; Clark et al., 2012; Stokes et al., 2015). In the UK, for example, Smith (2017) identified a nearly 5% academic performance gap between Black and White students.

Factors contributing to the underperformance of Black students include cultural misunderstandings, mismatches between teaching methods and learning styles, and the legacy of poor high school education (Kamsteeg, 2016; Smith, 2017). Kamsteeg (2016) found that rigid curricula and a lack of inclusive pedagogical approaches at historically White institutions hinder

²³ Assimilation: “when individuals fully adapt to the host’s cultures, while they become more alienated toward their own cultures”. (Adonis & Silinda, 2021, p. 76).

the academic progress of non-traditional BAFLS students. These challenges stem from the enduring legacies of apartheid, which create structural inequalities that limit opportunities for BAFLS students (Ladson-Billings, 2006). Consequently, BAFLS students often experience an alienating institutional culture (Mnguni, 2016, p. 18), exacerbating their academic challenges due to inadequate preparation and academic literacy skills (Alexander et al., 2005; Kamsteeg, 2016).

Due to these racial discrepancies, some Black students may internalise the belief that academic shortcomings are inherently linked to their racial identity, while success is associated with Whiteness (Fuller-Rowell & Doan, 2010; Ritchey, 2014). This phenomenon exemplifies how Whiteness manifests as a form of superiority that marginalises Black identities in higher education settings. Whiteness, often unacknowledged by those who benefit from it, perpetuates a cycle of privilege that privileges White experiences and perspectives while minimising the disadvantages faced by other racial groups (Conradie, 2015). This dynamic, as articulated by Fanon in "Black Skin, White Masks," positions Whiteness as a standard of excellence, while Blackness is framed as a deficiency (Fanon, 1986, p. 190).

Some institutions may unconsciously foster a culture that promotes Whiteness, adversely affecting BAFLS students. Beecham's (2002) case study illustrates this, where a former speech and hearing therapy student described the Audiology and Speech Language Therapy undergraduate programme as a "monster" not designed to accommodate BAFLS students. She felt alienated and constantly had to navigate systemic barriers to achieve success.

While students often seek out peers with similar racial and demographic backgrounds as a coping mechanism against discrimination, this tendency can also serve to reinforce segregation within academic environments (Kessi & Cornell, 2015). Research at the UoI, revealed that students grouped themselves according to race and class to protect against perceived discrimination (Pattman, 2007). Furthermore, BAFLS students may graduate without fully overcoming academic challenges, potentially undermining their performance in the workforce. Mohope (2014) recounts her transition from a predominantly Black university to a previously White institution, where she felt ill-prepared to meet the demands of a more rigorous academic environment.

Despite the growing representation of BAFLS students in Audiology programmes, there remains a significant gap in the literature regarding their experiences of epistemological inclusion, or lack thereof, within the curriculum (Lu et al., 2024). Understanding these experiences is critical to addressing the challenges BAFLS students face and enhancing their academic success. It is essential to explore whether there have been meaningful changes in the academic structures and cultures of institutions that historically failed to accommodate the needs of BAFLS students in Audiology. Addressing these issues is crucial for fostering an inclusive academic environment that recognises and values diverse ways of knowing and being.

3.6 Transformation in the healthcare sector

This section argues that the higher education system has inadequately prepared Black African First Language Speakers (BAFLS) for providing Afrocentric healthcare, despite their demographic majority among patients. Consequently, healthcare providers, particularly audiologists, often lack the capacity to offer services that resonate with the cultural contexts of their patients. This

limitation is primarily attributed to the Eurocentric framework that predominates their training and practice. I chose to discuss patient-centred care as one of the existing models of shifting from rigid existing biomedical approaches to care, which I argue, can perpetuate Eurocentrism.

3.6.1 Historical Context of Patient-Centered Care

The concept of Patient-Centred Care (PCC) originated in the 1950s by Carl Rogers, who emphasised the importance of a therapeutic relationship between patient and healthcare provider to enhance healthcare engagement and quality of healthcare (Rogers, 1951; 2012). This perspective challenged the biomedical model, which was largely positivist and reductionist, neglecting patients' psychosocial backgrounds and their impacts on well-being (De Man et al., 2016). By the 1970s, George Engel developed the biopsychosocial model, which advocated for a more holistic understanding of health by integrating biological, psychological, and social factors (Latimer et al., 2017). This model emphasises the necessity of considering patients' circumstances, needs, and preferences in the healthcare services provided to them (Baker, 2001).

While it is possible that patient-centred care has existed in African contexts prior to the 1950s, the limited literature in this area should not be interpreted as evidence of a lack of such care approaches. Historically, Africans may not have documented their practices extensively; however, they had systems that guided their responses to life and its challenges (see Section 1.2.1). The need for culturally relevant approaches to care in the African context is underscored by contemporary studies, such as Muganzi et al. (2024), which highlight the significance of these models in addressing healthcare disparities. In Audiology, patient-centred care has been acknowledged as a necessary practice and way of integrating patient dynamics, including ensuring that the patients

receive care in a way they can relate to (Khoza-Shangase, 2025; Mahomed-Asmail et al., 2025), which I argue should be Afrocentric.

3.6.2 Barriers to Afrocentric Care

Despite the documented benefits of PCC, challenges impede its effective implementation in South Africa. Factors such as linguistic diversity, socio-cultural backgrounds, and patients' unique needs create barriers for healthcare providers in delivering patient-centred care. Mahomed-Asmail et al. (2023) recognise that Person-Centred Care (PCC) shares the same principles as patient-centred care but adopts a less disease-focused perspective, encouraging healthcare providers to prioritise individuals rather than merely their conditions.

The reality is that many healthcare providers are not as enthusiastic or empowered to adopt these models of care. Core elements of patients' identities, including their first language and cultural background, can be challenging to accommodate in practice (Mahomed-Asmail et al., 2025). The extent to which healthcare is focused on "people first" remains questionable if being an African in Africa results in restricted access to quality Afrocentric care.

3.6.3 Legacy of Apartheid in Healthcare Access

During the apartheid era, access to healthcare for most Black Africans was limited and often substandard compared to that of White South Africans (Lalloo et al., 2004; McIntyre & Gilson, 2002). The transition to democracy was marked by a policy shift aimed at creating a more accessible healthcare system for all South Africans (DoH, 1997). However, the inherited resources were predominantly designed to benefit the White minority, necessitating significant reforms to

ensure equitable access to healthcare (Brauns & Stanton, 2015). Despite efforts to address these disparities, the current healthcare landscape indicates a persistence of inequality.

The predicted inadequacy of the healthcare system in accommodating a growing population has been validated, as evidenced by ongoing challenges in providing quality healthcare to all citizens (Benatar, 1997). The South African government has struggled to allocate sufficient physical, capital, and human resources to meet the needs of its diverse population (de Villiers, 2021; South African Government, 2014, p. 20).

Human resources in healthcare professions, including audiology, remain limited in both quantity and context-specific relevance for the majority of the Black African population (Kon & Lackan, 2008; Pillay et al., 2020). Many audiologists face suboptimal working conditions, exacerbated by a shortage of resources that cater to the needs of non-English first-language speakers (Pascoe & Norman, 2011).

3.7 Potential Solutions and Future Directions

Literature has suggested several solutions. One potential solution to these abovementioned challenges is to increase access to higher education, including BAFLS communities, and expose those students and graduates to decolonised, Afrocentric approaches to healthcare. The goal is to produce a more diverse group of healthcare professionals equipped to provide Afrocentric care, especially to underserved populations (DoE, 1996, 2001a, 2001b; Khan et al., 2013; Rothberg, 2008). However, increasing the number of BAFLS graduates alone does not guarantee their return to underserved communities or their commitment to delivering Afrocentric care. While a

significant number of BAFLS professionals graduate annually (DoHET, 2021), racial diversification has proven insufficient to holistically address the needs of BAFLS patients within the healthcare system. The findings from the current study (see Section 5.3.3.2) indicate that newly graduated BAFLS professionals feel better prepared to serve White first-language English-speaking patients, highlighting deficiencies in their undergraduate training concerning Afrocentric care for the BAFLS patients.

The establishment of a state-funded primary healthcare system was another initiative aimed at expanding access to healthcare for all South Africans. However, Rispel (2016) notes that governance and management failures within this sector have hindered patients' access to quality care. Maphumulo and Bhengu (2019) also emphasise that the current healthcare system is not optimally serving all South Africans equitably.

A proposed solution in the form of the National Healthcare Insurance (NHI) aims to address historical inequalities between Black and White South Africans (Smith et al., 2018). As of the writing of this thesis, the NHI remains in its pilot stage in terms of implementation, with a recently signed NHI Act ("National Health Insurance Act 20 of 2023 (English / Afrikaans)," 2024). Its success will depend on whether it effectively reduces disparities in healthcare access and transforms the healthcare sector to support the necessary resources and infrastructure for epistemological change. Understanding these knowledge gaps is critical for addressing the ongoing challenges within the healthcare system. However, the abovementioned solutions for transforming the healthcare sector would need to be implemented by healthcare providers who are epistemologically aligned with the decolonial and Afrocentric mindset. Otherwise, such efforts

could be futile. Hence, the current study questions the contribution of the undergraduate curriculum and professional practice in epistemologically transforming the new graduates and their clinical practice within Audiology. Other suggestions have been made, pertaining to the transformation of Audiology specifically, which I discuss in section 8.2.1 of this thesis, and criticise for being insufficient in creating a fundamental epistemic shift in the Audiology curriculum, research, and clinical practice.

3.8 Reflection on The Research Gap

The literature review indicates that while access to higher education (HE) sector has been prioritised in South Africa to address the historical injustices of apartheid and colonialism, this has not been accompanied by the necessary epistemological transformation in both HE and the healthcare sectors. White dominance, Eurocentric and North American epistemologies continue to prevail as the primary frameworks within South Africa's healthcare system (Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017). This lack of transformation in the field of audiology reflects a broader systemic issue.

Particularly concerning is the limited literature addressing indigenous beliefs and practices related to hearing loss and treatment options. The presence of audiologists who resist the call for change further complicates the situation, as it suggests a prevailing attitude that questions the necessity for epistemological shifts (Moonsamy et al., 2017). A notable research gap exists regarding the epistemological shifts in undergraduate audiology training and its impact on professional practice. This gap is often overshadowed by discussions focused primarily on racial reform as a means of addressing past injustices. Furthermore, discussions on transformation in healthcare frequently

overlook the necessity for fundamental epistemological changes. The current study highlights this lack of transformation within the HE system and the audiology profession, understanding its root causes, and ultimately recommending suitable solutions.

3.9 Chapter Summary

This chapter reviewed the literature relevant to this study's focus, particularly regarding the undergraduate curriculum and the audiology profession, while also addressing general access to higher education (HE) over the past few decades. It highlighted notable progress in the racial representation of BAFLS in education. However, the literature indicates a persistent lack of transformation beyond racial representation, with an absence of significant epistemological shifts that perpetuate a singular perspective within the HE system and curriculum.

Concerns have also been raised regarding the decline in education quality following the massification of access to HE, which disproportionately affects BAFLS students. This decline has negative implications for their academic performance and overall educational experience. The chapter further examined racial transformation within the healthcare sector, noting improvements in accessibility; however, challenges remain that impact new graduates' experiences in professions such as audiology.

The chapter concluded by reflecting on the identified research gap regarding the need for epistemological transformation in undergraduate audiology training. This study aims to partially address this gap, contributing to a more nuanced understanding of the challenges faced by BAFLS

students in the audiology profession. Chapter 4 will elaborate on the methodology guided by hermeneutic phenomenology.

CHAPTER 4: HERMENEUTIC PHENOMENOLOGY AS A RESEARCH METHODOLOGY

4.1 Introduction

In this chapter, I discuss the methodology and methods employed for this study, guided by hermeneutic phenomenology (see section 2.8 in Chapter 3). Hermeneutic phenomenology, with its emphasis on exploring lived experiences and meanings, aligns well with this study's aim to understand newly qualified BAFLS Audiologists' epistemological experiences within both the undergraduate curriculum and their early professional practice. The chapter begins by outlining this study's aim and objectives, explaining their relationship to the research design and methodological implications. Following this, I detail the methods used to generate, analyse, and interpret data in line with hermeneutic phenomenology principles. I also reflect on challenges encountered during the research process and any methodological adjustments made, highlighting the reasons for these shifts where applicable.

4.2 Aim and Objectives

4.2.1 Aim of the Study

This study aimed to explore newly qualified BAFLS' Audiologists' experiences of accessing Audiology through the undergraduate curriculum and subsequent professional practice. A secondary aim was to explore the Audiologists' experiences of translating knowledge (epistemological experiences of the undergraduate curriculum) into professional practice. This study focused specifically on BAFLS' Audiologists for the reasons set out in section 4.4.1.2

4.2.2 Objectives

1. To explore newly-qualified BAFLS' Audiologists' epistemological experiences of accessing Audiology through the undergraduate curriculum.
2. To explore newly-qualified BAFLS' Audiologists' epistemological experiences of accessing Audiology through professional practice.
3. To understand why the newly-qualified BAFLS' Audiologists epistemologically experience accessing Audiology in the way they do.

4.3 Research Design

4.3.1 Hermeneutic Phenomenology Design

This study employed a qualitative, hermeneutic phenomenological design to explore newly qualified BAFLS Audiologists' experiences in accessing and translating their undergraduate learning into professional practice. Hermeneutic phenomenology, particularly Heidegger's approach, was chosen to provide an interpretive lens, allowing me, the researcher, to draw upon my experiences as a BAFLS Audiologist to enrich understanding without the necessity of bracketing (Ajjawi & Higgs, 2007; Crowther et al., 2017). As Ajjawi and Higgs (2007) suggest, hermeneutic phenomenology enables an in-depth interpretation of participants' experiences through the researcher's theoretical and personal perspectives, adding a layer of abstraction that deepens insight into complex professional experiences. This approach aligns well with this study's aim of examining both epistemological and experiential aspects of the transition from student to practitioner, fostering reflection on how curriculum experiences shape professional practice.

4.3.2 Cross-sectional Approach to Hermeneutic Phenomenology

While hermeneutic phenomenology can follow a longitudinal approach, a cross-sectional approach was adopted to capture participants' reflections on both their undergraduate (past) and professional experiences (current) within a single timeframe. This design enabled an examination of the curriculum's long-term impact on participants' professional identities without requiring extended data production periods (Carlson & Morrison, 2009; Wang & Cheng, 2020). By obtaining insights from a single group of participants on both educational and practice-related experiences, this study offers a reflective, temporal cross-section of their development (Spector, 2019). Though a cross-sectional approach may limit direct observation of changes over time, it provides a rich, reflective dataset that supports the hermeneutic objective of interpreting lived experiences from a holistic standpoint.

4.4 Methods

Hermeneutic phenomenology offers a flexible framework for interpreting lived experiences, and while it lacks a structured methodology, methods have emerged within this tradition. This study follows Crowther et al. (2017) & Ajjawi and Higgs (2007) to balance flexibility with structured interpretive methods. These approaches guided sampling, data generation, and analysis, emphasising interpretive depth in understanding Audiologists' experiences of their training and early practice.

4.4.1 Sampling

Purposive sampling was selected to identify participants with deep, reflective insight into accessing Audiology. Following (Laverty, 2003), purposive sampling supports hermeneutic phenomenology by enabling this study to focus on the participants' lived, reflective experiences. This approach was essential to achieving interpretive depth, aligning with this study's aims to access nuanced perspectives on the Audiology curriculum's impact on professional practice.

4.4.1.1 The targeted sample

The target population comprised BAFLS Audiologists with 2-5 years of experience post-community service, allowing for both recent curriculum exposure and early professional experiences. This range enabled this study to capture reflective insights on the curriculum's longitudinal influence. Ten participants were recruited, a sample size sufficient to enable in-depth exploration and manageable data analysis (Pietkiewicz & Smith, 2012; Verbaan, 2018).

4.4.1.2 Inclusion criteria:

The following inclusion criteria were developed to identify suitable participants. Each participant had to:

- Be a qualified Audiologist with two to five years' experience following community service in South Africa (newly-qualified). This meant that the participants had sufficient experience as an Audiologist in the Department of Health. However, they would not have been in the field of practice long enough to be unable to reflect on their experiences of the Audiology curriculum that they were exposed to in university.

- Have graduated from the specific South African university, the University of Interest (UoI).
The UoI was selected for the following reasons:
 - It has admitted and graduated many BAFLS Audiologists in recent years, making a major contribution to the agenda of racially transforming the profession within South Africa.
 - Feasibility and convenience (ease) of access to new UoI graduates also influenced the selection.
 - The fact that the researcher was previously exposed to the UoI curriculum and context enabled improved interpretation of the participants' reflections.
- Be working as an Audiologist in the public or private sector within KZN to facilitate access by the researcher. This was also consistent with the need to identify Audiologists who were exposed to work settings where most patients are BAFLS.
- Be willing to participate in an in-depth interview, which was specified in the invitation letter.

4.4.1.3 Participant recruitment

Following the necessary steps to obtain ethical clearance and gatekeeper permission from respective stakeholders (detailed in section 4.9), potential participants were contacted telephonically at their place of work (public hospitals). As an Audiologist myself, I was aware of hospitals with an Audiology department from which I could invite each potential participant. The phone number of each Audiology department was accessible through the internet, as publicly available records. I briefly explained the purpose of this study and asked for their email address,

to which I sent invitations. Interested individuals agreed to participate by signing and returning the informed consent form. I then visited them for a face-to-face interview.

4.4.2 Data Generation Methods

4.4.2.1 Preparation for data generation

Following a critical, detailed review by the internal committee of the UoI's School of Education, this study's proposal was forwarded to the provincial Department of Health (DoH) for permission, as the study would be conducted with the Audiologists at the DoH. The provincial DoH provided gatekeeper permission to conduct this study with Audiologists from different healthcare institutions that had Audiologists who met the selection criteria to be participants in this study (see Appendix A). The provincial Health Research and Ethics Committee provided ethical clearance (see Appendix B) to conduct the study with DoH Audiology Staff. Subsequently, gatekeeper permission was obtained from the UoI Registrar's office (see Appendix C), as it would probe experiences of its former students, some of which would cover sensitive or confidential information. Ethical clearance was obtained from the UoI's Humanities and Social Sciences Committee (see Appendix D) (HSS/2026/018m). A revised ethical clearance letter (see Appendix E: HSS/2026/018m) was obtained to access and use curriculum documents, which were also discipline and institution-specific. However, this component of this study did not materialise.

Information letters and invitations (see Appendix F & G) to participate in this study were emailed to all target participants (for the pilot and the main study). All participants were informed telephonically of the date and possible time of the interviews, and the interview location was confirmed based on the participant's choice. Each participant signed a consent form (see Appendix

H) prior to the interview (see Appendix I for the interview schedule), acknowledging that they understood the expectations and their rights as participants. The necessary refinements were made to the interview schedule and process (Appendix G) following the pilot study prior to the commencement of the main study.

4.4.3 Pilot Study

The pilot study was conducted with two conveniently selected participants to refine the data generation process and improve the interview schedule as necessary (Crabtree & Miller, 2022). These participants met the same inclusion criteria as the main study's target population, except for their place of work: they were BAFLS Audiologists employed at a South African university rather than within the Department of Health (DoH) or self-employed in private practice. The chosen participants for the pilot study gave insight into what needed to be improved before commencing with the main study data generation.

The feedback and critical reflections from the pilot participants directly informed the refinement of interview questions and the overall interview process. Table 2 summarises the key challenges identified during the pilot and the adjustments made to address them.

Table 2: Key outcomes of the pilot study

Problem	Changes made	Motivation/Justification
Long-winded interview questions.	Questions were rephrased to be concise and to the point. Unstructured probing was replaced with clearer, concise probing questions that supported in-depth responses without leading the participants.	Pilot participants noted that the initial interview style involved excessive probing and interviewer input, limiting their opportunity to reflect. I reworked the questions to be concise, thus allowing participants to share richer insights without interruptions.
Redundant and unnecessary questions.	Questions concerning "conceptions of professional craft knowledge" were removed.	Pilot participants indicated that these questions did not add value to the primary research focus on lived experiences. This allowed more time to explore core areas aligned with the study's aims.
Questions not aligned with the theoretical framework.	The interview schedule was restructured to reflect the Logical Model of Curriculum Development for questions on curriculum experiences (teaching, learning, assessment) and the Knowledge-to-Action Framework for questions about practice.	Structuring the questions according to the study's theoretical framework improved data organisation and made analysis more systematic.

4.4.3.1 Interview schedule refinement and techniques

Based on the pilot feedback, the interview schedule was adjusted to include clearer focus areas directly aligned with this study's theoretical framework. Questions were rephrased to minimise the use of filler words (e.g., "uhm," "like") and limit conversational tangents, ensuring that each question was straightforward and purposeful. An example of an initial question and its refined version is provided below:

- **Initial question:** "So, uhm, could you talk a bit about, like, your experience with the teaching aspects of the curriculum and maybe how you think that shaped you?"
- **Refined question:** "Can you describe how the teaching components of the curriculum influenced your development as an Audiologist?"

The pilot study also highlighted the importance of honing probing techniques to encourage depth in participants' reflections. Instead of lengthy, unstructured probing, follow-up questions were made specific and concise, such as: "Can you expand on how this experience impacted your transition to practice?" These refinements allowed participants to focus on their responses without frequent interruptions or diversions.

4.4.3.2 Interviewer role and improved reflexivity

Through the pilot study, I gained critical insights into my interviewing style and improved my skills in balancing open-ended discussions with structured questioning. For example, the open nature of the discussions led some participants to diverge from the planned question order. Rather than redirecting them, which could limit their reflective depth, I adapted my approach to let participants share freely while ensuring that key questions were eventually revisited. This

flexibility aligns with the hermeneutic phenomenological approach, which values participants' authentic narratives and reflective depth.

4.5 Ethical Considerations and Limitations

Participants in the pilot study provided informed consent, ensuring alignment with ethical standards. It is acknowledged that as university-employed Audiologists, the pilot participants may have had slightly different perspectives compared to DoH-employed Audiologists. Nonetheless, their insights were instrumental in shaping a more effective and focused interview process for the main study.

In summary, the pilot study played a crucial role in refining the data generation process. By incorporating feedback to improve question clarity, aligning the schedule with the theoretical framework, and enhancing probing techniques, this study was well-prepared to capture meaningful and organised data from DoH Audiologists in the main study.

4.5.1 Location of the study

Universities often face unique challenges in implementing curricula and adapting their approaches to meet both institutional and external demands, influencing both student learning and professional preparation. As McCarthy-Brown (2014) notes, different universities may address similar challenges in contextually specific ways, which can shape students' experiences uniquely. This study focused on graduates from the UoI to explore their specific experiences within the Audiology curriculum. At the time of this study, participants were employed in diverse healthcare settings

across a single South African province, providing a varied perspective on how the curriculum prepared them for professional practice.

To accommodate participants' preferences and ensure convenience, interviews were conducted in locations within this province where each participant felt comfortable and at ease. Most interviews took place at participants' workplaces (upon request by the participants) while one was held in a study room at a South African university. This geographic dispersion, although within one province, allowed this study to capture a range of experiences shaped by different professional environments, thereby enhancing the contextual relevance of the findings.

4.5.2 Interviewing the participants

4.5.2.1 Interview setup

Each interview environment was selected to meet two essential criteria: low ambient noise levels (not quantified but judged subjectively), which ensured clear audio recordings, and a comfortable, private space where participants could reflect deeply without distraction. Participant comfort was paramount to facilitate open, focused conversations that would enrich the data quality. Before each interview, participants were asked if they felt comfortable, helping to minimise interruptions and distractions that could potentially impact their reflections. Creating this supportive environment was crucial to the hermeneutic phenomenological approach, allowing participants to engage meaningfully and authentically with the interview process.

4.5.2.2 The interview purpose and process

The purpose of the interviews, in line with hermeneutic phenomenology, was to elicit participants' deep reflections on their lived experiences within the Audiology curriculum and subsequent professional practice (Clandinin et al., 2025; Lavery, 2003). To achieve this, the semi-structured interviews featured broad guiding questions tailored to facilitate a reflective exploration of their experiences. Probing questions were added as needed to encourage deeper engagement with specific topics, thereby enriching the depth and breadth of responses.

Following Seidman (2006) three-phase interview model, each interview was divided into three segments. The first segment focused on participants' backgrounds, such as their schooling and educational influences, to contextualise their experiences within the Audiology curriculum. The second segment addressed participants' specific reflections on accessing Audiology through both curriculum and practice, including key experiences that shaped their understanding and professional readiness. Finally, the third segment explored participants' interpretations of their experiences, encouraging them to reflect on the significance of these events.

Throughout the interviews, I adopted an iterative questioning approach, revisiting key topics to ensure a thorough exploration of experiences. This method aligns with the hermeneutic circle of continuous reflection, an essential aspect of phenomenology, and helped to reach data saturation (Guest et al., 2006; Korstjens & Moser, 2018). By allowing participants to take the lead and minimising interruptions, the interviews enabled a natural, in-depth exploration of their experiences, providing a nuanced understanding of their perspectives.

4.5.2.3 The interview schedule

The interview schedule was developed based on this study's theoretical framework, particularly the Modified Logical Model of Curriculum Development, which emphasises key curriculum components such as teaching, learning, and assessment. In alignment with hermeneutic phenomenology, the schedule was designed with open-ended questions to encourage in-depth reflection, while probing questions were incorporated to deepen understanding when clarity was needed (Clandinin et al., 2025; Suddick et al., 2020).

Questions concerning curriculum experiences were structured to reflect on different components such as teaching, learning and assessment practices guided by the LMCD (Figure 1). For instance, in exploring teaching practices, participants were asked, "How did the instructional approaches (or teaching) impact your understanding and the preparation for clinical practice?" This approach allowed participants to relate their personal experiences directly to the theoretical framework, facilitating a structured analysis.

The interview guide also included questions on participants' epistemological experiences, focusing on how teaching, learning, and assessment influenced their engagement with Audiology (knowledge) content. As shown in items 3.1 to 3.4 in Part 2 of the schedule, these questions ensured alignment with this study's theoretical framework and supported the generation of data that could be readily organised and analysed. This alignment allowed for a coherent exploration of participants' experiences in accessing Audiology, enriching this study's analytical depth.

Table 3: Key elements of the interview schedule

Items	Section/part	Motivation/Justification
Part one (Items 1-2) Participant background	Questions focused on participants' educational and personal background	This section provided an initial understanding of each participant's background, including prior schooling and socio-cultural influences, which could shape their perceptions of curriculum and practice. Establishing rapport through these questions facilitated participant comfort and openness for the remainder of the interview.
Part two (Item 3.1.) Challenges and successes in the curriculum.	Questions regarding student identity, academic challenges, and achievements.	This item provided insight into participants' experiences as Audiology students, including challenges and successes that influenced their engagement with the curriculum. These experiences were considered in interpreting broader curriculum-related experiences and how participants accessed knowledge in the field.
Items 3.2 to 3.4 Undergraduate curriculum experiences.	Exploration of core experiences in learning, instruction, and assessment.	Informed by the Logical Model of Curriculum Development (Figure 2, Stefani, 2009), these items focused on understanding participants' experiences with various curriculum components (teaching, learning, assessment) and their role in fostering epistemological access to Audiology.
Part three (Items 4-6) Preparation for Professional Practice	How the curriculum prepared participants for practical application in Audiology.	This aspect of the interview schedule was inspired by the Knowledge to Action Framework (Error! Reference source not found.). It overall allowed me (the researcher) to explore and understand how the participants experienced the curriculum as a way to access the field of Audiology, and how they translated Audiology knowledge from undergraduate training into practice.

		This section, grounded in the Knowledge to Action Framework (Figure 3), investigated how undergraduate training prepared participants for professional practice, focusing on the translation of theoretical knowledge to applied Audiology contexts.
Part four (Items 7-9) Field of Practice Experiences	Exploration of real-world experiences in professional Audiology practice.	Also guided by the Knowledge to Action Framework, this section explored participants' experiences in professional practice settings, examining how these contributed to their ongoing access to and mastery of Audiology knowledge.
Part five (Items 10-11) Curriculum and Practice Improvements	Reflections on needed changes in curriculum and field application.	This section encouraged critical reflection on areas of improvement within both the curriculum and field of practice, supporting a deeper evaluation of how these could better facilitate epistemological access and knowledge integration in Audiology.
Summary, and Closure.	Wrap-Up and Participant Reflection	This section provided a final opportunity to summarise and validate key points raised during the interview. Participants were encouraged to clarify or correct interim interpretations, as summarised to them. This allowed me an opportunity to clarify my own interpretations so that the participants' experiences are represented as closely as possible to what they reported, even though I acknowledge that my own lenses and experiences would have an impact in the process.

The second set of interview questions explored participants' epistemological experiences in translating theoretical knowledge from the Audiology curriculum into practical clinical skills. Guided by the Knowledge-to-Action framework (Figure 3), these questions aimed to understand how newly qualified Audiologists accessed and applied core knowledge within clinical settings. This framework facilitated a focus on the transition from learning to practical application, a key component of effective professional training.

While not all interview segments were explicitly derived from this framework, each played a crucial role in enriching the interview's scope. As shown in Table 3, these additional questions aimed to capture a holistic view of participants' backgrounds, challenges, and reflections on the curriculum. By incorporating these diverse aspects, the interview process supported a comprehensive understanding of the participants' journeys in Audiology education and practice.

4.6 Data Analysis

Hermeneutic phenomenology, which emphasises the interpretation of lived experiences, does not adhere to a fixed method of data analysis (Crowther et al., 2017; Kakkori, 2009). Its foundational philosophical tenets, particularly the concept of Dasein being present in space and time, guided the analytical process. As a researcher, my background as a BAFLS Audiologist and former student positioned me as an insider during both data generation and analysis. This dual perspective allowed me to immerse myself in participants' experiences, facilitating a deeper understanding of the meanings they attributed to their narratives. Acknowledging Heidegger's (1962 [1927]) assertion that complete objectivity in interpretation is unattainable, I continually reflected on the meanings I assigned to participants' reports. In the absence of a rigid analytical framework, I

supplemented philosophical guidance with the methods proposed by Ajjawi and Higgs (2007), which are well-suited for hermeneutic phenomenological research.

4.6.1 Data transcription and analysis

Data analysis commenced immediately after each interview, rather than waiting until all data were generated. This iterative approach enabled me to determine whether further data generation was necessary or if saturation had been reached (Edwards & Holland, 2013). In the current study, thematic saturation was applied, where the last two interviews analysed did not generate any new themes concerning the participants' experiences (Rahimi & khatooni, 2024). Comprehensive analysis was performed after all interviews to facilitate holistic interpretation (Kafle, 2011; Lavery, 2003). All audio recordings were transcribed verbatim, as hermeneutic phenomenology is predominantly an interpretation of written (Ajjawi & Higgs, 2007; Lindseth & Norberg, 2004). Any necessary translations were performed before content and thematic analysis began.

4.6.1.1 Transcription and translation of data

All audio-recorded data were transcribed verbatim, ensuring that every detail was captured (Crowther et al., 2017; Kafle, 2011). An independent transcription service transcribed nine of the ten interviews, while I transcribed the first to familiarise myself with the data. This approach balanced the time demands of transcription with accuracy. A qualified language expert, who held a PhD and worked in the Linguistics Department at a South African university, provided translation services as the interviews included both isiZulu and English. This was in addition to my initial translation.

Proficient in both languages, I translated the isiZulu segments into English concurrently with the expert's translations, adhering to principles adopted from (Halai, 2007). My translation approach involved:

- **Omitting Redundant Words:** If a phrase was expressed in both languages, I excluded the redundant portion in the translation.
- **Using Closest English Equivalents:** For isiZulu words lacking direct English translations, I selected the closest equivalent.
- **Incorporating Direct Quotes:** Translations were fully utilised in the analysis, with direct quotes employed when necessary.

Following Dhamani and Richter (2011) recommendations, I consolidated my translations with those from the expert. Familiarity with the context and content allowed me to effectively merge both translations. This process included:

- **Parallel Reading:** I compared both scripts, paragraph by paragraph, to identify inconsistencies in translations.
- **Conflict Resolution:** In cases of discrepancies, I utilised my bilingual proficiency to determine the most accurate representation of participants' meanings. I would have consulted the expert for resolution if necessary.

Challenges were encountered during transcription, notably the potential loss of meaning when converting verbal to textual data (Gordon et al., 2015). The limitations of written language often hindered the full representation of intonation and verbal cues inherent in the audio data (Poland, 1995). Although some richness may have been lost in this conversion process, data analysis proceeded with the available text, omitting any elements that could not be effectively translated.

4.6.1.2 The data analysis process

The analysis employed thematic content analysis rather than linguistically heavy approaches, in order to limit a strong focus on language during the analysis (Danzak, 2011; Oliveira et al., 2015). Since English is my second language, and my participants were also second-language English speakers, focusing on the interview content rather than the nuances of language was deemed most appropriate.

The thematic analysis followed steps outlined in Table 4, informed by (Ajjawi & Higgs, 2007), who provide guidelines suitable for hermeneutic phenomenological research. Following the initial orientation to the data, I sorted it into categories derived from the theoretical framework discussed in section 2.3. Experiences related to the curriculum were categorised according to components of the Logical Model of Curriculum Design (Figure 2), while experiences in accessing Audiology through practice were organised within the Knowledge to Action Framework (Figure 3).

Table 4: Steps followed for data analysis

Stage	Task completed
1. Immersion	<ul style="list-style-type: none">• Organising the dataset into texts• Interactive reading of texts• Preliminary interpretation of texts to facilitate coding
2. Understanding	<ul style="list-style-type: none">• Identifying first-order (participant) constructs• Coding of data using NVivo software
3. Abstraction	<ul style="list-style-type: none">• Identifying second-order (research) constructs

	<ul style="list-style-type: none"> • Grouping second-order constructs into sub-themes
4. Synthesis & theme development	<ul style="list-style-type: none"> • Grouping sub-themes into themes • Further elaboration of themes
5. Illumination and illustration of phenomena	<ul style="list-style-type: none"> • Linking the literature to the themes identified above
6. Integration and critique	<ul style="list-style-type: none"> • Reporting final interpretation of the research findings

Adapted from Ajjawi and Higgs (2007, p. 621)

NVivo Qualitative Data Analysis Software (QDAS) (version 12) was employed to facilitate the analysis of the data. The inductive data analysis process commenced with open coding, during which I assigned labels (codes) to each unit of meaning as accurately and literally as possible. These codes ranged from single words to short phrases, allowing for the capture of nuanced meanings while maintaining brevity. At this initial stage, my focus was on identifying key elements without delving into implicit interpretations. Nonetheless, I recognise that my insider position within the studied community inevitably influenced the coding process.

The first-level codes developed from the initial participants provided a framework that guided the analysis of subsequent data (Gale et al., 2013). As I revisited each dataset, I revised some codes to enhance the accuracy and richness of the analysis. I also sought feedback from my supervisors, who possess expertise in higher education research and Audiology, to cross-check my coding

before advancing to the second and third levels of analysis. Their insights were instrumental in refining my approach and ensuring methodological rigour throughout the process.

Following the generation of codes, the second phase involved a thorough review to identify interrelated codes, which were then grouped into categories (Erlingsson & Brysiewicz, 2017). Subsequently, themes emerged by synthesising related categories (Bengtsson, 2016). I acknowledge that my personal experiences influenced my interpretations of the participants' reflections. In line with hermeneutic phenomenology (Hafferty et al., 2015; Horrigan-Kelly et al., 2016), I made a conscious effort to articulate and interpret my experiences alongside those of the participants, navigating the hermeneutic cycle as depicted in Figure 5 (Kafle, 2011). This process of reading, reflective writing, and interpretation was inherently non-linear; I revisited earlier stages of analysis as needed to deepen my understanding (Laverty, 2003; Lindseth & Norberg, 2004).

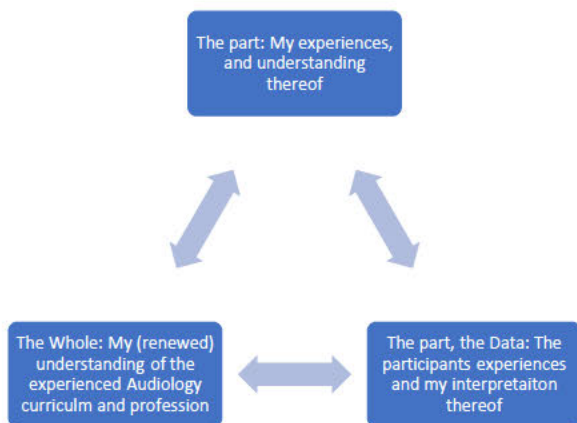


Figure 5: The Hermeneutic circle (as envisaged by the researcher, informed by the literature (Campos & Ribeiro, 2017; Hasanpur et al., 2017; Kafle, 2011))

For the data abstraction and development of themes, I adhered to the recommendations of Erlingsson and Brysiewicz (2017) and utilised a table (Appendix J) to break the data down into

meaningful units, categories, and themes. This structured approach facilitated a clearer interpretation of the data, though it proved to be more challenging and time-consuming than initially anticipated. Ultimately, this comprehensive analytical process enhanced my understanding of the participants' experiences and contributed to the richness of the research findings.

4.6.1.3 The justification for the data generation and analysis epistemic choices

Hermeneutic phenomenology, originally intended as a philosophical approach, lacks clear methodological guidelines for data generation and analysis (Qutoshi, 2018). Therefore, it is essential for researchers employing this methodology to transparently reflect on their decisions and the steps taken throughout the data generation and analysis process. My methodological choices were significantly influenced by the framework adopted in this study and my understanding of introspective methodologies as discussed by Xue and Desmet (2019).

Introspective methodologies can be categorised into five forms: researcher introspection, interactive, syncretic, reflexive, and guided introspection. **Researcher introspection** is a researcher-centric approach, while **guided introspection** is a more participant-centric approach, minimising the researcher's involvement in the data shared. I positioned this study within the **syncretic form of introspection** (combining both the above), recognising that both the researchers' and participants' experiences must be understood as integral to the data generation and analysis process (Xue & Desmet, 2019). However, the authors argue that phenomenology primarily focuses on participants, suggesting it fits best within guided introspection. This

contention led me to conclude that both categories of introspective methodologies can coexist and be mutually beneficial in the context of hermeneutic phenomenology.

In this study, I viewed myself as an additional contributor to the data, bringing my insider perspective and reflections on my experiences in relation to those of the participants. Thus, I employed what I term **syncretic-guided introspection**, a unique methodological application of hermeneutic phenomenology. This approach allowed for a deeper inquiry into my experiences of accessing Audiology, framed by the guiding questions: How do others with a similar background to mine, as a Black African First Language Speaker (BAFLS) individual, experience accessing Audiology, and why?

The selection of participants was intentionally aligned with my background as BAFLS and other relevant socio-economic factors, stemming from my desire to understand this demographic to which I belong. This alignment supports the argument that hermeneutic phenomenology should be seen as an introspective methodology that involves participants closely matching the researcher's identity and experiences. Recognising hermeneutic phenomenology as a combination of syncretic and guided forms of introspective methodologies has several implications. First, the construction of key research questions and data generation inquiries should reflect the researcher's self-awareness and understanding of their own experiences. Second, participant selection must consider similarities between the researcher's and participants' contexts to the greatest extent possible. While some differences may exist, it is crucial for the researcher to reflect on these variations, as they can enhance the credibility of the findings and this study overall.

Furthermore, the interpretation of data should incorporate the researcher's reflections on their experiences relative to those of the participants. In this dual role, the participants serve both as a mirror and a window, facilitating my understanding of the phenomena under study. At this stage, a renewed understanding of both self and participants emerges, offering insights into how the phenomenon is experienced differently by various individuals.

As an introspective researcher, I was challenged to conduct interviews subjectively while minimising the influence on participants' reflections. This challenge was particularly pronounced when participants' responses closely mirrored my own experiences as an Audiology student or new graduate. Balancing my role as a mirror and a window required careful navigation; however, the structured interview schedule helped mitigate these challenges, enabling the generation of trustworthy findings. This novel approach to hermeneutic phenomenology may require further refinement, but it offers a valuable contribution to methodological clarity in the application of this philosophical framework. By acknowledging and addressing the complexities of this process, I aim to enhance the understanding of hermeneutic phenomenology and its implications for qualitative research.

4.7 Storage, dissemination, and disposal of research data

All research data were securely stored in a lockable cupboard within my office, accessible only to myself and the supervisors involved in this project. Audio recordings of the interviews are safely stored on a USB memory stick connected to my computer. Data retention will follow ethical guidelines, with a commitment to preserving the data for as long as feasible. However, confidential

data may be destroyed after five years following this study's completion, with the disposal process involving the deletion of electronic files and the shredding of any physical documents.

Dissemination of research findings will primarily occur through the publication of articles in accredited academic journals. Additionally, participants will have the opportunity to receive a summary of the findings via email upon request, as a gesture of appreciation for their contributions to this study.

4.8 Trustworthiness

Ensuring the trustworthiness of this study was a paramount concern throughout the research process. I employed a systematic and transparent approach to data analysis, grounded in established research methodologies (Ajjawi & Higgs, 2007; Johnson et al., 2020; Tomlinson & Schnackenberg, 2022). By being transparent about my positionality and the context of my research, I aimed to enhance the trustworthiness of this study and help readers understand the perspective from which I analysed the data.

While my insider perspective as an Audiologist offered significant strengths in enhancing data quality, it also posed potential risks of bias and preconceived notions regarding the experiences of Audiology students. I have personally witnessed many students from previously disadvantaged backgrounds who had been exposed to isiZulu as the primary language of learning and teaching (LoLT) at the primary and high school levels. I am also from a similar schooling background. Such students may struggle to adapt to an English-dominant higher education environment. Knowing this, I already had preconceptions about most of my participants from a similar background. This

awareness prompted me to reflect critically on how these biases might have influenced my interviews and data interpretation. Recognising this limitation was crucial, as it allowed me to remain vigilant in exploring the unique experiences of each participant, rather than imposing a generalised viewpoint shaped by my experiences during the interviews.

At the beginning of each interview, I encouraged participants to share their experiences candidly, emphasising that all discussions would remain confidential. I took special care to anonymise any identifiable information during data analysis, particularly regarding instances where participants mentioned specific lecturers or clinicians who had negatively impacted their academic experiences. This commitment to confidentiality was consistently reinforced throughout our conversations, ensuring that participants felt free to express their thoughts openly.

In addressing the philosophical underpinnings of my approach, I acknowledge the principles of Edmund Husserl's transcendental phenomenology, which advocates for the suspension of the researcher's own experiences in interpreting participants' lived experiences (Zahavi, 2021). However, hermeneutic phenomenology, which I employed in this study, embraces the researcher's experiences as integral to understanding participants' narratives (Spence, 2017). I remained open about how my own experiences influenced my understanding, acknowledging that my background informed my interpretations of the participants' experiences throughout the research process. I continuously revisited my initial coding and thematisation where it was necessary. This was done when the data from the next interview led to a adjust (need, split, or expand) the already generated themes to fit the newer data.

Hermeneutic phenomenology is characterised by its philosophical nature rather than adherence to a fixed set of methods. This flexibility imposes a responsibility on researchers to thoughtfully select methods aligned with hermeneutic principles and justify any adaptations made to maintain this study's credibility (Alsaigh & Coyne, 2021; Suddick et al., 2020). Reflexivity is vital in enhancing trustworthiness, as it deepens the researcher's understanding of participants' interpretations of their lived experiences (Spence, 2017). Acknowledging the inseparable nature of the researcher's ontological background and chosen methodologies is essential; Heidegger was among the early scholars who emphasised this interconnectedness (Heidegger et al., 1962). Consequently, I articulated my ontological experiences that shaped my interpretations, thereby justifying the adoption of the syncretic-guided introspection method of applying hermeneutic phenomenology.

While I aimed to interpret the data in a manner that authentically reflects participants' experiences, it is important to note that hermeneutic phenomenology prioritises **depth** of interpretation over objectivity in assessing accuracy (Kafle, 2011; Vella, 2024). This recognition highlights the potential for varying interpretations among researchers examining the same data. Accordingly, I sought to achieve credibility by carefully probing the meanings participants attributed to their experiences of accessing Audiology during interviews (Lavery, 2003). My insider perspective, shared by the participants, facilitated a nuanced understanding of their responses, ensuring that their voices were represented as intended.

Acknowledging the inherent subjectivity in hermeneutic phenomenology, I chose not to employ multiple methods of data collection, which is often recommended for enhancing rigour (Ramsook,

2018). The dual data sources including my experiences within the Audiology field and the participants' accounts allowed for triangulation in terms of perspectives, facilitating a discussion on the convergence of our experiences across various themes. I openly reflected on my relational insights with participants' reported experiences, where relevant.

However, I grappled with the limitations and controversies surrounding triangulation within hermeneutic phenomenology. Critics such as Hammersley (2008) raise concerns about its applicability, particularly given its quantitative roots. Triangulation's intent to cross-validate phenomena can clash with the subjective nature of interpretive qualitative research. Blaikie (1991) articulates similar critiques, noting that misalignments between epistemological or ontological perspectives and chosen methods can jeopardise research quality. I resonate with this perspective, recognising that my ontological framework offers limited support for traditional triangulation, thereby justifying the decision to minimise its application.

In qualitative research, reality is often understood as a mental construct (idealism) and an interpretation of human experiences (interpretivism) (Donkoh, 2023; Tashakkori & Teddlie, 2010). In contrast, realism posits an objective reality (Zuolo, 2012). If bias is an issue that must be addressed through triangulation, as Fusch et al. (2018) suggest, then a research design focused on subjective interpretations should embrace reasonable biases and not seek to align itself with objectivity. Furthermore, researchers' interpretations are inherently temporary, shaped by context and horizon. In line with the interpretive nature of hermeneutic phenomenology and the temporary interpretation depending on contextual circumstances, seeking validation of the interpretations has been argued to be illogical, redundant, and not of much value with this approach (McConnell-

Henry et al., 2011; Vella, 2024). Although saturation was achieved during theme generation, it is plausible that different themes could emerge depending on who conducts the analysis. Instead of seeking the validation of my subjective interpretations through triangulation, I attempted to achieve trustworthiness through depth, richness, strength, and orientation, which are considered important for hermeneutic phenomenology (Kafle, 2011). I define these according to these two authors and explain how I achieved them next.

I had an extensive **orientation (familiarity)** to the phenomenon and the participants' world as a BAFLS Audiologist and former student myself. I had an insider's perspective in terms of sharing similar struggles that I investigated with the participants, being a BAFLS Audiologist who is now a lecturer, and dealing with BAFLS students daily.

The **strength** is the extent to which the data and interpretations thereof represent the participants' experiences. I optimised this strength through the extensive use of direct verbatim quotations of the participants' responses that informed my interpretations of their curriculum and professional experiences. I found this necessary given the subjective nature of the data analysis, afforded by hermeneutic phenomenology.

As much as possible, the theoretical frames guided my interpretations. Where necessary, the conceptual explanations of emergent themes such as racism, linguisticism and classism were sought from the literature. For instance, linguisticism was adopted from existing literature to explain the language-related experiences of discrimination. This allowed for some level of consistency between myself and how other scholars may have used similar term, which allowed for me to focus

more on the depth of my interpretations of these concepts instead of re-defining them uniquely for the current study.

I applied **reflexivity** to further enhance the strength of my interpretations. I constantly shared my own pre-assumptions, experiences and positionality that could have influenced my interpretations of the participants' experience of Audiology. In doing so, I prevented my own experiences from overshadowing those of the participants (Spence, 2017). This level of transparency empowers the readers in making decisions about which of my interpretations are likely more of my biases than they are the representations of the participants' experiences.

Depth and **richness** are the ability of the researcher to express in writing, the extent to which the participants experienced phenomena in question. Minor details would have been lost as verbal discussions were transcribed, which I could not avoid as this is an inherent limitation of the transcription process (McMullin, 2021). I ensured that the way the interviews were conducted made the participants comfortable and knew they could report their experiences free of judgment, as I put this as a disclaimer at the start of each interview. This ensured that the participants went deep with reflecting on sensitive experiences, including but not limited to how they were exposed to racism. This and an extensive use of direct verbatim quotes (excepts) to ensure that the depth, and richness (details) of the participants' experiences was not compromised by how I sought (solicited) and presented (expressed) the data.

4.9 Ethical considerations

Gatekeeper permission to conduct this study with Audiologists employed by the government at selected hospitals was obtained from the provincial Department of Health (DoH) (see Appendix A). Following this, ethical clearance was granted by the provincial DoH Health Research and Ethics Committee to conduct this study within one South African provincial DoH (see Appendix B). Subsequent gatekeeper permission was sought from the Registrar of the UoI to study former graduates of the university (see Appendix C). Finally, full ethical approval for this study was granted by the University of KwaZulu-Natal's Humanities and Social Sciences Research Committee (HSS/2026/018M) (see Appendix D).

After securing these approvals, a letter of invitation and an informed consent form (see Appendices F and G, respectively) were sent to each potential participant via email. Each participant had the option to respond via telephone or email, indicating their interest and suggesting a suitable date and location for the interview. Informed consent forms were signed on the day of the interview, following a detailed re-explanation of this study's expectations and all relevant information, including the principles of autonomy, privacy, and non-maleficence, which had been outlined in the invitation letter.

During the interviews, all participants were treated with the utmost respect, and no harm was inflicted. The interviews were conducted confidentially and in an open manner as the participants were free to express their views without judgment. No identifiable information will be disclosed to anyone outside the research team, except to supervisors if necessary, ensuring the anonymity of all participants. Participants were also asked for permission to contact them telephonically if

clarification on any details shared during the interview was needed; all participants verbally agreed to this.

4.10 Chapter Summary

This chapter outlined the research methodology employed in the study. It began by articulating this study's aim and objectives, alongside an explanation of hermeneutic phenomenology as the chosen research design within an interpretive paradigm. The chapter detailed the methods used for data preparation, collection, and processing, and the sampling strategies employed.

Key aspects of trustworthiness were discussed, emphasising the rigorous measures implemented to ensure the reliability and validity of the research findings. Ethical considerations were also thoroughly addressed, highlighting the commitment to participant autonomy, confidentiality, and the importance of informed consent throughout this study. This chapter further covered the discussions concerning how the research methods align with this study's aims and framework, ensuring that the findings discussed in the next chapters (CHAPTERS 5 and 6) are credible and trustworthy.

CHAPTER 5: ACCESSING AUDIOLOGY THROUGH THE CURRICULUM

5.1 Introduction

This chapter presents the study's findings regarding participants' experiences in accessing Audiology through the undergraduate curriculum, specifically addressing the first objective of this study (noted in section 4.2.2). It therefore focuses on the findings concerning the experienced assessment, learning, and teaching, guided by the Modified Model of Curriculum Development (MMCD) (Section 2.3.2). The findings are organised into core categories noted as the **2nd & 3rd level subheadings**. The emerging themes and subthemes identified within each of the core categories are noted in the *3rd & 4th level subheadings*. In the MMCD, assessment shapes learning priorities, while teaching supports these priorities. The experiences of the assessment are more extensive as this is a larger component of the students' experiences, including clinical teaching through assessment. third

The findings reveal that the participants encountered significant challenges in accessing Audiology knowledge through assessment, teaching, and learning processes, which led to surface or fragmented learning approaches. Notably, optimal learning and credible assessment practices were largely associated with the engagement of a specific lecturer(s) who are also BAFLS. Overall, this chapter provides evidence that is later (in CHAPTER 7) interpreted as reasons for the participants' underpreparedness for professional practice in Audiology upon graduation, shedding light on the limitations of the curriculum in fostering optimal epistemological access.

5.2 Accessing Audiology through undergraduate assessment

This section explores how participants experienced assessment practices in their undergraduate Audiology curriculum, as framed by the Modified Model of Curriculum Design (Cowan & Harding, 1986; Stefani, 2009). According to this model, assessment should facilitate learning by fairly and accurately evaluating students' competencies. However, participants reported that assessment practices often hindered instead of supporting their access to Audiology knowledge. The findings are discussed in two main categories: practical (clinical) assessments and theoretical assessments. Both have common challenges, but each has some unique challenges impacting participants' learning.

Participants highlighted several critical issues, including experiences of perceived racial bias, a lack of assessment validity due to recycling of exam materials, and other assessment-related discriminatory practices. Racial bias was reported in clinical assessments, where some participants felt they were judged more harshly or received less constructive feedback compared to peers of other backgrounds. This perception of bias led to feelings of exclusion and decreased confidence in their skills.

The recycling of assessment materials, such as reusing examination questions from previous years, was another significant concern. Participants noted that this practice undermined the credibility of the assessments, limiting their opportunities to engage with new and relevant content. This practice may have advantaged students with access to past exams, further contributing to a sense of inequality and unfairness in the programme.

Overall, the participants' experiences with assessment reveal significant challenges in accessing and validating their learning in Audiology. These findings suggest that the curriculum, while intended to support professional competency, falls short in fostering an inclusive and equitable learning environment, ultimately impacting students' preparedness for the Audiology field of practice.

5.2.1 Experiences of Theory Assessments

The undergraduate Audiology curriculum is structured around theory modules and clinical training, both integral to preparing students for professional practice. Theory modules provide foundational knowledge that students are expected to apply in clinical settings, and theory assessments serve to evaluate whether students have acquired this essential understanding. However, participants reported that these assessments often failed to meet their needs, describing them as invalid, outdated, lacking rigour, biased, and discriminatory.

Participants felt the assessments were “invalid” due to their limited relevance to current practices in Audiology. They noted that many exams relied on outdated content that did not align with the latest developments in the field, leaving them underprepared for real-world clinical scenarios. Additionally, assessments were described as “lacking rigour,” with several participants reporting that exams often focused on memorisation rather than critical thinking or application of knowledge, which are vital for clinical competency.

Bias and discrimination in theory assessments were also recurring themes. Some participants felt that questions or grading practices reflected cultural or racial biases, which created an inequitable

assessment environment. These biases left participants feeling marginalised and less confident in their knowledge, ultimately impacting their learning experience.

Overall, participants' experiences with theory assessments suggest significant shortcomings in the Audiology curriculum. The credibility (validity and reliability) of theory assessment was experienced as limited in its ability to enforce or optimise Audiology knowledge acquisition in the students, and in assessing the extent of the students' meaningful acquisition or engagement with Audiology knowledge. These findings highlight the need for curriculum reforms that ensure assessments are current, rigorous, and equitable, thereby supporting students in achieving essential professional knowledge and skills.

5.2.1.1 Experiences of Invalid Assessment

Participants reported that assessments within the theory modules often failed to accurately measure their knowledge and skills, resulting in what they experienced as “invalid” evaluations. The concept of validity, often rooted in quantitative research (Paulo et al., 2019), is applied as relating to the accuracy with which the assessment tasks capture the students' knowledge or competencies. Valid assessments are, therefore, ones that align with the course objectives, meaning they measure what they are designed to assess (Areekkuzhiyil, 2019a). The participants felt that assessment tasks and approaches were inconsistent, often testing knowledge or skills not central to their training, or relying on content they perceived as irrelevant to contemporary Audiology practice.

The participants expressed frustration with assessments that relied heavily on memorisation or outdated knowledge, which they felt did not reflect the critical thinking and current knowledge

essential for clinical practice. Such assessments may not provide an accurate reflection of student capabilities, leading to potential misjudgements of their preparedness for professional work. Overall, these experiences highlight the need for theory assessments in Audiology to be carefully designed to align with professional standards and evolving field requirements, ensuring that assessments reflect students' actual preparedness and competencies.

5.2.1.1.1 Experiences of Dated/recycled assessments

Participants reported that the practice of recycling examination questions in theory modules diminished the effectiveness of these assessments. Specifically, the repetition of old questions allowed students to pass by memorising previous exam answers rather than engaging deeply with the material. For example, Participant 6 noted,

Participant 6: But for the theory modules, you guys (lecturers) repeat the very same questions. So, if you just have a previous question paper, you must just know you will be a straight-A student. Yes. Exams as well. So, you guys (lecturers) are repeating the same questions, even the wording, remains exactly the same. That's why I am saying, these test and exam questions are from the 1990s [laughs].

The above underscores how predictable the exams were for the Audiology students, limiting the need for meaningful engagement or understanding of Audiology content. Such assessments may not adequately measure the required competencies for Audiology practice, instead encouraging "surface learning" strategies like rote memorisation (cramming²⁴) (Lujan & DiCarlo, 2006). The

²⁴ Cramming is a practice of late memorizing excessive amounts of subject content in a limited time in attempts to cope with the next examinations. (Siagian, 2022)

recycling of questions also made assessments feel outdated and irrelevant, failing to challenge students to develop the critical thinking or problem-solving skills essential for clinical settings. Literature supports this concern, indicating that traditional methods of assessment and repetitive assessment activities in higher education often led students to focus on recall rather than true comprehension (Samoshkina, 2024; Spatz & Goldhorn, 2021).

This trend contradicts UoI's institutional assessment policy (2020), which emphasises the need for contextually relevant assessments. Participant 6 and others expressed frustration that assessments were not adapted to current challenges and that the curriculum design did not prepare students for the complexities of real-world Audiology practice. Overall, reliance on outdated assessments may limit students' readiness for clinical demands, especially for diverse student populations who may require different types of assessment to succeed academically and professionally.

5.2.1.1.2 Experiences of lack of rigour in theory assessment

Participants expressed concerns that assessments in certain modules lacked rigour, allowing them to pass without deeply engaging with the content. Academic rigour²⁵ in assessments, as defined by Williamson and Blackburn (2010), includes thorough alignment between tasks, assessment tools, and the expected competencies. For this study, I define academic rigour in assessment as the comprehensive evaluation of students' knowledge, skills, and attitudes relevant to Audiology.

²⁵ Academic Rigor: is generally the extent or thoroughness (standards) with which academic tasks (such as teaching, learning and assessments), and methods used in academic settings cognitively engage students. The key elements of academic rigour are standards or predefined benchmarks of cognitive challenge, activities help students rich those standards, and evaluation of achievements of those standards. (Williamson & Blackburn, 2010)

Participant 4, for instance, felt that assignments lacked the depth needed to accurately reflect her understanding:

Participant 4: I'm just trying to think for that particular module, we never had a test, we had an assignment. So, assignment, you give me the questions, I have access to the internet. I have access to articles. I will answer all your questions correctly and I will pass. But it didn't prove anything (did not serve as an indicator of what students knew or understood from the module) to the lecturer. So, it wasn't easy for the lecturer to pick up that oh okay ja, we don't understand. Ja.

This experience reflects a misalignment between students' desire for assessments that challenge their comprehension and the lecturers' expectations that these tasks would accurately gauge students' knowledge (Steinberg & Waspe, 2016). The lack of rigour led students to question the validity of these assessments as indicators of their readiness for clinical practice.

The transition to remote learning during the COVID-19 pandemic may have further impacted the rigour and security of these assessments (Blackburn, 2021; Neuwirth et al., 2021). Consequently, this highlights an urgent need to redesign assessments to ensure they support deep learning and accurately measure students' competencies in preparation for professional practice. The COVID-19 period also demonstrated a need for a responsive pedagogy of assessment to deal with unforeseen challenges in academia.

5.2.1.2 Experiences of biased mark allocation for theory assessments

Biased marking, or grading, occurs when an examiner or grader shows favouritism or discrimination in evaluating students' work. This can stem from factors such as prior knowledge of students' backgrounds, including academic history, social identity, or personal connections with the lecturer (Bonefeld & Dickhäuser, 2018; Bygren, 2020). For example, a lecturer's prior interactions with a student may unconsciously influence grading, resulting in either positive or negative bias that skews objective assessment.

In a clinical programme like Audiology, unbiased assessment is crucial, as students' academic performance impacts their confidence and professional readiness. Participants noted instances where they felt disadvantaged by subjective or preferential grading practices. For instance, one participant explained how lecturers seemed to reward students they were more familiar with, while others felt overlooked. Such experiences can erode students' trust in the fairness of assessments and demotivate them from meaningfully engaging with curriculum content or engaging in deep learning.

Research suggests that strategies like anonymous grading and using standardised rubrics can help mitigate these biases, ensuring a fairer assessment process (Bygren, 2020; Kopp, 2018). Such approaches could enhance transparency and ensure that students are evaluated based on their demonstrated knowledge and skills rather than subjective factors.

5.2.1.2.1 Experiences of being graded by identity rather than academic merit

Participants expressed concerns about racial bias in the grading of their assessments, describing how subjective judgments appeared to influence their academic outcomes. Participant 2 shared experiences where grading seemed overly critical due to her identity as a Black student, stating that evaluators doubted her capacity to perform critical analysis, potentially affecting her grades.

Participant 2: Critical marking, I felt like it was more of my name. Of how they marked my script, it was more of, I don't know if I can say, seeing the quality that I would bring out, because as a Black therapist, I'm not capable of critically analysing everything as a whole. Looking for gaps more than the actual content of what I wrote because I remember we used to write more essays in school, of critically analyse so-and-so. And even if you mentioned all the products, but not got to the full marks

Participant 9 echoed this sentiment as follows:

Participant 9: My assessment. It was such a negative side of things. It got to a point where I didn't care how much I get, I just wanted to pass. Initially, I didn't pay attention. But I think, towards the end of 2nd year you start seeing that, actually this is what's going on here. I am being marked like this because of my skin colour. And then afterwards, I stopped. I even stopped, to the point where I stopped looking at other people's marks and how much they were getting. It was a thing of, guys even if you give me 62, I don't really care, as long as I pass because I need to exit. Cause all I wanted to do was survive.

These testimonies align with literature on assessment bias, where lecturers' perceptions of students' identities can (sub)unconsciously shape grading outcomes (Bonefeld & Dickhäuser, 2018; Brown et al., 2025; Bygren, 2020; Dennis et al., 1996). Bygren (2020) found that identity-

based grading biases exist across various contexts, as a systematic challenge in higher education. For instance, students of a particular race may be subconsciously and systematically rated lower than other students by certain lecturers (Brown et al., 2025).

To mitigate identity-based grading bias, anonymous grading is suggested as a practical solution. This approach has been found to limit the impact of identity markers in grading (Chan, 2025; Malouff & Thorsteinsson, 2016). However, in practice, anonymous grading may not always be feasible in smaller classes where instructors are likely to recognise students' work. In such cases, the use of standardised rubrics and multiple assessors can enhance objectivity in grading, particularly in subjective assessments like essays.

The biased assessments led some participants, such as Participant 9, to disengage from deep learning and focus on mere survival through adopting surface learning²⁶. This shift is concerning in a field like Audiology, where a mastery of critical skills is essential for clinical competence. The Logical Model of Curriculum Development adopted in this study underscores that assessment practices significantly influence learning approaches. When students perceive assessments as unfair, they are likely to adopt surface learning strategies, diminishing their epistemological access and overall academic development. These findings underscore the importance of reconsidering assessment practices in the Audiology curriculum to minimise bias and support equitable learning outcomes for all students.

²⁶ Surface learning: An approach the students adopt towards learning where they rely on and target memorization of curriculum content for the purposes of reproducing it during assessments without necessarily understanding or critically engaging with it. (Lindblom-Ylänne et al., 2019; Spada & Moneta, 2012)

5.2.1.3 Experiences of assessment for BAFLS students with a multiracial schooling background

In South Africa, the legacy of apartheid continues to shape students' educational experiences, particularly regarding access to quality schooling. Students who attended multiracial schools, often classified as "Model-C schools²⁷", typically had better resources and exposure to a more affluent educational experience compared to those from previously disadvantaged backgrounds. These schools were indirectly part of a strategy to maintain colonial dominance, with English or Afrikaans being the primary languages of instruction, and students of various races being selectively admitted. This schooling system was aligned with the Eurocentric educational standards, fostering students who were better prepared to engage with the colonial higher education system (Christie & McKinney, 2017; Sedibe, 2011). On the other hand, students from disadvantaged schools faced systemic challenges, including limited exposure to English and inadequate educational resources, which left them ill-prepared for the demands of a Eurocentric university education (Cele, 2018).

Participant 10, one of the few students from a multiracial school, described a more favourable assessment experience in the Audiology programme due to her strong command of English. She felt that her background allowed her to understand exam questions more effectively than some of her peers from disadvantaged backgrounds. According to Participant 10, while other students often struggled to comprehend specific assessment instructions (e.g., "define," "motivate," "explain"),

²⁷ Model C schools: In a school classification system depending the extent of support from the government, model C schools were partially government funded semi-private schools, where learners of different racial groups would go if their parents could afford the fees. (Christie & McKinney, 2017)

she found it easier to navigate the language of the questions, thus positioning her to perform better in assessments.

Participant 10: I think for me, personally, it (the assessment experiences) was better because I came from a multiracial school. So, even understanding questions. When I read them, I understand there and then. For others (other BAFLS participants) that we were in the same class with, you would find that they don't understand even the specific question. Yes, what is actually required - like define, motivate, explain, briefly discuss. You would find that they (BAFLS students from previously disadvantaged backgrounds) know the topic area. ... The lecture even explained when giving us the answer sheet that, here, this is what I wanted. Meanwhile, the person knows the answer. It's just that they were confused by the question.

This experience highlights the role of linguistic proficiency in navigating assessment tasks. While Participant 10's good English fluency and proficiency aided her performance, other students, particularly those from previously disadvantaged backgrounds, faced challenges in interpreting questions due to their weaker command of English. Participant 10's experiences underscore a significant issue for students from previously disadvantaged backgrounds, particularly regarding their limited proficiency in English, the primary language of instruction and assessment. Despite efforts to introduce African languages like IsiZulu as secondary languages at the UoI, English continues to dominate as the language of teaching, learning, and assessment. This language prioritisation disadvantages BAFLS students, who often struggle with linguistic literacy challenges, which negatively affect their academic performance (du Plooy et al., 2025).

Research (Mkhize & Balfour, 2017) noted the same challenge in their study, indicating that students from previously disadvantaged schooling backgrounds face a linguistic (language literacy) barrier when entering university, which hinders their ability to fully engage with the curriculum. As such, English continues to serve as a gatekeeping tool in higher education, sidelining students who use it as a second or third language.

The experiences of Participant 10, a student from a multiracial school, also revealed the benefit of having a good command of English, which can positively affect the students' academic performance. The participant found it easier to assimilate into a Eurocentric education system through exercising her command of English. Despite being Black African, her performance of some elements of Whiteness seemed to have gained her some privileges, one of which was being graded better than other BAFLS students. This phenomenon aligns with the idea that students from multiracial (or ex-model-C) and better-resourced schools, despite being Black, may navigate the educational system more easily because they have been socialised into its dominant, Eurocentric norms (Fanon, 1986; House, 2005). Thus, her linguistic and educational background may have allowed her to “fit in” better than her peers from under-resourced schools.

Despite the advantages Participant 10 experienced, she acknowledged the language-related discrimination faced by students who lacked the same command of English. This disparity in language proficiency led to situations where BAFLS students with limited proficiency struggled to express their Audiology knowledge during assessment tasks because they did not understand the assessment questions. Another way the students were marginalised based on their limited English proficiency.

The experiences shared by Participant 10 highlight a critical issue in the Audiology curriculum at the UoI: the prioritisation of English in assessment practices. While this aligns with global academic norms, it overlooks the diverse linguistic backgrounds of many South African students.

The above experiences point to a broader issue of institutional transformation in South African higher education. While BAFLS students from multiracial schools may have certain advantages, such as better language proficiency, those from previously disadvantaged backgrounds continue to face significant barriers in accessing academic success. To address these disparities, universities must move beyond tokenistic changes and prioritise meaningful transformation, including revising language policies and assessment practices. The language policy at the UoI, supports a bilingual mode of instruction and assessment. However, the extent to which bilingualism is encouraged seem to be compromised as English is still experienced as the only mandatory language while isiZulu and other languages are not embraced at the same level. The continued dominance of English in university assessment processes reflects a need for deeper, systemic changes in the way assessments are structured to account for linguistic and socio-economic diversity.

5.2.1.4 Experiences of racism in theory assessments

The experiences shared by participants in this chapter consistently suggest that race plays a significant role in how they were assessed, with many BAFLS participants perceiving racial bias as a major factor in the unfair grading of their work. While racism is unlikely to be part of the planned curriculum at the UoI, the participants' experiences suggest that racism was a common concern among them, with several pointing to race as a key influence on the validity of their assessments, particularly in the theory modules.

Participant 9's experience highlights specific instances where racial discrimination appeared to affect grading in the Audiology curriculum. She recounts a situation in which she and her classmate, who were both tasked with submitting a joint project, received significantly different marks for the same work, despite submitting identical content.

Participant 9: In (university name), in [module name], I did a project with my teammate... classmate, that we submitted one transcript that was marked by our tutor who was Indian. She (the classmate) got 85 but I got 65 but we had submitted one transcript. That's how powerful being Indian was in [name of the UoI]. Where you knew that you are the wrong colour there as well.

Participant 9, who is BAFLS, received a grade of 65, while her classmate, who was of Indian descent, received 85. In her view, this discrepancy was due to the perceived racial privilege of her classmate: "That's how powerful being Indian was in [UoI]. Where you knew that you are the wrong colour there as well." This statement suggests that race significantly impacted her academic experience, particularly in terms of how her work was assessed.

The theme of racial bias in grading, as highlighted by Participant 9, aligns with broader patterns identified by other participants, who similarly described experiences of unequal grading in clinical assessments. Participants expressed frustration at how their clinical grades remained fixed within a particular range, regardless of improvements in their clinical skills and knowledge. These participants believed that racism played a role in their assessments, as their grades did not reflect their actual progress or abilities, but were instead influenced by racialised expectations, a phenomenon previously noted by Brown et al. (2025).

To understand the underlying mechanisms of this bias, it is important to examine the broader racial dynamics within the higher education system. In post-apartheid South Africa, the legacy of colonialism and apartheid continues to shape student experiences. Historically, students from more affluent backgrounds, such as the former Model C schools in the case of South Africa, were better equipped for academic success at university (Chiang, 2021). These schools were traditionally dominated by White students, and their curriculum emphasised languages like English and Afrikaans. By contrast, students from previously disadvantaged schools, which were under-resourced and predominantly Black, often struggled with systemic barriers, including unequal access to quality education, language barriers, and a lack of resources to fully engage with academic content (Chiramba & Ndofirepi, 2023).

The impact of this historical context is evident in the experiences of Participant 9, who attributes her relative academic success to her background in a multiracial school where English was prioritised. Her experience of receiving fairer grades in comparison to her classmates who attended under-resourced schools reflects a broader trend of racialised advantages within the academic system. While she acknowledges the advantages of her own schooling experience, she also recognises the racialised disadvantage faced by her peers from previously disadvantaged backgrounds, who often struggled with language barriers, despite knowing the subject matter.

Racism in assessment, however, is not limited to individual incidents but is embedded within the larger structure of the higher education system. In this context, English remains the dominant language of teaching, learning, and assessment, with African languages relegated to secondary status. While efforts have been made to introduce IsiZulu as a secondary language at the UoI, these

changes have not significantly impacted the teaching, learning, and assessment experiences of students in the Audiology curriculum. The privileging of English over African languages contributes to the systemic disadvantage faced by BAFLS students, whose proficiency in English often does not match that of their peers from more privileged backgrounds. This linguistic inequity further exacerbates the racialised disparities in academic assessment and performance of the students.

The above-stated challenges further emphasise the need for fundamental transformation beyond a mere replacement of White students with Black students while a strong Eurocentric system remains intact. The underlying systemic biases, such as the prioritisation of English and the continued marginalisation of African languages, remain largely unchanged. This failure to address racial and linguistic disparities undermines efforts to create a truly inclusive and equitable educational environment.

Moreover, the experienced racial dynamics in grading are not isolated to individual educators but are reflective of larger institutional culture. Implicit racial biases may inform how academic work is evaluated, with educators potentially unconsciously favouring students from more privileged racial and linguistic backgrounds (Brown et al., 2025). As demonstrated in Participant 9's account, the racial background of both the student and the lecturer appears to influence the grading process, with students from historically marginalised racial groups being more likely to face disadvantage in theory assessments.

To address these racialised disparities in assessment, the institution should take steps to challenge both explicit and implicit biases within the grading system. This could include implementing blind grading systems, offering training for educators on recognising and mitigating racial bias, and providing more robust support for BAFLS students, particularly in terms of language development and access to resources (Bygren, 2020). Additionally, efforts should be made to further integrate African languages into the curriculum, ensuring that language does not become a barrier to academic success. These steps would contribute to a more equitable and just academic environment, where all students are assessed fairly based on their knowledge and abilities, rather than their racial or linguistic background.

Racism, though it may not be intentional, remains a pervasive in the theory assessments of BAFLS students, impacting the validity of their academic evaluations. The experiences shared by participants illustrate the racialised nature of grading and assessment, with students from historically marginalised racial groups facing systemic disadvantages. Addressing these disparities requires a comprehensive approach that includes institutional transformation, bias reduction, and greater linguistic inclusivity, ensuring that all students have an equal opportunity to succeed in their academic endeavours.

5.2.2 Experiences of undergraduate clinical assessments

Audiology training at the undergraduate level varies globally, with some countries offering extended training periods, while others follow a medical undergraduate route with Audiology as a specialised qualification (Goulios & Patuzzi, 2008; Hall, 2015). In South Africa, Audiology training consists of a four-year programme, comprising a three-year Bachelor's degree and a one-

year Honours degree. Clinical assessments are a core component of the curriculum, wherein students provide clinical services under the supervision of qualified Audiologists, offering experiential learning opportunities while simultaneously being evaluated. I share several points of discussions before sharing the findings pertaining to the clinical assessment experiences, setting out the context prior to sharing the pertinent findings.

The participants' experiences of clinical assessments were predominantly negative. They highlighted several challenges they faced, notably discrimination based on race, language, and class, which negatively impacted their clinical assessments. These issues manifested in different ways, including a credibility deficit where students felt their abilities were undermined due to their racial background. Furthermore, the participants reported instances of biased mark allocation and heightened anxiety during assessments, contributing to their sense of inadequacy.

A recurring theme in the participants' narratives was the perceived disadvantage of being Black, African, and from first-language (BAFLS) backgrounds. Participants consistently felt that their clinical performance was evaluated less favourably than that of students from other racial backgrounds, even when their work was of equal or superior quality. For instance, Participant 9 described a specific experience wherein her grading was notably lower than that of her teammate, despite submitting the same work. The participant felt that this discrepancy stemmed from the racial dynamics within the clinical environment, particularly in the context of the province where the UoI is located, where racial identity was perceived to play a significant role in academic outcomes.

Regarding clinical assessments, the participants shared similar concerns, explaining that their clinical grades remained within a narrow range, regardless of the improvements they made in their clinical skills. This consistency in grading was seen as a direct result of racial biases, hindering their academic progress, and reinforcing feelings of inequity.

In addition to racial discrimination, participants also encountered linguistic and class-based biases. Those from marginalised linguistic backgrounds often felt that their language skills were unfairly scrutinised, contributing to a perception of their clinical abilities being undervalued. The emotional toll of these assessments was significant, with many participants expressing feelings of anxiety, stress, and pressure, which further undermined their confidence and performance.

However, there was a notable difference in how participants perceived the credibility of their assessments when conducted by BAFLS supervisors as opposed to non-BAFLS supervisors. Many students felt that assessments by BAFLS supervisors were more empathetic and culturally competent, leading to a more credible evaluation of their clinical abilities. This perception of increased credibility may stem from a shared cultural understanding, greater rapport, and an awareness of the students' backgrounds.

For example, participants often felt that BAFLS supervisors were more likely to recognise and value their clinical skills in a way that felt authentic and just. This perception of increased credibility helped to alleviate some of the anxiety and pressure that came with clinical assessments. In contrast, assessments by non-BAFLS supervisors were viewed as more detached and

impersonal, contributing to a sense of alienation and diminished confidence in the assessment process.

The participants' experiences underscore the need for a more equitable and culturally responsive approach to clinical assessments in Audiology. While the individual competencies of students are key to their professional development, it is equally important that assessments are conducted in an environment that is free from bias and acknowledges the diverse backgrounds of students. Addressing issues such as racial, linguistic, and class-based discrimination within clinical evaluations is crucial for ensuring that all students are given fair opportunities to demonstrate their abilities.

To improve these experiences, it is recommended that clinical supervisors undergo regular training in cultural competence, which would allow them to better understand the diverse backgrounds of their students and recognise implicit biases. Additionally, assessment rubrics should be reviewed and revised to ensure they are inclusive and reflective of the different ways students may demonstrate clinical proficiency. Support systems, such as mentorship programmes and peer support networks, could also be introduced to help students navigate the emotional pressures associated with clinical assessments.

The participants' experiences reveal significant barriers that hinder their academic progress during clinical assessments, including racial, linguistic, and class-based discrimination. While these challenges are deeply rooted in systemic issues, addressing them through targeted interventions could help foster a more inclusive and supportive learning environment. Ensuring that all students

are treated equitably during clinical assessments will not only enhance their academic experiences but also contribute to their professional development as Audiologists.

5.2.2.1 Experiences of racism during clinical assessments

The perception of racism in clinical assessment emanates from experiences of clinical supervisors focusing almost exclusively on the student's weaknesses or lack of clinical knowledge and doubting the students' capabilities (credibility deficit), language-based discrimination (linguicism) and biased mark allocation in the form of *mark bracketing*. The participants reported that such experiences were particularly related to them being BAFLS.

5.2.2.1.1 Experiences of credibility deficit in clinical assessments

Credibility deficit refers to a mismatch between the deserved credibility of an individual's testimonial and the credibility that is actually assigned to it due to prejudices held by those evaluating them (Fricker, 2007; Munroe, 2016). This concept of epistemic injustice is particularly relevant in educational settings, where students may be unfairly judged due to characteristics such as race, gender, or language. In this context, it manifests as biased grading practices, where students receive lower marks than they deserve, as a result of implicit prejudices held by their lecturers or supervisors (Bonefeld & Dickhäuser, 2018; Byskov, 2021). This theme covers how the participants in this study experienced credibility deficits in their clinical assessments during their Audiology training, attributing these to racial biases and other forms of discrimination.

Participants consistently reported being allocated marks lower than they believed they deserved, and many linked this to their racial identity. One participant, Participant 2, shared how her

performance was scrutinised more harshly than that of her White or Indian classmates, even when her clinical work was of similar quality.

Participant 2: I felt like they (the lecturers) still looked for the holes (focused on the lack of her clinical knowledge or skills) than for what was actually there (the students' clinical knowledge) because I was Black.

Participant 3: As the Black student I always, always not even a day in time where I could forget that I was Black. It felt that the other races were treated way better to know things better or understand things better than me. So, if you're given like a scenario or like maybe a case history (interviews conducted with the patient to find out what their challenges are) or something you always looked at double of how you're going to tackle this or are you even going to be able to give a proper diagnosis or are you even going to pass. It's more like we get graded by our skin first before our brain.

These experiences highlight the way in which race impacted not only the assessment of Participant 2 and 3's clinical knowledge but also the perceived value of their contributions in comparison to those of their peers. These narratives align with the findings of Gentrup et al. (2020), who argue that teacher expectations based on students' backgrounds can significantly influence how students are assessed. In Participant 2 and 3's case, the overemphasis on their perceived weaknesses linked to racial stereotypes affected their abilities to demonstrate their true clinical competence. This form of "over-criticism" resulted in a credibility deficit that overshadowed their actual knowledge and skills.

The experience of credibility deficit, as reported by the participants, was not isolated. Other participants also described how racial bias in the clinical assessment process led them to be unfairly judged. These participants felt that their competence was questioned because of their racial identity, which led to them being under-assessed in comparison to their peers.

Additionally, participants noted the intersection of race with other forms of discrimination, including linguisticism and classism. One participant, for example, felt that their accent and manner of speaking were used against them, influencing the clinical supervisor's assessment of their abilities. This compounded their sense of injustice, as their racial identity was not the only factor that led to biased assessments.

Research by (Jawitz, 2012) & (Kessi & Cornell, 2015) also supports these findings, highlighting that BAFLS students in South Africa, as well as in other contexts like the Southern United States, often face racialised academic environments where their abilities are doubted due to their racial identity. These findings are consistent with studies that report similar experiences of epistemic injustice, where Black students feel that institutional practices serve as a constant, negative reminder of their race, which in turn shapes how their academic performance is judged.

In summary, the participants' experiences of credibility deficits in clinical assessments underscore the harmful effects of racial bias in academic evaluation. Their stories illustrate how being judged on the basis of race, rather than merit, not only impacts students' academic performance but also their sense of self-worth and confidence in their professional abilities. These findings suggest a need for greater awareness of racial biases in clinical education and a more equitable approach to

assessment that acknowledges the full range of students' abilities, rather than reducing them to stereotypes based on their race. Furthermore, addressing these issues of epistemic injustice is crucial for ensuring that all students, regardless of their background, are given the opportunity to succeed based on their actual knowledge and skills.

5.2.2.1.2 Experiences of Linguicism clinical assessments

Linguicism refers to discrimination or prejudice based on language, language use, or language proficiency (Oliver & Exell, 2020). In the context of higher education, linguicism involves discrimination against students who do not conform to the dominant language norms (Phillipson, 2018). This often manifests in expectations that all students must adopt a particular standard of English or a predominant language as the Language of Teaching and Learning (LoTL). Students with limited proficiency in this language may be unfairly perceived as less competent (Phillipson, 2018).

For Participant 9, this was a lived experience. She shared that using an African language, isiZulu, while communicating with an isiZulu-speaking patient during a clinical assessment put her at a disadvantage, as the examiner did not understand isiZulu and was thus unable to assess the full quality of her communication with the patient. Although she did not explicitly describe the disadvantage, Participant 9 suggested that her racial and linguistic identity impacted the way she was evaluated. Regardless of her clinical skill, she felt that her use of isiZulu, rather than English, led to a lower mark due to the examiner's inability to appreciate the nuances of her communication.

Participant 9: But it (being BAFLS) did mean that sometimes I'm not seen for who I am. I am being perceived a certain way based on my skin colour and the language I spoke. So,

there were things I didn't have access to because I was Black, where I just knew that, I wouldn't get a particular thing (particular marks). It doesn't matter how good I am in something. For example, I remember, for one of the clinics. Speech clinic, I had an Indian supervisor, I'm seeing a Zulu-speaking client. How do you mark me on a session you don't understand? Let's just be honest.

And then, also, remember, we used to have observation rooms. And I would observe a colleague's session and I feel like I did better than this one but this somebody would still..., the Indian counterpart or the White counterpart will get a better mark. Then I think, how did you critique me because, for the whole session, you were on your phone because you did not understand it?

This experience reflects broader patterns identified in research, such as the study by Mahboob and Szenes (2010), which found that proficiency in English was a key determinant in students' grades. Participant 9's narrative suggests that the assessments were invalid, and that her skills were unfairly judged due to racial and linguistic biases, with her use of an African language becoming a disadvantage, unlike her English-speaking peers.

The concept of linguistic bias, as noted by Jawitz (2012), suggests that Black students, in particular, often face more stringent assessment criteria compared to their English-speaking counterparts. This suggests that an intersectionality between race, and language, among other forces, act toward the negative experiences of assessment (Dovchin, 2025). Such experiences result in epistemic injustice, where students' knowledge and abilities are undervalued due to their race or linguistic background. This notion of epistemic injustice is echoed by Dickens (2021), who

argued that the curriculum and its gatekeepers often prioritise certain ways of knowing, effectively side-lining marginalised students' knowledge and experience.

In Participant 9's case, it appears that the clinical educators in the Audiology programme at the UoI were unable to assess her clinical performance fairly due to linguistic differences. While English proficiency is often emphasised in health sciences education, there is a growing recognition of the importance of cultural and linguistic. According to Matthews and Van Wyk (2018), such competency should be part of undergraduate programmes' exit-level outcome for health sciences students, yet this competency does not always receive equal weight in assessments, particularly when such competency concerns non-English proficiency. In the case of the current study, excellent proficiency in isiZulu seems to have not mattered in how the students were evaluated, while English proficiency seems to have had a significant impact on how they are graded in their assessment tasks.

The racial and linguistic discrimination experienced by Participant 9 also points to a broader issue within the UoI's curriculum, which may not sufficiently account for students' knowledge and skills that are not framed within an English-centric or Eurocentric worldview. Clinical educators, while in positions of power to assess students, may be limited in their ability to fairly evaluate students' linguistic and cultural competencies outside of English. This contributes to a system where the curriculum is not epistemologically inclusive, particularly for African students who may be more linguistically and culturally aligned with indigenous languages and practices and not Eurocentrism.

Moreover, clinical educators are responsible for assessing not only the clinical skills of students but also their ability to engage effectively with patients. This engagement extends beyond verbal communication and includes non-verbal skills, empathy, and cultural sensitivity. The students seem to have experienced verbal communication in English as prioritised in their assessment, to the extent that it affected how they were graded for their clinical engagement with their patients during clinical practicals. Evaluating students based solely on their proficiency in English limits the scope of the assessment and fails to account for the full range of competencies required in clinical practice. In the current study's context, linguistic differences were experienced as hindering academic progress or success. The findings in this study suggest that, for participants like Participant 9, the use of African languages in clinical settings was often seen as a barrier rather than a tool to communicate essential clinical skills.

This form of discrimination contradicts the goals of the Language Policy for Higher Education (LPHE), which promotes linguistic diversity and recognises the importance of students' proficiency in their first languages (DHET, 2017). By penalising students for speaking their African languages, the curriculum at the UoI appears to reinforce English as the dominant language, thereby disadvantaging students who are not fluent in it. The experiences shared by participants such as 9 indicate a systemic issue where non-English languages are undervalued, further entrenching the marginalisation of Black and African students.

Participants such as Participant 5, an isiZulu speaker with limited proficiency in English, also described how their linguistic limitations put them at a disadvantage in clinical assessments, both in terms of communication with patients and how their clinical performance was evaluated. This

reinforces the notion that linguisticism is a significant barrier for BAFLS students in academic settings, particularly in health sciences programmes where communication is central to practice. As Participant 5 noted, even when they understood the clinical concepts, the inability to express them in English hindered their ability to participate fully in learning and assessment.

Participant 5: I think it was sometimes a challenge somehow, especially in clinics where being a Zulu speaker, I felt like other people (First language English speakers) were at a good advantage because of the language, number one, but because of the race as well. I think as well, some were a little softer towards others, and we (BAFLS students) were put in a disadvantaged position. The language number one, it would be, maybe when you want to converse with clients, there are things that you want to say. And they are in your head, you want to say them but because of the language, you would sometimes realise that you can't fully express yourself and explain some of the things to the patients, even if you know them. But because of the language, you know.

The experience of linguisticism within the context of higher education, particularly in health sciences fields, aligns with global research that highlights the impact of language barriers on academic success (Mahboob & Szenes, 2010). Students from diverse linguistic backgrounds, particularly those who speak mother tongue or first language African languages, often face greater challenges in meeting the expectations set by a predominantly English-speaking academic environment. The pervasive use of English as the language of instruction, as enshrined in the UoI's language policy and supported by the national LPHE, not only positions English as the language of knowledge but also marginalises African languages, by placing them in a second-class importance, contributing to the persistent inequities in higher education.

Ultimately, the current study's findings suggest that overcoming linguisticism requires a more inclusive approach to assessment in clinical settings, one that recognises the value of linguistic and cultural diversity and incorporates these aspects into academic evaluation. Clinical educators must be trained to assess students' competence across a broader spectrum of skills, beyond linguistic proficiency in English, to ensure fair and equitable outcomes for all students, regardless of their linguistic background.

5.2.2.2 Experiences classism during clinical assessment

Classism, a form of discrimination based on one's perceived or actual social or economic class, significantly impacts students' experiences in educational settings (Choi & Miller, 2018). Although classism may share similarities with racism, both leading to feelings of subordination, it is crucial to understand that class-based marginalisation can occur even within a single race group. This discrimination often manifests covertly, embedded in the socio-economic backgrounds of students and their associated networks, rather than through overt actions (Amjad et al., 2015).

Classism emerged as a key theme in the participants' experiences during clinical assessments in the Audiology undergraduate programme. Participant 8, for instance, reported that her clinical assessment marks were adversely impacted by her inability to afford necessary clinical props used to stimulate paediatric patients. She described a scenario where wealthier or more financially well-off students who could afford items like biscuits (Marries) and sweets (Smarties) were able to obtain better clinical marks during assessments, as these props were seen as vital for fostering communication with young patients. Participant 8 expressed that the financial strain she faced, due to her relatively lower socio-economic background, placed her at a disadvantage compared to her

peers who had better access to these resources that can be used to supplement meaningful engagement with the curriculum.

Participant 8: ... Then you would see other students coming to clinics with the Maries (biscuits) and stuff like that, and Smarties (sweets). They would get more marks. And then you're like, hey must I have to choose between eating my food later and giving it to this child (pediatric patient) now because I want marks.

Despite her commitment to paying tuition fees, the lack of additional funds for clinical material left Participant 8 feeling marginalised. She faced a form of covert classism, systematic discrimination that stemmed not from overt exclusion, but from the hidden demands of socio-economic inequality. This experience aligns with the findings of Choi & Miller (2018), who highlight how students from lower socio-economic backgrounds are often indirectly discriminated against in higher education, especially when additional financial resources are required for academic success.

In the South African context, where apartheid's legacy of economic and educational disparities persists, classism in higher education continues to manifest in various forms. As Chiramba and Ndofirepi (2023) note, students' financial struggles often force them to prioritise academic needs over basic essentials like food, further compounding their sense of exclusion and marginalisation. I also resonate with this experience, as during my own studies, students without smartphones often missed important academic announcements. Not affording tools used for educational purposes made me feel marginalised, and limited my learning. This is a challenge experienced by many students who, even after gaining physical access to education, battle to support themselves

financially, or source the required financial support from parents. This reflects a broader issue in South Africa, where socio-economic divisions are often linked to technological access, reinforcing systemic inequalities that continue to persist in post-apartheid educational settings (Rehbein, 2018).

Bathmaker et al. (2013) longitudinal study on students from different social classes at the Universities of Bristol and Western England highlighted the importance of both financial and social capital in shaping students' academic outcomes. This study demonstrated that students who could mobilise resources, whether financial or social, had a greater chance of success. This finding resonates strongly with the Audiology programme at the UoI, where the learning experiences of the students from lower socio-economic backgrounds are compromised by the lack of resources. This in turn limited some students' academic performance, which further reinforced broader patterns of class-based marginalisation within the academic environment.

Moreover, classism in clinical assessments does not exist in isolation; it often intersects with other forms of discrimination, such as racism and linguicism. For example, students who belong to marginalised racial or ethnic groups may face compounded disadvantages, where both their socio-economic status and racial identity contribute to biased assessments of their abilities. The intersectionality of these factors requires careful consideration to understand how students experience compounded forms of discrimination.

The persistence of classism in clinical assessments raises questions about how academic institutions can address these disparities. The expressed experiences in this study suggests that

there is a need for practical solutions toward providing equitable access to necessary clinical resources, such as props or technology. The findings further suggest a need for the revision of assessment practices to minimise reliance on students' financial capabilities, among other needed pedagogic changes. Overall, the assessment within the UoI's Audiology curriculum, should reflect the students' true capabilities, rather than their financial capacity or mastery of English.

In summary, classism during clinical assessments is a significant challenge faced by students from lower socio-economic backgrounds, particularly in the context of a post-apartheid South African higher education. The covert nature of this discrimination, coupled with its intersection with other forms of marginalisation, underscores the need for systemic change. By addressing the socio-economic barriers that exacerbate these disparities, I envision that more inclusive and equitable environment for all students.

5.2.2.3 Experiences of biased mark bracketing in clinical assessments

One form of unfair assessment experienced by participants was the practice of mark bracketing, where students' grades were capped within a certain range, regardless of the quality of their work. This often resulted in students being unable to obtain a mark above a certain threshold, despite their efforts to improve. Mark bracketing appears to stem from the subjective nature of grading in clinical assessments, where clinical supervisors have significant discretion in determining student marks. Participant 4 elaborated:

Participant 4: No like, you sort of end up getting the same mark, but I'm working extra hard, how am I still getting the 60? That's the other thing, you just don't know how you're not improving. You feel like you're working harder, but you still getting the exact same

mark. Implement those things (tutor's suggestions from previous session). Like I'll have a session, yes. Just exactly what you said. So, I implement them, but I still get 60 or 68.

This account illustrates the frustration of participants who feel their efforts and improvements are not reflected in their grades. The subjective nature of clinical assessments often means that students, despite their efforts, may not be graded fairly, leading to a sense of stagnation in their academic progress. The subjective nature of clinical assessments in the Audiology curriculum means that students' marks are often determined by the clinical supervisor's personal judgment, which can vary from one evaluator to another (Schinske & Tanner, 2014). Effective feedback in clinical assessments should highlight students' strengths and weaknesses, and the needed improvements (Clynes & Raftery, 2008). However, if clinical grading or feedback given to the student are perceived as unfair, inaccurate, or invalid, as in Participant 4's experience, it may undermine the students' clinical learning.

As mentioned across several points within this thesis, and supported by research, subjective grading practices can disadvantage students from less-resourced backgrounds. Jones et al. (2021) found that Black students often struggle to compete with their White counterparts in medical education, due to disparities in resources and opportunities. While Participant 4 did not directly attribute her experiences of the assessment to forces, she clearly experienced the assessment practices in the clinical modules as unjust. Her experiences alongside the racism, linguisticism, and classism reported early by other participants suggest that an epistemic and pedagogic shift is needed in the assessment practices within the UoI's Audiology curriculum.

The subjectivity of grading the students and mark bracketing also highlights a significant power imbalance between students and clinical supervisors. When clinical supervisors have unchecked power in determining marks, this can create a situation where students feel at the mercy of a grading system that lacks transparency. The skewed power dynamics between students and supervisors are a critical concern, as they can lead to unfair outcomes, particularly when supervisors' personal biases or lack of clear grading rubrics influence their judgments (Maton, 2015).

The power that clinical supervisors hold in determining grades needs to be examined in the context of the subjective nature of assessments. In many cases, the clinical supervisor's discretion in grading can lead to inconsistencies, which may not reflect the true capabilities or performance of students. This concentration of power in the hands of a few individuals without clear, standardised criteria raises concerns about fairness, especially in a diverse student body where different backgrounds, resources, and expectations exist.

The findings in this subsection suggest that a more transparent, consistent or standardised approach to clinical assessment is needed to reduce the experienced negative impacts of subjectivity and power imbalances. Given the demographic diversity of the student body, including many students from economically disadvantaged backgrounds, it is important to ensure that the grading system does not perpetuate a systemic discrimination through biased grading of particular groups of students, but rather fosters an inclusive environment that recognises and supports diverse learning needs. It seems that an epistemic shift is needed to inform the assessment pedagogies or frameworks that can relate to student diversity instead of being favourable to one (Eurocentric)

way of knowing in a way that is detrimental to those who do not assimilate well to such Eurocentrism. A lack of a shift is likely to perpetually put undue pressure on the BAFLS students, and potentially compromise wellbeing, as was the case for some participants in this study (Section 5.2.2.4).

5.2.2.4 Experiences of anxiety and stress during clinical assessment

South African Audiology programmes predominantly rely on experiential learning, with students engaging in clinical practicals throughout their undergraduate studies. Supervisors assess clinical competencies by observing student-patient interactions and assigning marks based on the student's performance during these sessions. While some supervisors offer corrections or ask questions during the clinical sessions, this can sometimes result in negative experiences for students, including feelings of intimidation, embarrassment, and heightened anxiety.

Several participants described feeling unfairly treated by clinical supervisors or lecturers, who were responsible not only for teaching clinical knowledge and skills but also for assessing students' competencies. These negative experiences often led to anxiety and stress, ultimately affecting their clinical performance. Participant 6 shared that the pressure she felt during clinical assessments directly impacted her ability to perform effectively in the practical components of the undergraduate curriculum:

Participant 6: The Assessment really put me under pressure and made me feel anxious and stressed. And if I am under pressure, I just lose my mind. I can't think. Practical. It's all practicals that I am talking about.

The practical component of Audiology undergraduate programmes requires students to deliver services to real patients, which can naturally evoke anxiety, especially for those still developing clinical skills. This anxiety often diminishes with more experience and practice (Romo-Barrientos et al., 2020), yet the added stress of being supervised and observed during clinical sessions can exacerbate these feelings. Research indicates that clinical supervision, depending on its nature, can either support or hinder a student's performance (McNamara et al., 2017). In some cases, negative supervisory practices, such as frequent questioning or intrusive correction during a session, may intensify student anxiety, leading to compromised clinical performance, as illustrated by Participant 6.

Participant 2 described how interactions with her clinical supervisor during assessments were perceived as intimidating, contributing to feelings of discomfort and stress. She reported that her supervisor's questioning during clinical sessions made her feel undermined, particularly when questioned in front of the patient:

Participant 2: And knowing the rules ... it was more of "do you know what you're doing? What did you just do then?" So more of being intimidated throughout the whole session because of you are Black or... so it was, it was tough.

Participant 8: Ja, like there were some lecturers that were scary when it came to the practicals. I remember [module name] that, ay... So, now [I] even shake because of the lecturer, from the way they speak. Like some lecturers liked to speak in a way that made you feel like, ey...

This participant's account points to a deeper issue: racial dynamics in the clinical environment. She felt that her race played a role in how she was treated, which may have contributed to her negative experiences. These findings provide insight into the experienced intersection of factors such as race, language, and power in clinical settings (section 5.2.2.1). Participant 6 also recalled experiences of intimidation from particularly with certain lecturers whose presence caused significant anxiety during practical clinical sessions:

Participant 6: Under pressure, I am very slow.... But also, once I plan to do one thing, then I'm asked questions in the middle of that, I just get confused... Whenever you would say I must be fast during the session, I would start panicking. And when I start panicking, everything falls apart... So, when you now ask a question, I am already way off. As I would now just be trying to keep the session (finish) within the allocated time, that is not happening. You (the lecturer) are asking me questions, standing right next to me. And everything is just hard at this point.

Participant 3 was embarrassed by the clinical supervisor correcting her in front of her client, which, in her view, was not acceptable. She commented that this caused her to forget all that she had planned for the clinical session:

Participant 3: Like we would be, with regards to the clinics, like if they (a lecturer) would say "oh you didn't do this right blah, blah, blah"... they (lecturer) would tell you in front of a client and you'd be shocked. Like, people (lecturers) you're not even supposed to be doing that. And then all your other options (for the clinical session) just go out the window because you're still just still in shock that ..., how guys.

It is evident from these accounts that certain supervisory approaches contribute to student anxiety and stress, compromising their clinical performance. While these outcomes may have not been intended, the experiences of the participants suggest that some clinical supervision pedagogies hindered epistemological access through experiential learning. Participant 6 elaborated on how interventions from the supervisor during the clinical session led to feelings of panic, which worsened her ability to manage the session and negatively affected her performance.

Furthermore, the negative experiences described by the participants raise concerns about the role clinical supervisors play in influencing student performance during assessments. If supervisors are a source of anxiety, this may undermine the validity and reliability of the assessments, as students' abilities may not be accurately reflected in their performance under duress.

Participant 3s experience further add to the other findings suggesting that the power dynamics in the Audiology programme further complicate the supervisory relationship. According to Maton (2015) and Legitimation Code Theory, programmes that prioritise the knower rather than knowledge itself may lead to a stronger "knower code," where the authority of the lecturer or supervisor overshadows the student's autonomy and at times, affecting their need to learn. The experienced Audiology curriculum seems to be a case in point where the skewed power dynamics are experienced as a hindrance to the students' learning and the credibility of the students' assessments.

Furthermore, a competent supervisor should create a learning environment that fosters the attainment of curriculum goals and supports students' development (Long et al., 2014; UKZN,

2012). Based on the participants' feedback, it appears that some clinical supervisors are experienced as not meeting this standard through their clinical supervision and assessment approaches that do not foster a supportive or conducive learning environment. Interestingly, some participants expressed more positive experiences with clinical supervisors from the BAFLS department, feeling that they were assessed more accurately and fairly. These experiences contrast sharply with those described by the participants when reflecting on supervisors that are not BAFLS, or perceived to be linguistically, or culturally congruent to them.

5.2.2.5 Experiences of credible (valid) assessments by BAFLS lecturers

Credibility is the extent to which evidence can be trusted to represent reality as accurately as possible (Danielson & Rieh, 2007). However, as highlighted in a scoping review by Long et al. (2022), literature often applies the concept of credibility without providing explicit definitions, relying instead on context-specific operationalisations. In this study, I define credibility as the extent to which students believe that assessments (the processes and methods used) and feedback from their lecturers accurately reflect their theoretical and practical knowledge. Credibility, in this sense, is essentially a subjective perception of the validity of assessments (Long et al., 2022).

In contrast to the “credibility injustice” or invalid assessment practices experienced by BAFLS Audiology students under the supervision of non-BAFLS Audiologists (section 5.2.2.1), the participants perceived the assessments conducted by BAFLS lecturers as credible or valid in indicators of their theoretical and practical Audiology knowledge. For example, Participant 2 described how assessments by a Black, BAFLS lecturer (clinical supervisor) were based on merit, with grades allocated according to the execution of practical tasks and the ability to justify actions

critically. She contrasted this with her experiences with Indian lecturers, who were perceived as placing too much emphasis on theoretical knowledge when they should be assessing the students for the practical application of that knowledge. As she explained:

Participant 2: Black lecturers, they always assessed you for what you were meant to get assessed on. So, it was more of are you able to execute this whole thing based on ... how you do it and what you just did and are you able to critically reason why you did it. For the Indian lecturers I felt they were more, not even surprised, quite shocked on what I could do practically, and they would even link it back to more of the theory and looking at the two things and not giving the pure marks solely based on the practicality. So, every time I got supervised by an Indian therapist (Audiologist clinical supervisor) it was more of always watch your back, do things in a robotic manner...Then when there was a Black therapist it's more like be yourself, be your own Audiologist and you'll get marked exactly for what you do.

The positive perception of assessments by BAFLS lecturers could be influenced by several factors, including race congruency between students and lecturers. Existing literature, such as Egalite et al. (2015) and Gershenson et al. (2016), suggests that race congruency can enhance students' experiences of teaching, learning, and assessment. Teachers who share the same race (or cultural background) as their students may better understand the students' cultural and linguistic contexts, which can contribute to more positive academic experiences and improved learning outcomes.

In the current study, Participant 2's experiences may reflect this dynamic. Her perception of being fairly assessed by Black lecturers might stem from a sense of cultural alignment, where the

lecturer's understanding of her background led to assessments perceived as more accurate and reflective of her abilities.

However, while race congruency is a plausible explanation for the reported negative experiences, it is important to consider that this perceived fairness may also be influenced by other factors, such as teaching style, communication, and clinical competence. It is worth acknowledging that race congruency alone does not guarantee objective or unbiased assessments, and further research would be needed to disentangle the effects of race from other variables that shape assessment credibility.

Furthermore, the quality of the relationship between students and lecturers can significantly impact students' perceptions of assessment credibility. Long et al. (2022) found that students typically view assessments as more credible when they have positive personal relationships with their lecturers and when the learning environment is conducive to effective teaching and learning. In the current study, students expressed that interactions with non-BAFLS lecturers often created an inconducive learning environment, characterised by feelings of racism and a lack of support. As a result, students were less likely to trust the credibility of assessments conducted by these lecturers.

This is in stark contrast to their experiences with BAFLS lecturers, where the positive rapport and mutual understanding seemed to foster a greater sense of fairness and credibility in the assessment process. The students found that when they were supervised by BAFLS lecturers, the feedback was more likely to be perceived as a true reflection of their performance, which may have been influenced by the lecturers' cultural competence and understanding of the students' backgrounds.

This finding aligns with Long et al.'s (2022) assertion that contextual and relational factors can influence the perceived credibility of assessments.

An important aspect that needs to be addressed is the potential role of racialised power dynamics in the participants' perceptions of assessment credibility. The experiences of racism or bias described by participants during their interactions with non-BAFLS lecturers are crucial to understanding their doubts about the credibility of these assessments. When students feel that they are being treated unfairly due to their race or cultural background, their trust in the objectivity and fairness of the assessment process is undermined. This doubt may not only arise from explicit instances of discrimination but also from more subtle forms of bias or misunderstandings rooted in cultural differences.

In conclusion, students' perceptions of the credibility of assessments are influenced by a range of factors, including race congruency, personal relationships with lecturers, and the broader learning environment. The positive assessment experiences with BAFLS lecturers suggest that these lecturers are perceived as being better able assessments the students more competently, and in a manner that is relatively more credible or conducive to learning. While such experiences are subjectively reported, and may not be an objective reflection of the lectures' assessment practices, it is crucial to note that the experienced curriculum should inform the planned curriculum. The student experiences should be strongly considered in the planned curriculum, particularly when they suggest a need to improve the curriculum to be more conducive to learning.

5.3 Experiences of Learning

Like many healthcare programmes, the Audiology undergraduate curriculum at the UoI blends teaching, learning and assessment, where all these take place simultaneously, especially in clinical modules (courses). Therefore, most of the experiences relating to the assessment are also applicable to teaching and learning. The participants' learning experiences were predominantly negative or challenging, shaped by both the learning content (section 5.3.2) and the learning context or environment (section 5.3.3). These factors contributed to surface learning (section 5.3.3.1) and the participants' feeling underprepared for some aspects of practice.

5.3.1 Accessing Audiology through Learning

In this context, "accessing Audiology through learning" refers to students' experiences of engaging with the curriculum content. It also refers to the experiences relating to navigating the contextual and pedagogical barriers and facilitators while pursuing Audiology knowledge within the curriculum. In the context of this description, I share the participants' experienced struggles and the complexity of their learning journey.

5.3.2 The Role of Learning Content and Context

The challenges in epistemologically accessing Audiology through the curriculum were partly rooted in the combination of the learning content and context, which was experienced as uncondusive in facilitating meaningful deep learning. The participants experienced a disconnect between theoretical and practical knowledge of Audiology. Thus, they felt that the curriculum content was not sufficient in preparing them to meet the demands of the profession.

Equally important was the learning context. Clinical placements and the relationships between students and lecturers were crucial in shaping the participants' experiences. Some participants encountered difficulties with clinical supervisors who were either unapproachable or lacked cultural sensitivity that would enable them to facilitate and optimise the students' learning. This exacerbated the participants' struggles in navigating their learning environments. Moreover, participants often felt unsupported by institutional structures, which led to feelings of isolation and demotivation.

5.3.3 Experiences of learning the curriculum content

The participants reported predominantly negative experiences of the curriculum contents (what they learned while accessing Audiology through the undergraduate curriculum). They experienced some of the curriculum content as irrelevant to the South African context (section 5.3.3.1), predominantly Eurocentric (section 5.3.3.2), with some modules lacking relevance to Audiology (section 5.3.3.3).

5.3.3.1 Learning Contextually Irrelevant Curriculum Content

The undergraduate Audiology programme is a highly structured course, lasting a limited number of years during which students must be exposed to a carefully selected curriculum in preparation for professional practice. However, not all content can be accommodated within the four-year degree programme, and students typically have little influence over what is included or excluded. Curriculum decisions are made by lecturers, guided by stakeholders and accreditation bodies such as the Health Professions Council of South Africa (HPCSA). While the planned curriculum may appeal to accreditors, and lecturers, it can simultaneously produce undesirable experiences

concerning the students' experienced learning, as was the case in Participant 2's experiences (next excerpt). This suggests that the students, the lecturers, and other stakeholders, such as the accrediting bodies, may not have the same expectations concerning the content that should be included in the curriculum.

The omission of certain content, often referred to as the null curriculum, can indicate an implicit value judgment about what knowledge is considered important (Kelly, 2004). Several participants in this study highlighted that content which could better prepare them to serve BAFLS patients was omitted from their education. For instance, Participant 2 expressed disappointment that the content taught was oriented toward an idealised clinical context, which she felt was disconnected from the realities of working with BAFLS communities:

Participant 2: So, it was more of what we learnt, it wasn't for the Black African first language no. The context was more of the ideal, I don't know the developed country or what it was I don't know. No, I think everything was under a White context.

The above excerpt suggests that the curriculum Audiology curriculum at the UoI privileged a "White" or "Eurocentric" clinical framework, which does not account for the linguistic, cultural, and socio-economic backgrounds of BAFLS patients. Thus, the knowledge experienced as not recontextualised is optimal learning. Bernstein (2000) refers to knowledge recontextualisation in education as the process of adapting (selecting, structuring, and presenting) the professional knowledge from the field of practice into the curriculum. In line with the reported experiences, Khoza-Shangase and Mophosho (2018) argue that the Audiology profession continues to present a one-sided view of knowledge, predominantly White and Eurocentric, which fails to address the

realities of South Africa's diverse patient population. In the case of Participant 2, this Eurocentric perspective is particularly evident; she experienced the as facilitating optimum epistemological access to knowledge relevant only for the "White context", while largely excluding alternative ways of knowing and being, particularly those relevant to BAFLS communities, failing to respond to the students' cultural and linguistic diversity. Such practice indirectly contributes to power imbalances among different groups of students (Moore, 2009). Participant 2's account suggests that there may be a need to reform the Audiology curriculum to be more epistemologically inclusive of the BAFLS population and relevant to the South African context.

5.3.3.2 Experiences of learning Eurocentric content

While there has been progress in increasing the representation of BAFLS students in Audiology programmes (Khoza-Shangase & Mophosho, 2018), these students often face significant challenges in adapting to a curriculum that is still overwhelmingly shaped by Eurocentric perspectives. Participant 2's experience in the next excerpt illustrates how Eurocentrism continues to manifest in the Audiology learning environment, particularly in the exclusion of content relevant to BAFLS patients and cultures.

One critical issue highlighted by Participant 2 is the lack of exposure to BAFLS patients and a curriculum that fails to prepare students to engage with this population. She observed that the content and training predominantly reflected White, Western clinical contexts and offered limited learning opportunities related to the realities of treating Black African patients. She commented:

Participant 2: No, I think everything was under a White context. Because I mean with Black people, first of all there was no black child (patients) or any class or any module

that relates to Black culture. Black history or counselling a Black person. First of all, with our learning ..., eye contact matters. With Black people, eye contact... it doesn't matter actually, it's even more disrespectful for one to look for eye contact. Always in our profession, we fail you if you don't have eye contact; we automatically think there's something wrong if you don't have eye contact.

This excerpt vividly illustrates the cultural conflict between the expectations of Eurocentric practices such as direct eye contact in communication and the culturally grounded values of BAFLS students, for whom direct eye contact may be seen as disrespectful. This clash not only highlights a fundamental misunderstanding of cultural norms but also underscores the tension between the cultural expectations embedded in the curriculum and the lived realities of students from marginalised communities (Ntuli, 2012). This creates an onto-epistemological clash (or ontological dissonance) in the students' experiences, where they either remain loyal to their culture that is ontologically grounded in how they are raised, or neglect it and embrace the Eurocentric norms privileged in Audiology (See section 7.4.1.).

The Eurocentric curriculum in Audiology, as experienced by Participant 2, reflects those critical cultural differences are ignored while privileging “the White culture” or Eurocentrism. The absence of content that addresses Black African cultural norms and patient care practices is a prime example of what Bernstein (2000) refers to as a miss-selection of knowledge during the process of recontextualisation. This process often reflects a preference for knowledge systems associated with Western, developed countries, thereby marginalising the knowledge that would be more relevant for students serving predominantly Black African communities. As noted by (Khoza-Shangase &

Mophosho, 2018), the Audiology and Speech Therapy professions tend to prioritise a one-sided perspective of knowledge, typically grounded in White, Eurocentric values, at the expense of local relevance and cultural understanding.

The consequences of this omission are significant. Not only does it hinder or limit the students' epistemological access to a more comprehensive, culturally relevant knowledge base, but it also fosters an environment where BAFLS students are expected to conform to norms that are foreign to their lived experiences. The pressure to adjust to these norms can lead to students simply learning to pass exams without internalising the knowledge in ways that are meaningful to their practice in a South African context. As Moore (2009) suggests, privileging one epistemic perspective over others places the group associated with that perspective, White, Western societies, higher in the social hierarchy, further marginalising non-Western knowledge systems.

While the UoI's Policy on African Indigenous Knowledge Systems (IKS) advocates for embracing cultural diversity in both teaching and learning (2014b), this ideal seems not fully realised in practice. The Audiology curriculum remains insufficiently decolonised, as it continues to reflect Eurocentric frameworks and overlooks the rich, diverse cultural perspectives that are necessary for serving the South African population. This suggests that there is an urgent need to rethink curriculum design and assessment methods to ensure that they are not only experienced as inclusive of Black African cultural norms but also reflective of the cultural diversity of the patients that students will ultimately serve in practice.

Marginalisation of one culture (cultural norms of engagement) or epistemic perspective in higher education is not uniquely South Africa. Similar issues of miscommunication arising from cultural differences were reported in a study by Pang et al. (2024) at the University of Aberdeen, where Chinese students faced misunderstandings due to conflicting non-verbal communication norms when engaging with British students. However, in the South African context, it is the BAFLS students who seem disproportionately disadvantaged, as they are required to accommodate Westernised norms in their communication and learning, often with the risk of poor academic performance if they fail to conform.

5.3.3.3 Learning non-Audiology content (modules)

A further challenge with a poor recontextualisation of professional knowledge into the curriculum is that the students may be exposed to curriculum content they don't find relevant in preparing them for the target profession (Dickens, 2021; Doane & Brown, 2011; Hordern, 2021). Audiology students at the UoI share several modules with Speech Therapy students. These modules, which are intended to foster a holistic, multidisciplinary approach to practice, aim to prepare Audiology students for professional collaboration with Speech-Language Therapists (SLTs) through cross-referral of patients. However, some students perceive these Speech-Language modules as irrelevant to their field of study, which contributes to disengagement and negative learning experiences.

Participant 4 reflected on how the inclusion of Speech Therapy modules led to frustration and demoralisation, as they were not seen as directly relevant to their training in Audiology:

Participant 4: I think it sets a lot of students up for failure. Just the way our curriculum was and there was a lot of things, we did a lot of speech modules in our, in the beginning, we did SSSD, we did DLD, we did Phonetics, we needed, but we did Linguistics. We did a lot of Language modules that I feel a lot of people were demoralised by communication [Speech -language] pathology modules.

Participant 10: It's just that I had a ... How can I put it, it's not a listening problem it's an attention problem. So, you'll find that I am sitting in class, I can see that the person is presenting in front of us, but I'm not really there. Especially in the modules that I was talking about earlier, where I felt like, you know what, I will study at home. But when I was sitting through Audio classes, then I engage, I want to know more.

Participant 10 expressed a similar sentiment, describing how their lack of interest in the Speech-Language modules affected their ability to focus and engage. This disengagement underscores the critical role that interest plays in student engagement and concentration, as identified in studies by Li and Yang (2016), which show that students are more likely to engage in learning when they find the content meaningful and aligned with their professional goals. The lack of relevance of Speech-Language Therapy modules to Audiology students appears to lead to surface learning, where students focus on rote memorisation to pass the module rather than acquiring deep, meaningful knowledge that could enhance their professional competencies.

This disengagement is problematic given that Audiology and Speech Therapy share a common historical foundation. Originating from one single profession, the two fields split over time, and the curriculum reflects this division. While the intention behind including Speech-Language

Therapy modules is to prepare students for integrated practice, the historical and professional context of this separation may contribute to students' perception of redundancy and irrelevance. The curriculum seems to be experienced as not having effectively articulated the importance of these interdisciplinary modules, leading to a mismatch between the planned curriculum expectations and participants' perceived professional needs. It is also possible that it is the students who are not able to appreciate the importance of exposure to the Speech Therapy modules. This is a risk for surface learning when the students only learn to complete the module as opposed to engaging with the curriculum content to gain an in-depth understanding. This and other factors, such as the learning context, if uncondusive (section 5.3.4.1) for learning, are likely to result in the students feeling underprepared for holistic clinical professional practice once graduated.

5.3.4 Experiences relating to the learning context (environment)

In this subsection, I use the “learning context” to refer to how certain factors, outside of the students' direct control, affected the participants' experiences of learning. Some aspects of the curriculum were experienced as poorly structured (see section 5.3.4.1), as indicated in the above section, which contributed to the participants adopting surface learning (access to fragmented knowledge). The curriculum context was also experienced as predominantly uncondusive (unfavourable) for optimal learning (section 5.3.4.3). However, contrary to the negative impacts of cultural differences, the participants expressed that they found the learning environment condusive when supervised by supervisors who were BAFLS (section 5.3.4.2).

5.3.4.1 Experiences of a poorly structured curriculum: learning excessive curriculum content

The participants experienced the Audiology undergraduate programme as containing excessive content for a four-year programme, some of which they thought was unnecessary. This curriculum content overload negatively and significantly impacts students' learning strategies and experiences, often pushing them towards surface learning, which is characterised by memorisation and rote recall rather than deeper understanding and application (Kelley et al., 2023; Lujan & DiCarlo, 2006). A key issue is that students are unable to fully engage with all the content in preparation for exams or major clinical assessments. This has resulted in students adopting fragmented learning strategies, such as learning "in boxes," where they focus only on specific sections of content required for immediate assessments rather than engaging with the material holistically (Asikainen et al., 2020).

For instance, Participant 2 highlighted the overwhelming nature of the curriculum, describing it as "jam-packed" from first year to fourth year with little to no breaks. She explained that the constant demands on their time left little room for engagement beyond the curriculum, creating a "military school" atmosphere. The constant pressure to keep up with the volume of content contributed to a sense of burnout and frustration, which negatively impacted their overall learning experience.

Participant 2: I don't know if it was the way the, the modules or our curriculum was structured. Audiology was always jam packed from first year to fourth year there was no break. We attended from the first period to the last period every single day it was by luck if we had a free day. So, it was more of, it felt more of being I don't know in military school than...So, we didn't have time for any other things and so I think maybe that's why the experience was like that because of the pressure...

Participant 4: You can only learn You can only test a limited amount of knowledge in an exam. You can't cover absolutely everything in that exam. So, if I'm learning to be able to answer questions, I'm really learning to apply now, like practically? So, sort of very in the box type learning.

Similarly, Participant 4 expressed that the curriculum's structure made it challenging to retain and apply knowledge meaningfully. She stated that, "You can only test a limited amount of knowledge in an exam. You can't cover absolutely everything in that exam, so if I'm learning to answer questions, I'm really learning to apply it in a very boxed-in type of way."

Both the above excerpts are a clear risk and potential cause of surface learning. According to, Struwig et al. (2016), if the curriculum is perceived to be overloaded, it tends to push the students to adopting surface learning, using strategies such as cramming. This in turn lead to a struggle with retaining information over the long-term. For example, these authors conducted a study involving third-year Microbiology students, where they found that 73% of their participants admitted to cramming, and 82.2% acknowledged they did not remember much of what they had learned after completing the module. Curriculum content overload was among the reasons for the adopted surface learning. This aligns with Participant 4's experience, where knowledge is acquired only for immediate exams or assessments and is quickly forgotten afterwards. As students struggle to manage the excessive workload, they prioritise short-term success over long-term learning, which ultimately limits their ability to make meaningful connections across content areas.

The negative impact of time constraints further exacerbates the aforementioned knowledge retention challenges. The participants in this study felt too rushed to process the information they were learning, leaving them with little opportunity to engage in deeper cognitive processing. Therefore, they seem to have experienced time management challenges that become a barrier to deep learning, struggling to connect what they have learned in theory with practice in clinical situations. This limited or constrained epistemological access through learning within the Audiology curriculum.

These findings suggest that there is a need to explore means by which the Audiology curriculum could be designed to limit the content the students have to engage with, but enhance the students' ability to exercise deep learning. Conversely, this study suggests that certain students, such as those who are BAFLS, are finding the curriculum to be overloaded because of limited challenges in engaging with large amounts of knowledge at a university level. If this is the case, it would be necessary to further understand the nuances that may have led to such students being underprepared to meaningfully engage with knowledge at the university level. Most importantly, this study certainly indicated a disconnect between the students' expectations concerning the amount of workload they should be exposed to, and which knowledge they should be exposed to, in order to be best prepared for optimum clinical practice post-graduation.

5.3.4.2 Experiences of a conducive learning environment with BAFLS lecturers

The participants reported more positive learning experiences when taught by BAFLS lecturers, particularly noting the importance of racial and linguistic congruency between themselves and their lecturers. Some BAFLS lecturers were experienced as open to engage with the students about

issues or challenges they were experiencing. The students attributed this support from the lecture to the lecturer being BAFLS. The use of the students' first language at times was considered supportive and created a conducive learning environment, especially when some students needed such support due to their language challenges with English. For instance, Participant 10 reflects on this.

Participant 10: There was this one time when (a BAFLS lecturer's name) came in, and only then we (BAFLS students) could start speaking about this thing (difference in treatment of students of different social class and race) that was happening. Because at first, it was very difficult. We could see that they (lecturers of a different race) are starting to see that we were now expressing our views; we hang out with her (the BAFLS lecturer), we go into her office, but we only went to her office. With the other ones (lecturers) we just last saw them in class. We actually went to her class because we would be looking for more notes. The way she taught. She would even sometimes speak isiZulu so all students will end up understanding what we were learning.

This sentiment reflects a deeper alignment with the Teaching and Learning Policy at the UoI and national language policies (DHET, 2017; 2014; 2012), which emphasise the importance of accommodating students in their first language for optimal learning. When conditions are conducive, such as a linguistically supportive environment, students gain better epistemological access, meaning they are more likely to fully understand and engage with course content.

Furthermore, the relationship between students and lecturers, particularly when there is congruency in both race and language, plays a crucial role in enhancing learning outcomes.

Participants noted that having a lecturer from a similar cultural background helped to foster a more open, empathetic, and supportive learning environment. Positive interactions between students and BAFLS lecturers were characterised by open communication, mutual respect, and a willingness to engage in informal discussions outside of class, which reinforced the rapport between students and lecturers. As Redding (2019) observed in his review, Black students who had lecturers of the same race and ethnicity tended to report better academic performance and engagement.

However, this study also explored the contrast between the experiences of students with BAFLS lecturers and those with lecturers from different racial or linguistic backgrounds. The findings suggest that when students were taught by lecturers who did not share their cultural or linguistic background, they often felt disconnected from the learning process. This lack of rapport and understanding created unfavourable learning and assessment conditions, contributing to feelings of alienation. As noted in Section 5.3.4.1, students perceived the learning environment with non-BAFLS lecturers as less supportive and un conducive to their academic success, particularly when it came to meaningfully engaging with or deep learning of the curriculum content.

Moreover, the absence of a strong teacher-student connection was particularly problematic in a context where students were already facing the challenge of learning content that often felt Eurocentric and removed from their lived realities. Participants in this study noted that they often struggled to connect with the content, which compounded the difficulties of navigating a curriculum taught by lecturers who did not fully understand the students' cultural or linguistic backgrounds.

In summary, the positive experiences shared by BAFLS students underscore the importance of racial and linguistic congruency in creating a conducive learning environment. This experience aligns with existing literature that emphasises the psychological and emotional benefits of rapport-building between students and lecturers (Adeyale & Yusuff, 2012). These findings also suggest that linguistic support, such as using students' first language, is an important factor in fostering epistemological access. However, the negative experiences with non-BAFLS lecturers highlight the importance of cultural competence and linguistic inclusivity in higher education. As such, institutional policies and training initiatives aimed at improving cultural competency and inclusive teaching practices for lecturers from diverse backgrounds could help bridge the gap and ensure that all students feel supported in their academic journey. Where these policies exist, such as the language policy at the UoI, it would be crucial to facilitate the optimum implementation that could lead to improved experiences of support toward optimum learning and epistemological access.

5.3.4.3 Unfavourable clinical learning conditions under the Supervision of non-BAFLS' lecturers

Participants reported that their clinical learning experiences under non-BAFLS supervisors were often unfavourable due to a combination of interpersonal and pedagogy challenges, including unfavourable interactions, excessive pressure, biased assessments, and limited practical learning opportunities. Clinical supervision approaches created an environment where students felt heightened anxiety, partly due to unfair or invalid assessment practices that seemed to focus on personal judgments rather than the actual merit of their work (see sections 5.2.2.1.1). For instance, some participants felt that assessments were overly critical, with comments that appeared more focused on the individual than the clinical competencies demonstrated.

In line with Burgess et al. (2020) and Kruger et al. (2015), clinical education in health sciences typically requires concurrent assessment and feedback as students apply clinical skills in real time. However, as O'Brien et al. (2019) note, how supervisors deliver this feedback significantly impacts student learning and engagement. Participants in this study highlighted that the feedback they received from non-BAFLS supervisors often came across as harsh and discouraging, affecting their comfort and willingness to fully engage in clinical practice.

Furthermore, racism and linguicism added another layer of challenge to the clinical learning experiences. Participants reported feeling isolated or marginalised by supervisors who did not share their linguistic or cultural background, as they struggled to receive the same level of understanding and support that was typically provided by BAFLS lecturers. This is consistent with findings that positive rapport and cultural alignment between students and supervisors enhance learning outcomes and foster epistemological access (Adeyale & Yusuff, 2012; Redding, 2019).

In addition, participants noted that clinical placements did not provide enough practice opportunities without direct assessment. This limitation prevented them from mastering clinical skills through unmonitored, trial-and-error learning, which they felt would have alleviated some of the pressures associated with immediate assessment in clinical settings. Implementing cultural competency training for supervisors, especially those from non-BAFLS backgrounds, could help address issues of perceived assessment bias and improve student-supervisor rapport. Introducing structured feedback protocols focusing on constructive, competency-based feedback would help ensure assessments remain fair and supportive of student learning.

5.3.4.3.1 Limited opportunities and resources for self-directed learning resources

Participants in this study expressed concerns over limited clinical resources and patient availability in their Audiology programme, which hindered their ability to gain meaningful, hands-on experience. As student enrolments in health sciences programmes grow globally, training institutions face increasing resource constraints, such as limited equipment and clinical placements, making it challenging to provide sufficient learning opportunities for all students (O'Brien et al., 2019; Taylor et al., 2017). For participants, these resource limitations meant fewer opportunities to develop essential clinical skills through self-directed practice, thereby impacting their learning experience.

Participant 4 recounted how insufficient clinical exposure and patients' absconding from their clinical appointments restricted their ability to practice and master key competencies, explaining that they often resorted to memorisation to pass assessments without true comprehension of the material:

Participant 4: In some clinics, there was limited exposure to practice things, which made it difficult to carry over. But there were not enough opportunities available for us to practice, because of a number of reasons... high unavailability, clients not showing up, it just so happens every day, that you are the clinician, the client doesn't show up. So you just end up not being experienced at all, but because you can swot and regurge..., you pass the module. And then you go into a setting now where you have to apply that stuff, and you struggle.

This reliance on memorisation, as described by Participant 4, aligns with Adams's (2005) analysis of surface learning, where students rely on recall rather than achieving a deeper comprehension

and critical engagement with clinical knowledge, as outlined in Bloom's taxonomy. Participants reported that while they could pass their modules, limited clinical exposure hindered their ability to fully engage with the curriculum, leaving them underprepared for real-world practice.

The experiences shared by the participants also raise concerns about the sensitivity of assessment practices within the Audiology curriculum. If assessments primarily test memorisation rather than practical application, students may be able to pass without developing the necessary skills for professional competence. This disconnect suggests a need for curriculum and assessment reforms that emphasise practical, hands-on learning and comprehension, ensuring students attain the deeper levels of engagement necessary for competent clinical practice.

Of much concern is the fact that the participants reported being exposed to excessive curriculum content; they found some of that content not relevant in preparing them for optimum practice. On the contrary, they reported limited exposure to the practical knowledge they need to be best prepared for optimum clinical practice. This suggests that there is a strong need to rethink how the Audiology curriculum prioritises which content is worth learning for the students, given the limited time within which the students must complete it. This and other potential solutions could improve the engagement with the curriculum content and limit surface learning (Section 5.3.5), which the participants reported to be their coping mechanism in dealing with some of the above mentioned challenges.

5.3.5 Experiences of Assessment-driven Learning to Pass

Participants in this study reported engaging in surface learning to cope with curriculum and assessment practices that felt disconnected from their personal and professional needs. Participants 5 and 4 described a tendency to study merely to pass, rather than to gain a deep understanding of the material. This approach reflects how the learning context, including curriculum relevance and assessment methods, was experienced as uncondusive to meaningful engagement/deep learning.

5.3.5.1 Surface learning

Some participants, such as Participant 5, noted that curriculum content often did not relate to their way of engaging with knowledge, as some learnt better through practice as opposed to exposure to the theory. Exposure to theory made limited sense, if at all, as indicated in the next excerpt. This disconnect made it difficult for students to engage with the material beyond a surface level:

Participant 5: To me, I think some other things, it doesn't make sense when you read about them without applying. It's just like I am studying to pass. Until I have to apply it. Like, ok, that was preparing me for this. Like I needed to know that for real. But, in general, when I was still learning in theory, like I remember [module name]. I used to pass it very well but I didn't understand it. All those waves and how they move.

For Participant 5, theoretical knowledge, like understanding “waves” in auditory assessments, only became meaningful when applied in clinical practice. This aligns with findings that hands-on learning experiences, particularly in health sciences, can improve knowledge retention and comprehension by appealing to students' kinesthetic learning preferences (Buşan, 2014; Pourhosein Gilakjani, 2011; Shakeri et al., 2022). The mismatch between the curriculum's

emphasis on theory and students' need for practical learning may lead them to adopt surface learning strategies.

5.3.5.2 Fragmented learning

Another contributing factor to surface learning was the assessment practices adopted at the UoI' undergraduate Audiology programme. As stated earlier, the assessment has a significant impact on the students' learning (Section 2.3.2). According to Participant 4, assessments guided her learning priorities, leading her to focus on memorisation rather than comprehensive understanding:

Participant 4: So, we didn't study in a way where you think out of the box, you know where you think bigger than what you are learning or just bigger than what is in your notes type of thing. That's why I feel like a lot of the things I learnt as well, were when I was doing community service (after graduating), when I was put in that environment, and this is what I have to do every day. Yes, now you are applying every day because it's different when you are learning to write an exam and when you are learning to do something practically. I think that is very different. And we did that every year. We did study very much in the box. Like somebody asks you a question, that is not directly what you read, and you can't answer it. That just shows that you are not really thinking about what you are learning.

This approach reflects the Logical Model of Curriculum Design (Cowan & Harding, 1986; Stefani, 2009), which suggests that students' learning is shaped by assessment priorities. In this case, the programme's assessment methods appear to encourage strategic, surface-level engagement rather

than deep learning²⁸ involving meaningful application of knowledge. Research by Chonkar et al. (2018) supports this, showing that medical students often adopt assessment-driven learning approaches, and Shah et al. (2016) found similar tendencies in health sciences students who feel at risk of failure. Therefore, the findings suggest that the students may have had to adopt different strategies if the assessment was known to demand much more from them than surface learning to merely pass the assessments or examinations.

5.4 Experience of accessing Audiology through teaching (being taught)

Within this section, I explore how students experienced accessing Audiology through teaching (being taught) in the undergraduate curriculum. Drawing on the Logical Model of Curriculum Design (Cowan & Harding, 1986; Stefani, 2009), this analysis examines the “what, how, and why” dimensions of teaching and the influence of language and racial dynamics on students' educational experiences. For the participants, accessing Audiology knowledge was shaped not only by curriculum content but also by the methods, language, and social environment within which they were taught.

5.4.1 Experiences relating to the curriculum content taught in Audiology

In addition to previous findings on curriculum content in section 5.3.1, students expressed concerns about the relevance and redundancy of the material taught. They felt that certain topics were overemphasised without adding new insights, leading to a dissonance between theoretical

²⁸ Deep learning: This is learning approach where students engage with knowledge shared through the curriculum in order to understand and identify a relationship between different aspects of knowledge. Deep learning further enables learners to be intentional about understanding the curriculum content in the way that is meaningful to them. (Lindblom-Ylänne et al., 2019)

knowledge and clinical practice. This redundancy not only diminished students' engagement but also hindered their perception of the curriculum as a pathway to professional expertise. By limiting teaching content to specific theoretical constructs, participants felt inadequately prepared for the practical demands of Audiology, thereby limiting their epistemological access.

5.4.1.1 Curriculum content redundancy in theory and clinical teaching

Curriculum redundancy occurs when content is repeated unnecessarily, leading to inefficiencies in instructional time and resources (Royal et al., 2014). This section explores Audiology students' perceptions of redundancy in both theoretical and clinical modules and examines how this impacts their epistemological access to professional knowledge. While redundancy can enhance retention through reinforcement, excessive repetition may disengage students, particularly if the repeated content lacks immediate relevance to their field of practice. Participants in this study experienced both horizontal curriculum redundancy (Royal et al., 2014) and curriculum misalignment, where clinical modules lacked perceived relevance to Audiology.

Participants 10 and 2 reported that certain modules in the Audiology curriculum felt unnecessary for their professional preparation. Participant 10, for example, noted that certain modules outside Audiology felt disconnected from what was needed in practice, stating:

Participant 10: I feel some modules are not that necessary. I think we should be focusing more on audiology-specific stuff. For example, we did [module outside of Audiology], but I don't remember anything we learnt in [theory module outside of Audiology]. Maybe if [module outside of Audiology] was incorporated somehow, into specifically audiology.

Similarly, Participant 2 found specific clinical experiences to lack relevance to her future role as an Audiologist:

Participant 2: I did not get the link.... even modules like your [clinical module name] back then they were not totally defined on why we had to do the module, which I still don't even know how to incorporate that. Even the outcome of the module ..., I felt like it wasn't in any way a relation to what it (the module) was. So, we were grouped with your OTs, your speech therapist, and we went to... Yes, and we went to the community together, but I felt like we hardly did anything that related to community and audiology.

These examples suggest that the curriculum, as experienced by the participants, lacked constructive alignment (Biggs, 2014), where intended learning outcomes, content, and assessment strategies are fully aligned with the intended undergraduate Audiology outcomes and professional competencies. This lack of alignment limited participants' perceived access to the essential knowledge needed for Audiology.

The findings echo those of this study conducted by Royal et al. (2014), who found that excessive content repetition within the same academic year led to frustration among medical students. In a student-centred curriculum design, as emphasised by Lu et al. (2015), incorporating student input in curriculum decisions is critical, particularly in professional programmes that must balance theoretical knowledge with clinical skill development.

For Audiology students, redundant content and curriculum misalignment impede epistemological access to the field, leading to surface learning and disengagement. As students reported,

disconnects between theoretical modules and clinical practice prevented them from fully accessing the disciplinary knowledge Audiology requires. As suggested by the Logical Model of Curriculum Development, the curriculum design influences students' ability to meaningfully engage with their curriculum (Cowan & Harding, 1986). Curriculum redundancy not only diminishes motivation but also risks under-preparing students for the demands of professional practice.

Given the challenges identified, regular, in-depth student feedback is essential to identify areas of redundancy, curriculum overload and misalignment. While annual module reviews are a starting point, other methods, such as student-led curriculum workshops or involvement in curriculum committees, could provide deeper insights into the curriculum's strengths and areas for improvement. Actively involving students as stakeholders in curriculum development could help bridge the gap between academic preparation and professional expectations, ensuring that future graduates are better equipped with relevant, profession-specific knowledge and skills. All these methods should, however, be investigated, tried, and tested as this study did not do that, but explored if the experiences of the students would suggest a need for intervention.

5.4.1.2 Dissonance: curriculum-profession/field dissonance

Cognitive dissonance is a situation where a person behaves in a way that is in conflict with their internal beliefs (Festinger, 1962). This theory has been adopted and applied in many fields, such as nutrition, psychology, education, and others (Chapanis & Chapanis, 1964; Khalaj & Savoji, 2018; Ong et al., 2017). As done by Heaton and Quan (2023) in arts education, I apply the dissonance in Audiology and the current study to describe a conflict between the undergraduate curriculum intending to prepare the students for contextually relevant practice but failing to do so

in practice as the undergraduate curriculum has to be structured and organised according to different content areas, which might not always provide the flexibility needed by the students, once they graduate into the professional world. The two themes I discuss concerning such a dissonance include the content-professional practice dissonance, and a dissonance in the narrow simplicity of the clinical practicals and the actual professional practice.

5.4.1.2.1 Curriculum content-profession dissonance

Participant 2's experiences point to a dissonance between the undergraduate curriculum and the realities of Audiology practice in South Africa, highlighting the gap between theoretical learning and the professional context. According to Participant 2:

Participant 2: Because what I learnt in 'varsity and the reality are two different things. I mean we learnt about Gallaudet University in sign language. I mean where is Gallaudet University right now? We don't even have sign language schools in South Africa. So, it was more of them being taught of the, ... what the ideal audiology supposed to be like. Yes, oh the context wasn't linking together. And I feel like the ... history of audiology wasn't covered ... as a country where we've come from, what we have and where we are going. ... it was more of the ideal developed country than for our own context.

This feedback emphasises a curriculum that prioritises international, idealised standards over local realities, undermining students' preparedness for Audiology practice in South Africa. The lack of focus on local practices, history, and context presents a significant gap in the curriculum, making it difficult for students to apply their knowledge effectively in the South African context. Furthermore, it suggests that the curriculum adopts a predominantly Eurocentric epistemic

framework, with minimal integration of Afrocentric perspectives, an issue that has been raised by several scholars advocating for the transformation of health professions curricula in South Africa (Kathard et al., 2007; Pascoe & Norman, 2011).

The challenge, therefore, lies in navigating the tension between maintaining international standards of practice and making Audiology education more relevant to South Africa's unique socio-cultural and healthcare landscape. As the profession seeks to become more inclusive and decolonised, incorporating local knowledge, histories, and practices should be considered crucial to ensuring that students can access the professional knowledge they need to serve their communities effectively. These findings suggest that there is a need to reimagine the curriculum from a more Afrocentric perspective, considering the local context, needs, and realities, with the intention to bridge the gap between academic learning of theory and practicals, and community-based Audiology practice.

5.4.1.2.2 Excessively narrow focus on specific skills within the undergraduate curriculum

In any academic programme, professional practice knowledge must be recontextualised (converted) into the undergraduate curriculum (Bernstein, 2000; Dickens, 2021). However, there is a gap in the literature regarding how professional knowledge in Audiology is reconstructed into teaching and learning content. While such discussions likely take place at curriculum review and accreditation meetings between various stakeholders, Participant 4's experience reveals significant discrepancies between the curriculum and the realities of clinical practice.

Participant 4 expressed frustration with how clinical teaching at the UoI did not align with the demands of real-world Audiology practice. She noted that while university-based teaching provides clear, structured scenarios where the lecturers already know the expected answers, clinical practice is far more complex and uncertain. She explained:

Participant 4: It's also not clear cut, Musa (researcher's name) when you study in university, it's clear cut, like when they give you a question, they (the lecturers) already know what they are looking for but when you get a patient (in the field of practice), it's not always the same type of characteristics. Sometimes you just get a case where you don't know where the problem is. It's much more diverse than what you are learning in your books. Because I feel like they (the lecturers) also ask you a question knowing what answer they want, so they make it very structured and very limited.

This highlights how clinical practice, with its diverse and often ambiguous nature, contrasts sharply with the over-simplified, structured scenarios in the curriculum. Participant 4 felt underprepared for real-world Audiology practice due to this narrow focus on specific, predefined skills in the curriculum, which did not adequately address the flexibility and critical thinking required for professional practice.

This challenge clearly shows the impact of an experienced dissonance between academic training and clinical realities. The curriculum provides students with structured, "clear-cut" tasks that are far from the complexities and unpredictability of real-world clinical practice. This is highly influenced by the fact that the Audiology programmes have to meet the expectations of their accreditors, such as the HPCSA, in order to maintain an accreditation. Despite the increase in the

students within most Audiology programmes in the country, the students still have to meet a minimum number of hours of exposure to each area of practice within the scope of practice. To this end, learning becomes narrowly structured and quantified into a number of hours, where the learning outcomes might be meant, sometimes at the expense of the depth of learning within each area of practice.

While structured learning is necessary for foundational knowledge, real-world practice involves dealing with diverse patient cases that do not always follow a predefined set of rules. Such flexibility was not accounted for in the participants' experiences within the curriculum. For instance, Participant 4 highlights how the curriculum fails to teach students to manage clinical scenarios where the diagnosis isn't immediately clear, which is an everyday reality in the field. This dissonance creates a gap in preparedness, leaving students under-skilled in handling complex, dynamic clinical situations.

Participant 4's critique also suggests that the curriculum is too narrowly focused on technical, specific skills rather than fostering flexibility in clinical decision-making. Clinical practice in Audiology is more fluid and requires adaptability in diagnosing and treating diverse patients. This narrow approach may stifle creativity and limit students' ability to think critically about complex cases. In clinical settings, patients may present with unique or rare conditions, where a "clear-cut" approach is not applicable. Training students to approach each patient with a predefined set of techniques seems to have limited their ability to engage with the complexity of the profession.

Furthermore, there is also a need to recontextualise the professional knowledge embedded in the curriculum to better reflect the South African context. Audiology education often follows Eurocentric models, focusing on practices that may not be relevant to the South African healthcare system. Participant 4's feedback about how the curriculum seems based on an "ideal" model rather than the realities of local practice underscores this issue. The lack of context-specific material, such as local challenges in audiology services, access to resources, or culturally appropriate practices, limits the relevance of the curriculum for South African students.

A key issue raised in the critique is the pressure to meet clinical hours, which may conflict with the quality of training students receive. While it is essential for students to meet the required clinical hours for accreditation, this focus on quantity seems to have compromised the focus on quality and comprehensive and flexible service provision that attends to real-world clinical needs of a diverse set of patients.

The above-mentioned challenges are not unique to Audiology. Other health fields, such as nursing and medicine, have inefficiencies in curricula that tend to focus heavily on meeting accreditation requirements while the depth of clinical learning remains limited (Hbadeyehpeyma et al., 2017). In these fields, students have reported feeling unprepared for real-world practice because their training didn't include the complexity and variability they encountered in the field, which seems to be the unfortunate case as well in Audiology. Such challenges in the Audiology curriculum further compound the impact of uncondusive teaching approaches (Section 5.4.2) in underpreparing students for optimum professional clinical practice post graduating.

5.4.2 Experiences relating to approaches to teaching

Thus far, I have discussed the experiences related to the curriculum content taught, predominantly highlighting the negative aspects of undergraduate teaching. In this section, I report the participants' experiences concerning the approaches used in teaching and how these approaches were perceived by the current study participants. Some participants reported being taught by a lecturer with limited audiology content knowledge (Section 5.4.2.1). The teaching approaches they experienced were seen to lack or fail to acknowledge Afrocentric ways of knowing and being (Section 5.4.2.2). Additionally, the methods of teaching included instances of linguisticism (Section 5.4.2.3) and racism (Section 5.4.2.4), according to the participants.

5.4.2.1 Experiences of being taught by lecturers with limited content knowledge

As an Audiology lecturer, I recognise that knowledge is constantly evolving, and those entrusted with teaching are expected to stay abreast of these developments. The way in which students experience teaching cannot be divorced from the methods employed by the lecturers themselves. According to Participant 7, some lecturers did not meet her expectations regarding their knowledge of the curriculum content, which negatively affected their teaching. She felt that a lecturer should possess more knowledge than the student, not only in content but also in how to effectively deliver that knowledge:

Participant 7: "I think the only thing throughout university that was a problem was being taught by someone who doesn't seem to have more knowledge in that area. If you're reading a paragraph and that's all you know, and you can't explain it further, then that's all I'll know, and I won't be able to explain anything beyond that. We take from what is being taught to us, so if it's not good, it reflects in what we know."

This statement highlights the critical role of both content knowledge and pedagogical skills in effective teaching. Shulman's (1986) work on pedagogical content knowledge emphasises that teaching is most effective when instructors possess both deep subject knowledge and the ability to convey that knowledge in ways that engage and challenge students. A lack of either can hinder the attainment of learning outcomes (Rice & Kitchel, 2016), as confirmed by Hill et al. (2005), who found that teachers' subject knowledge significantly correlates with student performance.

Participant 7's reflection suggests a disconnect between what some lecturers perceive as effective teaching practices and what students need for their academic success. In Audiology, this issue may be compounded by the fact that many lecturers are clinical professionals first, and their transition into academia may not always involve formal training in education. While they may undergo some training to become better teachers, South Africa lacks standardised requirements for Audiologists to undergo educational training before becoming university lecturers.

This gap in pedagogical training can create challenges in converting clinical knowledge into academic content. New academics, especially those transitioning from clinical practice to teaching, may struggle to meet students' expectations of academic rigour and may find it challenging to teach in ways that resonate with diverse student populations. This is further complicated when considering the additional expectations for Afrocentric teaching methods, as discussed in the next section.

5.4.2.2 Lack of Afrocentrism in clinical teaching approaches

The findings discussed thus far suggest that curriculum decisions, particularly in Audiology, often exclude or insufficiently consider student input, leading to programmes that fail to fully accommodate the diverse learning needs of all students. Additionally, the curriculum is subject to the influence of powerful stakeholders who perpetuate dominant educational norms, often sidelining alternative perspectives (Apple, 2018; Petrina, 2004). In this context, certain teaching practices have contributed to the marginalisation of Afrocentric perspectives, while Eurocentrism and Western medical frameworks dominate clinical teaching in Audiology.

Participant 2's experience illustrates this exclusion of Afrocentric ways of knowing, particularly in how therapy outcomes were taught. She expressed frustration with the rigidity of the curriculum, noting the lack of consideration for alternative perspectives that could be more culturally relevant for Black patients:

Participant 2: "Even exploring your therapy outcomes, it was more rigid in terms of, this is the way and there was no other way. As a Black person, how do you deal with it? Are there other alternative ways that a person should explore first, or consider your, if I can say, your traditional healers first when a person has otitis media? Or, if the person has been diagnosed that they're sick, do you consider the whole thing [if] they are bewitched?"

This statement highlights how Participant 2 felt unprepared to serve the Black communities she would be working with. The curriculum, in her view, did not equip her with the knowledge or flexibility to consider or integrate Afrocentric healing practices, such as traditional healers, into her clinical practice. This lack of preparation reflects a broader issue. The Audiology curriculum

perpetuates Eurocentric perspectives, marginalising African cultural knowledge and practices, which are vital to providing culturally competent care.

I argue that the curriculum's emphasis on Westernised models of healthcare perpetuates epistemic blindness to African ways of knowing (Motta, 2013). Such exclusion not only limits students' ability to provide holistic care but also hinders their ability to engage with and understand the communities they serve. Calls for the transformation of Audiology, as well as Speech Therapy, have advocated for the decolonisation of education and clinical practices in these fields (Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2015). Decolonisation involves embracing Afrocentric approaches to healthcare, ensuring that students are equipped with both Western scientific knowledge and an understanding of the cultural contexts within which they will practice. The findings suggest that the students sought to learn in a way that reflects or at least acknowledges and incorporates their epistemic perspective; an Afrocentric perspective in this case. A lack of incorporation of African ways of being, expressing and knowing had a negative effect on how the curriculum was experienced, making the participants feel marginalised as indicated in the next subsection (5.4.2.3).

5.4.2.3 Experiences of Linguicism through Anglicisation in clinical teaching

I have discussed the experienced linguicism in the assessment-related experiences, especially in clinical settings. However, I further discuss how it was experienced in clinical teaching. The challenge of preparing Audiologists to serve South Africa's diverse population, especially in a contextually relevant manner, has long been identified in the literature (Kathard et al., 2007). While some progress has been made in increasing the representation of Black, African, and First

Language South African (BAFLS) Audiologists and Audiology students in South African universities (Abrahams et al., 2023), the current study's findings suggest that clinical teaching still fails to adequately prepare undergraduate Audiology students to serve BAFLS patients effectively. Participant 10's experience highlights a key issue: despite being a first-language isiZulu speaker, she felt better prepared to serve English-speaking patients than isiZulu-speaking ones. She recalled:

Participant 10: "Yes, I was better prepared for English-speaking patients because isiZulu-speaking patients or the people from the rural communities. Ay no. Firstly, we didn't see one in a rural clinic, whether it was an audio clinic or speech clinic. It was mostly the private patients, they were on a medical aid, they had cash, and then you're done. Only now, after years of dealing with rural communities ... Yes, then I'm like okay, I should handle this matter in this way before I actually get to the Audio treatment."

This excerpt reflects a clear case of Anglicisation, the imposition of English-language practices and norms in the delivery of Audiology services. As defined by (Louw, 2004), Anglicisation occurs when English-speaking norms are forced upon non-English-speaking populations. In this case, despite Participant 10's cultural and linguistic background, the clinical training she received was skewed toward preparing her to best serve English-speaking patients, reflecting the broader challenge of the dominance of English in South African health education.

Although the UoI's language policy (2014a) accommodates isiZulu as a secondary language of instruction, its actual implementation, particularly in the Audiology discipline, remains unclear. The alignment with the national Language Policy of Higher Education (DHET, 2017) is yet to be

fully explored in this field, particularly regarding how it prepares students to serve BAFLS communities linguistically and culturally.

South Africa's public higher education institutions (HEIs) promote multilingualism, with some African languages designated as secondary languages of instruction (DHET, 2017; Madadzhe, 2019). However, English remains the dominant language of instruction, reinforcing the perception that African languages are inferior (Masoke-Kadenge & Kadenge, 2013). This creates a form of linguicism, which may perpetuate Eurocentric and White-dominated educational structures, including in fields such as Audiology. The experienced (over)prioritisation of English in clinical teaching led to the marginalisation of African languages and, by extension, the cultural practices and communication needs of patients who speak these languages.

Participant 10's experience underscores the significant gap between policy and experienced practice in preparing students to serve linguistically diverse populations. When Audiology students are primarily taught to serve English-speaking patients, they may be ill-prepared to address the unique needs of isiZulu-speaking or rural patients. This undermines both the effectiveness of the students' clinical training and the quality of care provided to BAFLS communities. Addressing this issue may require a deeper integration of African languages and cultural practices into Audiology curricula, ensuring that students are not only linguistically but also culturally competent. Such an approach would better equip future Audiologists to serve South Africa's diverse patient population and contribute to a more inclusive healthcare system.

5.4.2.4 Racism in clinical teaching

Clinical teaching, supervision, and assessment are critical stages where students may encounter experiences of racial bias that can significantly affect their professional development. As Dornan et al. (2019) note, clinical education often involves direct observation and supervision during the delivery of clinical services, where lecturers and supervisors hold significant power to shape students' learning experiences. When these interactions are influenced by racial biases, the student's development can be hindered. Participant 4 shared her experience of what she perceived as racism in clinical teaching, specifically regarding how patients were allocated to her during practical sessions. She recounted:

Participant 4: "That did happen where you get the Black client... because you are Black, they (clinical supervisors-lecturers) think they're catering more for that Black child (patient), but they're not... So, I'm going to have to work extra hard to make sure that I'm prepared for the session. You know, so for me, it was a bit unfair."

At first glance, the lecturer's allocation of Black patients to Participant 4 might appear to be an attempt at accommodating the needs of both the patient and allowing the student exposure to Black African students, as this should be the case. However, Participant 4 felt that being assigned a Black patient because she is Black was based on an assumption that her racial background would make her more suited to working with Black patients, which she found unfair. As a lecturer myself, I would have thought this is what the participants would have wanted to be exposed to, in order to gain a first-hand experiential learning opportunity with BAFLS patients.

However, such a racialised approach to clinical teaching inadvertently burdens BAFLS students with additional challenges, assuming that they will naturally be more familiar with or comfortable serving Black African patients. The experiences of the participants however, suggests that this racial assumption adds an unnecessary layer of preparation for the student, creating a perception of disadvantage, particularly when compared to their peers working with English-speaking, White patients.

This pattern of racialised teaching extends beyond individual patient allocation. Participant 2, for example, reported not being allocated any Black African or First Language South African (BAFLS) patients, which restricted her ability to develop the skills necessary to serve this demographic. The limited exposure to BAFLS patients and the lack of adequate supervision in this context are reflected in other participants' comments (see section 5.4.2.2), which indicated that the Audiology programme, as experienced by the participants in this study, failed to sufficiently prepare students to serve Black African populations. Additionally, the lecturers who supervised sessions with BAFLS patients were often not linguistically equipped to engage effectively with patients who spoke languages like isiZulu, creating further barriers to effective learning. Only upon reflecting on such challenges, it then becomes more understandable why some BALFS students (participants) felt doomed if they were allocated a BALFS student, and doomed if they were not. This further suggests that more ought to be done to prepare the students to best serve BAFLS patients than simply allocating BAFLS to them.

This racial bias in the allocation of patients and the subsequent impact on clinical teaching reflects a broader systemic issues within South African higher education. Leibowitz and Bozalek (2014)

highlight the racial bias in academic exclusion, disproportionately affecting Black African students. In the current study, the participants who were allocated to work with BAFLS patients faced inferior supervision compared to their peers working with White patients, as the supervisors' inability to understand African languages created a communication gap. This lack of linguistic competency in supervisors further marginalised these students, leaving them at a disadvantage and unprepared to meet the linguistic and cultural needs of the majority of patients they will encounter in their professional practice.

These findings suggest that the experienced racism in clinical teaching is not always overt or intentional but is embedded in the structures and practices that dictate how students interact with patients and are supervised in clinical settings. The emphasis on English as the dominant language of instruction and the reluctance of academic staff to adopt bilingual approaches in teaching clinical practice only exacerbate this issue (Madadzhe, 2019; Xulu-Gama & Hadebe, 2022). As a result, Black African students, particularly those from BAFLS backgrounds, may experience inequities in clinical training that leave them underprepared for their future roles as Audiologists in South Africa, where a significant or majority of patients will be from similar backgrounds.

5.5 Concluding comments

As I indicated in CHAPT 1(section 1.3), since the dawn of democracy, there have been consistent calls for the undergraduate Audiology curriculum, field of practice, and research in South Africa to become more contextually relevant to the communities Audiologists serve (Kathard et al., 2007; Uys & Hugo, 1997). This call has gained further urgency in light of the growing demand for Audiology services, particularly within BAFLS communities (Pillay et al., 2020). However, higher

education institutions (HEIs) have been slow to respond to these demands for transformation. Khoza-Shangase and Mophosho (2018) caution that the continued lack of significant transformation in the field risks perpetuating its Western, Eurocentric character, ultimately undermining the relevance of the curriculum for the BAFLS majority of South African patients.

This chapter has critically examined the undergraduate Audiology curriculum and its contribution to, or lack of, meaningful transformation. The findings reveal that, despite some progress, the current curriculum, as experienced by the participants, still predominantly trains students to serve White, English-speaking patients. The curriculum continues to prioritise Eurocentric, Western approaches, leaving students from BAFLS backgrounds underprepared to effectively serve the majority of South African patients. In particular, the participants reported experiencing the curriculum as biased, unfair, and discriminatory, with issues of racism, linguicism, and other forms of marginalisation impeding their learning.

These findings underscore the urgent need for a curriculum that is more attuned to the linguistic, cultural, and socio-economic realities of South Africa's diverse populations. If the curriculum continues to prioritise Western models of Audiology practice, without integrating the local context and the needs of BAFLS communities, there is a risk that future Audiologists will be ill-equipped to provide culturally competent and contextually appropriate services. This is not only detrimental to the professional development of students but also to the well-being of the patients they serve.

In conclusion, this study highlights the critical need for a reimagined Audiology curriculum that embraces transformation, challenges existing biases, and equips students to meet the diverse needs

of South Africa's population. Without such changes, the field risks remaining disconnected from the realities of the communities it is meant to serve, perpetuating inequalities in both education and healthcare provision.

5.6 Chapter summary

This chapter addressed this study's first objective by exploring the experiences of BAFLS' Audiology students with the core curriculum, including teaching, learning, and assessment. The findings reveal that BAFLS' students often perceived the undergraduate curriculum as unfair, particularly in terms of clinical and theoretical assessments, as well as teaching practices and content. As a result, many students adopted surface learning strategies and did not fully engage with the material in a way that would prepare them for Afrocentric Audiology professional practice after graduation.

Participants from multiracial schooling backgrounds with strong English proficiency, or those who interacted with BAFLS lecturers who understood their linguistic and literacy challenges, reported more positive experiences. However, the overall perspective presented by the findings is predominantly negative, raising concerns about the extent to which the curriculum is truly inclusive or accommodates the needs of BAFLS students. These negative experiences within the undergraduate curriculum were reflected in the students' professional practice, where they continued to face significant challenges. This issue will be further explored in the following chapter.

CHAPTER 6: ACCESSING AUDIOLOGY THROUGH PROFESSIONAL PRACTICE

6.1 Introduction

Access to a profession encompasses more than holding a relevant degree; it involves having equitable opportunities for growth, professional recognition, and linguistic accessibility in various professional contexts (Sheridan et al., 2010). Originally framed in the context of hard-of-hearing social work graduates, Sheridan et al.'s insights are pertinent here, as they highlight the importance of a comprehensive and inclusive approach to professional accessibility. In this chapter, I explore the extent to which Black African First Language Speakers (BAFLS) Audiology graduates experience meaningful (epistemological) access to their profession, particularly focusing on their ability to engage fully within the clinical practice context.

Building on the previous chapter's examination of the participants' curriculum experiences, this chapter presents findings related to their experiences of professional practice. Specifically, it addresses the second research objective (section 4.2.2) by investigating how newly qualified BAFLS Audiologists navigate and apply their knowledge in diverse clinical settings, beyond the foundational access provided by their undergraduate qualification (Du Plooy, 2014).

This chapter's analysis is guided by the Knowledge to Action (KTA) Model (Moodie et al., 2011), particularly its Action Cycle component. This model facilitates an exploration of participants' experiences in applying theoretical and practical knowledge within clinical contexts and adapting that knowledge for professional practice.

The chapter is organised as follows: First, I discuss participants' experiences in applying the theoretical and practical knowledge acquired during their undergraduate studies. Then, I explore their approaches to accessing additional knowledge post-graduation, a key aspect of accessing Audiology through professional practice. I further examine how the participants adapted their knowledge for practical applications across different professional settings. Finally, the chapter addresses the barriers and facilitators that the participants encountered in accessing Audiology through professional practice.

6.2 Challenges in accessing Audiology through professional practice

All participants were recent graduates who had completed a year of compulsory community service and, at the time of data generation, had been practising for fewer than five years post-community service. Due to their limited time in the field, many had not yet practised the full scope of Audiology as outlined by the Health Professions Council of South Africa (HPCSA, 2012), instead focusing on the specific demands of their work settings. This limitation is common in Audiology, where graduates often face restrictions in practice scope due to various factors, including gaps in undergraduate training and related lack of knowledge or confidence in specific practice areas, as well as resource constraints (Makhoba & Joseph, 2016).

Participants reported that their undergraduate education had not adequately prepared them in certain key areas of the profession, creating knowledge gaps that became evident once they entered professional practice, post-graduation. These gaps included limited exposure to specialised procedures (Section 6.2.1), a lack of training in diverse clinical environments, and inadequate experience with multilingual and multicultural patient interactions. This lack of comprehensive

training hindered their confidence and competence, affecting their ability to meet the diverse demands of clinical practice effectively. In the following sections, I explore these specific challenges and how they impacted participants' access to the full scope of Audiology through professional practice.

6.2.1 Experiences of limited theoretical knowledge to access professional Audiology

The participants identified significant gaps in their theoretical knowledge in key areas of audiology, which they attributed to limitations in the undergraduate curriculum. These knowledge gaps posed challenges when they encountered patients with needs outside of their familiar clinical experiences, indicating that their educational preparation had not adequately equipped them with the foundational knowledge required to access all areas of the professional practice.

6.2.1.1 Experiences of Limited knowledge of Audiological monitoring services

Participant 1 described challenges related to audiological monitoring for patients with tuberculosis (TB) and HIV, which involves early detection of hearing loss due to ototoxicity. She shared that her undergraduate training only briefly introduced ototoxicity, leaving her unprepared for real-world clinical demands where monitoring for hearing loss in TB and HIV patients is essential:

Participant 1: "We had a section on ototoxicity, but only learned the terms. Going into practice, TB and HIV are realities in South Africa, and I found I needed more training to handle these cases."

This participant's experience underscores the curriculum's inadequate focus on critical areas like audiological monitoring, resulting in low confidence and preparedness. Research by Khoza-

Shangase and Masondo (2020) and Ehlert et al. (2022) supports this concern, as they reported that less than half of audiology practices in South Africa adhere to best practices in audiological monitoring due to factors like resource limitations and gaps in undergraduate training. Thus, the curriculum's lack of emphasis on this area limits graduates' competence and compromises their readiness for clinical challenges.

6.2.1.2 Experiences of limited knowledge in vestibular Audiology

Similar findings emerged concerning the lack of theoretical knowledge in vestibular audiology, a specialisation involving balance assessment and treatment. Participant 4 highlighted her insufficient undergraduate exposure to vestibular audiology, which prompted her to seek additional training after graduating, in order to address this gap:

Participant 4: "Before practising vestibular audiology, I had to attend extra training because I hadn't learned enough about it on campus."

Her experience emphasises the curriculum's limited scope in preparing students for specialised services like vestibular assessment, which, despite being a crucial area in audiology, is often neglected in undergraduate training. Studies by Makhoba and Joseph (2016) and Khoza-Shangase et al. (2020) confirm that insufficient training in newer fields within audiology is a widespread issue, suggesting the need for curriculum updates to bridge these practice gaps.

6.2.1.3 Experiencing limited knowledge of working within a multi-disciplinary setting

Another area of concern was the lack of training for working within multidisciplinary teams. Participant 1 noted that her undergraduate training focused narrowly on audiology and did not

adequately prepare her for cases involving complex pathologies requiring collaboration with other healthcare professionals:

Participant 1: “We learned how to be an audiologist, but not much about working in multidisciplinary teams.”

There are two key concerns worth noting from Participant 1’s experiences. First, as noted in the previous chapter, the Audiology curriculum was experienced as excessively narrow in its focus, and thus, did not adequately prepare the students for a more comprehensive and complex service provision that the field of practice sometimes demands. When the participants were exposed to modules (causes) intended to expose them to the required knowledge for multidisciplinary practice, they criticised this aspect of the curriculum content (Section 5.4.1) as redundant or overloaded. As a result, they adopted surface learning. Coupled with other challenges that restricted epistemological access and learning in general during undergraduate training, it was expected that they would later feel underprepared for some elements of a comprehensive curriculum practice, as was the case with Participant 1.

This limited exposure led to difficulties when she encountered patients with broader health issues, as her training had focused exclusively on hearing-related conditions. Decontextualised²⁹ training, as highlighted by Lindahl et al. (2019) and Puustinen et al. (2022), strips theoretical knowledge of practical context, making it difficult for graduates to apply it effectively. The restricted focus on a Eurocentric, isolated approach in audiology education, as discussed by Khoza-Shangase and

²⁹ Decontextualization: The process of removing the context (initially historical context) from the knowledge selected for curriculum content teaching purposes. (Simola, 1998).

Masondo (2021), risks perpetuating a one-dimensional view of the field, reducing preparedness for collaborative practice.

6.2.1.4 Experiences of a lack of knowledge of Administrative Audiology

Administrative aspects of audiology, such as department management and leadership, are often overlooked in undergraduate programmes. Participant 3 shared her struggles managing a department during her community service year, noting the lack of preparatory training in administrative duties:

Participant 3 “We weren’t really taught how to manage a department or handle administrative tasks.”

The absence of management training presents significant challenges for graduates entering roles where they are responsible for departmental operations. Studies by Breytenbach et al. (2015) and Kassa (2019) support this finding, indicating that both South African and U.S. undergraduate audiology programmes typically lack training in practice management, leaving graduates underprepared for private practice or independent work.

Overall, the above findings indicate a misalignment between the audiology curriculum and the demands of professional practice, with significant gaps in clinical, collaborative, and administrative training. These curriculum deficiencies hindered participants’ ability to access various areas of the profession, underscoring the need for curriculum reforms that prioritise comprehensive, practice-oriented training to bridge the gap between academic preparation and professional expectations.

6.3 Adapting curriculum (knowledge) to professional practice

This section examines the experiences of newly graduated audiologists in bridging gaps in practical knowledge required for professional practice, as outlined by the national Audiology scope of practice (HPCSA, 2012). Graduates often encounter a lack of practical, hands-on experience in specific areas not adequately covered by their undergraduate curriculum, which restricts their capacity to deliver a full range of audiological services. To address this, graduates have actively sought additional professional learning opportunities post-graduation to fulfil these requirements and engage with the profession in a meaningful way.

6.3.1 Experiences of seeking epistemological access to inform practice

6.3.1.1 Accessing theoretical Knowledge from the undergraduate curriculum content and practice guidelines

All participants had completed a four-year audiology programme at the UoI, but many found that their engagement with theoretical content had been limited, often leading to surface learning aimed at passing exams rather than deeper clinical understanding. Some content was also not tailored to the South African context, which led participants like Participant 2 to revisit curriculum materials and consult relevant literature when encountering new clinical cases.

Participant 2: “Last year, we had a patient who would benefit from a CROS hearing aid, which I had never done before. I had to go back to the literature, revisit what I learned in university, and understand where this applies and who qualifies for it.”

This reflection indicates that while the undergraduate programme was foundational, deeper epistemological access was achieved only through revisiting this knowledge in practical contexts.

This suggests that the “learning to pass” reported by some participants could have contributed to the participants graduating without having meaningfully engaged with the clinical knowledge they need. Only after graduating, Participant 2 sought to engage with the curriculum content for a deeper understanding.

6.3.1.2 Experiences of Seeking Epistemological Access Through Professional Support Structures

6.3.1.2.1 Experiences of epistemological access through Hearing Aid companies

As discussed in section 6.3.1.1, Participant 2 had limited knowledge of the CROS hearing aid, essential for assisting her patients effectively. To bridge this gap, she consulted with the hearing aid manufacturer for guidance:

Participant 2: “I had to call the hearing aid company to ask if the CROS would be suitable for a patient, needing to cross-reference and ensure the best fit. Even during the fitting process, I asked the company to be present for support because we hadn’t covered it at university.”

Although hearing aid companies and audiology equipment suppliers are often overlooked as sources of academic and professional knowledge in literature, their role in supporting knowledge acquisition is substantial. Drawing on my experience as an Audiology lecturer and service provider, I have observed how these companies provide essential insights by conducting institution-based research and regularly collaborating with universities. This partnership allows for knowledge sharing, which benefits both students and lecturers, sometimes even influencing curriculum content. In Participant 2’s case, the manufacturer’s support bridged a knowledge gap

that could have hindered her access to critical competencies in using CROS hearing aids, enhancing her professional practice in Audiology.

6.3.1.2.2 Experiences of seeking epistemological access through CPD Activities

Continuing Professional Development (CPD) serves as an essential platform for extended education, allowing professionals to enhance or update their field-specific knowledge (Mlambo et al., 2021). Audiologists benefit from CPD workshops, which provide access to new insights and reinforce foundational practices that may not have been fully covered during their undergraduate training. Based on my experience as an Audiologist, gaps in knowledge often arise from limitations in undergraduate training or discomfort with certain areas of practice (Mbhele & Makhoba, 2022). Through CPD, audiologists can access targeted learning to overcome these limitations; for example, when ready to practice vestibular Audiology, they can attend specialised workshops to gain both theoretical and practical skills. For instance, Participant 4, who had limited undergraduate training in vestibular Audiology, attended a three-day workshop to gain essential skills or practical knowledge:

Participant 4: “Before I started doing vestibular, I had to go for training again. In the government setting, we lack equipment and mostly rely on bedside tests, which I didn’t learn enough about at university. I attended a three-day course at (name of another university), where they covered the full bedside testing structure.”

Historically, CPD activities such as professional workshops have played a critical role in helping professionals stay current, positioning professional practice as a source of updated knowledge (Wermke, 2011, 2012). Although CPD initiatives can face challenges, such as varying levels of

commitment, negative attitudes, or limited engagement from participants, they are generally effective in keeping professionals abreast of developments in their fields. They are, therefore, an effective tool to encourage and facilitate lifelong learning for professionals to maintain and deepen their knowledge (National Academies of Sciences et al., 2017). For instance, in the field of education, CPD workshops were reported as crucial in helping teachers adapt to Outcomes-Based Education (OBE) (Abakah et al., 2022; Lessing & Witt, 2007).

The findings of the current study suggest that new Audiology graduates often derive greater engagement and meaning from theoretical Audiology knowledge when revisiting it through CPD after graduation. For example, like Participant 4, Participant 5 also felt underprepared in vestibular Audiology due to limited undergraduate training, which delayed her ability to practice in this area until she could obtain further CPD training:

Participant 5: “Going back to vestibular... When I’m now at work, it’s a practice issue. I need to help a patient, but I can’t. Continuous learning through CPD is essential for us in the workplace to access knowledge, now with intention and specific purpose.”

Participant 5’s statement illustrates how the immediate need to serve patients post-graduation fostered a deeper, more intentional approach to seeking knowledge, an aspect of epistemological access. This contrasts with undergraduate learning, where students encounter a standard curriculum that may not align with their individual interests, potentially leading to surface learning (see section 5.3.3). In CPD, by contrast, professionals actively seek activities that address their specific knowledge needs and interests, making CPD comparatively more driven by individual motivation than the undergraduate curriculum (National Academies of Sciences et al., 2017).

The fact that participants in this study only accessed in-depth knowledge of vestibular Audiology after graduation highlights a need for further exploration into students' engagement with curriculum content during their studies. This delayed epistemological access suggests that curriculum design could benefit from aligning more closely with practical needs and career realities to support meaningful, long-lasting learning outcomes.

6.3.1.3 Experiences of seeking epistemological access through Professional Learning Communities

In their professional practice, the participants reported that other audiologists in the field assisted in providing platforms to epistemologically access Audiology through Professional Learning Communities (PLCs). PLCs, broadly defined, involve collaborative and mutually beneficial interactions among professionals aimed at enhancing collective knowledge and skills within a field (Hudson, 2011). In Audiology, such communities take varied forms, including journal clubs, professional forums, and informal peer consultations (e.g., telephonic discussions). Each of these forms offers unique opportunities for shared learning and practical insight, as outlined below.

6.3.1.3.1 Experiences of seeking epistemological access through Journal clubs

In some settings, journal clubs function as a form of professional learning community (PLC), offering clinicians a structured space to engage with current research and updates in their field. Participant 8, employed in a government-funded hospital, found her workplace's journal club invaluable for accessing knowledge and engaging with recent developments in Audiology. Although she did not specify the exact topics covered, she highlighted the benefits of regular, collaborative reviews of professional literature:

Participant 8: "Actually, we are lucky here because the hospital pays for journal clubs. So, we always had journal clubs twice a month. So, knowledge is basically... So, there's five of us here, so each person prepares a journal on recent technology or recent studies. So, it's accessible here."

In this study, the term "journal club" refers to a group of professionals who meet to review and discuss recent research publications relevant to their field (Johnson, 2016; Linzer et al., 1987). Research shows that journal clubs can facilitate discussions about best practices, support the adoption of evidence-based methods, and foster a culture of continual learning (Saif et al., 2019). A study of journal clubs in nursing in Qatar, for example, noted that these forums helped bridge gaps in clinical practice and reinforced current evidence (Saif et al., 2019).

However, while journal clubs present clear benefits, there are also challenges and limitations. In Audiology, a gap between clinical practice and the latest evidence persists, and journal clubs alone may not fully address this issue (Moodie et al., 2011). Studies caution that the link between journal club participation and meaningful changes in clinical practice is still tenuous, as evidence of their impact on actual professional behaviours remains limited (Harris et al., 2011; Ilic et al., 2020). Additional concerns include the sustainability of journal clubs, especially in resource-limited settings, as well as the variation in professionals' skills in interpreting and discussing research (Wenke et al., 2019). For journal clubs to maximise their role in providing epistemological access, attention must be given to these factors to ensure effective, impactful knowledge-sharing within the profession.

6.3.1.4 Experiences of seeking epistemological access through colleagues (other Audiologists)

For several participants, reaching out to experienced colleagues became an essential means of accessing practical knowledge in areas where they felt less prepared. Participant 4, for instance, frequently called on trusted colleagues when confronted with difficult cases, particularly in vestibular Audiology:

Participant 4: “So, I had quite a few patients where I don’t know which one ..., which big five [five common vestibular pathologies] is it. I don’t know which one it is. Sometimes I’ll call ... someone, there’s a lady in Pretoria or the Wits lady, she’s really good at vestibular. I had to call her a few times ... [When she went to the hospital], the test came out normal, but these patients are telling me they have dizziness, and I didn’t know it was subjective chronic dizziness. But when I did my research and I’ve consulted other people, there’s also a lot of consulting other people...”

Similarly, Participant 9 relied on colleagues for assistance with knowledge she was lacking. However, she was selective about whom she consulted. She expressed that some Audiologists held racial biases that made it hard for her to not be selective about who she sought support from. She avoided asking certain colleagues to prevent being judged as incompetent because of her race.

Participant 9: “So sometimes ... let’s say I have an audiogram that I don’t understand. ... I will tell you, honestly, I will not call a classmate who’s Indian and say I don’t know what’s happening here, because I feel like I’m going to get judged as being incompetent because I know that as a Black Audiologist, I’m expected to be incompetent. So, I’d rather pick up the phone, call a friend outside the province ... and say, please go on WhatsApp, I’ve taken a picture of the audiogram ... Did I do something wrong?”

Knowledge sharing among professionals is a known effective method of enhancing professional competence and creating a sense of community among colleagues. A study conducted in India found that knowledge sharing among professionals helped participants feel validated and fostered a sense of belonging within their professional community (Pandey et al., 2021). The use of smartphones and digital communication has also been highlighted as a convenient means for professionals to share essential information quickly and effectively.

However, the findings of this study reveal the complexities and barriers associated with seeking epistemological access through colleagues. While sharing knowledge with trusted peers can be an effective approach to bridging knowledge gaps, interpersonal challenges can impede this process. For example, Participant 9's experience highlights how racial dynamics, stereotypes, and the anticipation of negative judgment influenced her choices in seeking assistance. This suggests that past experiences, including potential exposure to bias during undergraduate training, may impact how professionals engage with colleagues across racial lines.

Exclusionary practices in professional knowledge-sharing often manifest as knowledge withholding with the intent to exclude (Zhao et al., 2016). Historical patterns of racial discrimination can lead individuals to internalise biases, potentially affecting their professional confidence and their willingness to seek help within diverse groups (Simmons, 2010). For participants in this study, such challenges reinforce the importance of supportive and inclusive professional environments that actively counteract the effects of discrimination, fostering openness and mutual learning among diverse colleagues.

Participant 9 did not reflect on racism from a point of first-hand experience in the field of practice. However, she seems to have become paranoid about being racially profiled and subsequently judged incompetent. It is not clear where such paranoia would have come from, and whether it reflects an existing racism among different racial groups in the field. Regardless of the reasons behind her concerns, it is clear that perceived or experienced racism limits the opportunities for knowledge sharing and therefore limits epistemological access opportunities in Audiology.

6.3.2 Trial and error approach to creating (accessing) professional knowledge

The participants also adopted a trial-and-error approach to accessing practice knowledge that they felt the undergraduate curriculum had insufficiently prepared them for. They did this through the on-the-job experimentation to access and internalise the professional knowledge. Participant 10 shares her experiences of such learning through practice. She was not the only one who adopted this practice as others also shared similar experiences.

Participant 10: "Sometimes it's trial and error. Sometimes it's no, we don't do that here, in the actual work environment."

Participant 3: "Me, I just do. You'll definitely find your error. It depends on what works for you. Me, I would do something, like you said, it's trial and error. If this doesn't work, I'll do something else. If I've run out of options, then I find help ... in the form of text or calling my friend; ... they would be like, oh hey, you can try this because, maybe they had a similar situation."

Participant 2: "So, the way that the skill was taught, and even when I say practice it's also by trial and error. So, you try it out and see, it's more like ... proving the theory...or proving that if you think it was a hypothesis. So you take what you were taught, this is how

you do it, and you try to do it. If it doesn't work, you go back to the book and see if there was a way that they taught you how to do it, and you'll do it again."

Learning through practice mainly involved the use of existing knowledge as a foundation upon which they developed or acquired new knowledge. They used knowledge from their past experiences to adapt existing knowledge into unfamiliar clinical territories or practices, which in turn developed new knowledge. Participant 9, for example, indicated that she built upon familiar practices, incrementally learning new skills through direct engagement in clinical settings:

Participant 9: "It's just practising; it's starting with what you know, and you move into that which you do not know."

Learning through practice has long been acknowledged as a fundamental method for professional development, especially in healthcare fields (Phelan & Griffiths, 2019). Work-based learning enables professionals to refine their foundational knowledge while acquiring new, context-specific skills that may not have been covered during formal undergraduate education (Morris, 2018, 2019). Despite the curriculum's intentions of comprehensively preparing the students for professional work, it is unrealistic to expect that undergraduate programmes will anticipate every scenario each graduate will encounter once graduated. As knowledge must often be recontextualised and adapted to specific clinical contexts, it's clear that critical aspects of professional knowledge will naturally emerge through workplace learning (Hordern, 2021; Puustinen et al., 2022; Simola, 1998).

In some fields, the workplace is explicitly recognised as an essential setting for professional learning and development (Cairns & Malloch, 2011). Community Service Officers in Audiology indicated that they learnt and developed immensely during their community service year (Mbhele & Makhoba, 2022). However, there appears to be room to better recognise post-qualification professional learning through clinical practice within Audiology, beyond the Community Service Programme. Participants' reflections suggest that they were often unprepared for the extent of post-graduate learning they would need, indicating a need to better prepare graduates for the role of workplace learning in their professional development. Understanding the mechanisms through which new graduates learn through practice seems to be necessary in order to better regulate and optimise such learning, as a means of bridging the undergraduate theory-professional practice gap (Billett & Choy, 2013). This way, new graduates who feel ill-equipped for professional practice would have a recognised developmental platform in their employment which should be intended to enhance meaningful or fundamental epistemological access to all aspects of Audiology. Overall, the trial-and-error approach these participants employed underscores the importance of recognising and supporting continued professional development beyond formal education.

6.3.3 Experiences of Knowledge Translation (Adaptation) to Professional Practice

Newly graduated BAFLS Audiologists are required to translate the theoretical knowledge acquired during their undergraduate studies into practical, professional knowledge as part of their transition into the field. Drawing from the Knowledge Translation and Adaptation (KTA) framework (see section 2.7.1.), knowledge translation in this study refers to the iterative process of converting theoretical, academic, or scientific knowledge into clinical practice (Graham et al., 2006). This section explores how participants adapted their theoretical knowledge and integrated it with

learning from practical experience, emphasising the reciprocal relationship between theory and practice (Raelin, 2007).

Participant 9, for example, had been exposed to both theoretical and practical knowledge in Industrial (Occupational) Audiology, an area of practice focused on monitoring individuals at risk of audiological conditions due to occupational hazards such as noise exposure (HPCSA, 2012; Moroe & Khoza-Shangase, 2018; South African Government, 2001). However, Participant 9 found that her undergraduate education lacked sufficient depth in this area. To address this gap, she adapted her knowledge of Occupational Audiology to support audiological monitoring for tuberculosis (TB) patients at risk from ototoxic medications:

Participant 9: "I adapted (translated) what I was told in industrial audiology and turned the noise hazard (occupational or work-related) into TB risk and that's how I saw the link."

This process of knowledge translation, adapting concepts from one area of practice to another, was not immediately evident to Participant 9 during her undergraduate studies. As noted in Chapter 5 (section 5.3.3.1), some participants resorted to surface learning as a coping mechanism in response to the challenges of limited epistemological access. This learning approach, which compartmentalises knowledge, hinders the integration³⁰ of concepts across different areas of practice. It was only after graduation that Participant 9 recognised the commonalities between various areas of Audiology, realising that knowledge from one clinical context should be

³⁰ Knowledge integration: A process of putting together foundational knowledge from different disciplines, courses, or sectors of life in a way that allows it to be applicable in settings that require (complex) problem-solving. Disciplinary disintegration is the resulting breakdown of the walls separating or isolating the knowledge being integrated. (Bolender et al., 2013). (Harden, 2000)

transferable and adaptable to another. This reflection underscores the potential pitfalls of surface learning, where students might struggle to connect theoretical knowledge across modules, thereby limiting their ability to apply knowledge flexibly in different professional contexts.

Participant 5 offered a further example of knowledge translation by reflecting on her ability to adapt undergraduate knowledge to her clinical practice. In a context where understanding a patient's cultural background was crucial to ensuring compliance with clinical recommendations, she described a flexible, context-driven approach:

Participant 5: "But you're talking about converting the knowledge I have? There's no specific process I go through before applying it. I think for me, it's a matter of identifying the need, then taking what I learned from university and figuring out how to apply it appropriately, looking at culture, and also considering resources. For example, if I were to give a home programme to a patient, I couldn't just apply what I used at university. I have to consider their environment and the resources available to them."

Though Participant 5 did not follow a fixed process for translating knowledge, she emphasised the importance and contribution of contextual factors, such as culture and available resources in the process of learning in practice. Cultural competency³¹ is critical in healthcare settings, as it helps to mitigate potential conflicts or misunderstandings between patients and providers, ensuring that clinical recommendations are more likely to be followed (Ohana & Mash, 2015). By integrating cultural awareness with her undergraduate training, Participant 5 was able to convert theoretical

³¹ Cultural competency: the ability to recognise cultural and related differences and apply healthcare interventions in a way that minimises the negative impact of the differences, without anyone feeling disadvantaged in the process. (Kodjo, 2009).

knowledge into meaningful professional practice, allowing her to access the profession more effectively.

These reflections suggest that the undergraduate curriculum plays a significant role in shaping professionals' experiences of new graduates entering the workforce. When contextualised well, the curriculum can include teaching approaches that give the students a good impression of the clinical skills demanded by the field of practice. For instance, a study by Wood et al. (2015) indicated that former students who had graduated from an Australian university benefited immensely from and preferred case and problem-based learning (PBL) approaches to training students for professional practice post-graduation. The theoretical and practical knowledge shared through these approaches resembled real-life professional contexts and made the students much more aware of what the field of practice is like.

In contrast, the participants in the current study expressed concerns that their undergraduate Audiology education did not adequately prepare them for the professional demands of the field. This is despite extensive clinical practice exposure which they had also found to be heavily influenced by the nature of supervision, and therefore limited in preparing them for the world of practice. This gap in preparation became evident as some participants found it difficult to access certain areas of Audiology practice and to navigate barriers to professional practice once graduated, due to feeling underprepared. These challenges are discussed further in the next section.

6.4 Experiences of Barriers to epistemological access to the profession

Newly graduated Audiologists faced several barriers that hindered their ability to access the profession fully, including racial and linguistic discrimination (Huot et al., 2019; Sheridan et al., 2010). One significant challenge they encountered was linked to their identities, particularly in terms of their racial or linguistic background. These aspects of their identity was experienced to have limited not only their physical access to certain areas of Audiology practice but also their epistemological access, the ability to engage meaningfully with the knowledge and practices of certain areas of the profession. In some instances, participants found that certain professional areas were less accessible due to discrimination rooted in their identity and related factors. Such barriers hindered their ability to apply and expand their academic knowledge in practice, reflecting the broader social and institutional constraints that influence professional learning and development.

6.4.1 Experiencing Race as a barrier to accessing Audiology

Like education, access to professions, including Audiology, is often shaped by social justice issues, with race playing a significant role in determining who can enter and succeed in these fields (Levin & Alkoby, 2012; Makoelle & Burmistrova, 2020). In South Africa, the legacy of apartheid continues to affect access to professional opportunities, particularly for Black South Africans. As the labour market remains racially skewed, with White South Africans occupying higher-paying, skilled jobs and Black Africans underrepresented in these roles (Gradín, 2019). It seems that such or similar historical injustices persist in the Audiology profession. This section explores the racial barriers experienced by participants in accessing Audiology, including racial dominance, being doubted because of their race, and direct experiences of racism. These barriers reflect the broader systemic issues in South Africa, where race continues to influence both educational opportunities

and professional access. The participants' experiences highlight how racism continues to affect not only their entry into the profession but also their ongoing practice and professional interactions.

6.4.1.1 Racial dominance and a sense of not belonging in the profession as a BAFLS Audiologist

Participant 1 shared feeling alienated in the Audiology profession due to being in the racial minority, despite Black South Africans comprising the majority of the population (Statistic South Africa, 2019). She observed that White and Indian audiologists dominated both the profession and professional forums, leaving her feeling like an outsider in spaces that should have been inclusive:

Participant 1: "Well, the thing is, you know, with our profession, I think it is still very much dominated by people of other races. By other race, I mean by Whites in the main, Indians... even professional forums or professional groups, find that there's still that. You still feel it, that it's like you are hijacking something; you don't belong here..."

This sentiment of exclusion aligns with the broader literature on racial discrimination in professional settings, particularly in healthcare (Huot et al., 2019; Lewis et al., 2019; Villarruel & Broome, 2020). In these contexts, racism manifests in various forms, such as racialised exclusion, micro-aggressions, and institutional cultures that subtly but powerfully suggest that people of colour do not belong (Lewis et al., 2019; Ozturk & Berber, 2020). Such experiences undermine a sense of belonging, which is critical to both professional engagement and career progression.

The racial dynamics within Audiology are reflective of wider issues in South Africa's labour market, where historical racial inequalities continue to affect job representation. While the majority of South Africa's population is Black African, White South Africans remain

overrepresented in prestigious and high-paying sectors, including the private health sector (Gradín, 2019). This racial imbalance is felt acutely in Audiology, where dominant racial groups, particularly Whites, control critical spaces like professional forums and conferences. As Participant 1 pointed out, these experiences are a significant barrier to epistemological access and knowledge-sharing platforms, preventing meaningful engagement in the profession.

Participant 9 described a similar dissonance:

Participant 9: "And then I looked in the class, I realised the demographics say, there are more black therapy students versus, it's either you're black, or you are Indian, or you are white and weird. Some classes there is no White person. When I started attending conferences when I worked in Johannesburg, I was like Where are all these white people coming from? ... And also, when you go to Cape Town. You sit in a room and you think I'm in the minority in this profession? I didn't know."

For Participant 9, the immediate local environment suggested that Black African and Indian South Africans predominated, but national professional conferences revealed a different reality; White South Africans were overrepresented. This highlights the critical role that such forums play in shaping the profession's direction through research and networking. If BAFLS Audiologists are underrepresented at these events, their opportunities for influencing the profession are severely limited.

This raises the question of whether sufficient progress has been made toward racial transformation within Audiology, particularly in the upper echelons of professional forums and associations. The existence of the National Black Speech Language Hearing Association (NABSLHA), created to

amplify Black African voices in the profession, indicates some steps toward inclusivity. However, despite these efforts, the profession continues to grapple with racial dominance by one race, suggesting that symbolic representation does not necessarily equate to substantial transformation.

The persistence of racial dominance in Audiology reflects deep structural barriers that go beyond demographic representation. The participants worked in one province that was predominantly Black, but only when they went out of that province, did they realise that the profession is still predominantly White. Despite this, White dominance was felt in the absence of high numbers of White Audiologists in the province. This suggests physical transformation is still necessary so that the demographics of Audiologists resemble those of the population of the country, with the majority being Black, even in the more lucrative private sector.

Furthermore, the experiences shared by Participant 9 also suggest that there is still a need for fundamental transformation, which requires more than just racial diversity of membership in the Audiology community. Fundamental transformation demands a rethinking of the profession's culture, epistemological practices, and the creation of truly inclusive spaces for BAFLS Audiologists so that BAFLS Audiologists do not experience a persistent domination by other races, in the profession, even in their physical absence. There is therefore a need to explore the systemic forces maintaining these racial disparities and to determine actionable steps toward equitable representation in key professional structures.

6.4.1.2 Experiences of being doubted as a professional because of being BAFLS

Participant 1 described the experiences of being doubted, having her professional judgement questioned due to her race. She explained that, as a Black African, First Language Speaking female, within a linguistically diverse South African Audiology profession, she often felt that colleagues and society at large questioned her competence, expecting her to prove herself more than her non-BAFLS counterparts. This created a challenging professional environment where her abilities were constantly doubted.

Participant 1: "As a Black Audiologist, you need to perform more and prove that you're worthy of being in this profession. There's always a doubt about the quality of your work, and this happens more often to Black Audiologists. When it comes to dealing with medical aids, for example, you're put through challenges that others don't have to face."

This experience suggests the persistence of implicit bias³² in the profession, a concept well-documented in healthcare settings (FitzGerald & Hurst, 2017). Implicit bias refers to subconscious attitudes or stereotypes that influence our perceptions and interactions with others, even in the absence of overt discrimination (Ozturk & Berber, 2020). For BAFLS Audiologists like Participant 1, these biases often manifest in doubt about their professional competence, despite their qualifications and capabilities.

³² Implicit bias(es) are (typically negative and prejudiced, or stereotyped) views that people may hold and subconsciously associate with particular demographic characteristics (of a group of people). They could include subconscious negative views about people of a certain race, geographic location, age, and so forth. (FitzGerald & Hurst, 2017)

A study by Phelan and Griffiths (2019) notes that professional practice is often shaped by dominant cultural and socio-political arrangements, which can perpetuate stereotypes about certain racial or cultural groups. Participant 1's experience illustrates how implicit biases rooted in racialised assumptions create additional obstacles for BAFLS professionals who are expected to work harder to "prove" their worth in a field where non-BAFLS individuals may not face the same scrutiny.

Participant 8 shared a similar experience of feeling negatively judged as incompetent in her practice due to her race, which contributed to a lack of confidence in seeking help from colleagues. As a result, she explained that she avoided asking her non-BAFLS colleagues for assistance, fearing judgment about her competence:

Participant 8: "I wouldn't call a (former) classmate, who's Indian, and admit I don't understand something. I feel like I would be judged as incompetent because, as a Black Audiologist, I'm expected to be incompetent."

It is difficult to confirm whether Participant 8's fear of judgment is based on the actual biases of her colleagues, or her paranoia about being judged negatively by others. Nevertheless, her experience highlights how racialised perceptions can create barriers to accessing support and collaboration, critical elements for professional growth. This reflects findings from a systematic review (Abiodun et al., 2019), which notes that a lack of collegial support is a significant barrier to successful transitions into the healthcare profession.

It is important to recognise that these experiences of racialised doubt may not be universally shared. The perceptions of Participant 8, while valid, are based on her personal interactions and

cannot be generalised to all colleagues. However, her experiences suggest that implicit racial biases, whether real or perceived, are having a profound impact on the confidence of BAFLS Audiologists.

Overall, the experiences of Participants 1 and 8 underscore the need for deeper exploration into the systemic biases that may undermine the professional confidence and career progression of BAFLS Audiologists. Addressing these biases is crucial not only for individual well-being but also for fostering a more inclusive and equitable profession.

6.4.1.3 Experiences of (overt) racism by patients (refusal of services by BAFLS professionals)

Several participants in this study reported experiences of overt racism that significantly impacted their ability to provide services to patients. In some cases, non-BAFLS patients sought Audiology services from professionals of different racial backgrounds, predominantly White Audiologists, explicitly refusing care from BAFLS professionals. Participant 8 shared a personal account of how patients, particularly from different racial groups, would refuse her services, despite her being available to assist them:

Participant 8: "Some patients would simply refuse to be seen by me, even though I'm right there in front of them. They often wait for another Audiologist to come, even when I'm available. It's not just Black patients who do this..."

Participant 4: "it's not only Black people who act like this. Even patients from other races feel like they want an Audiologist who speaks their language or someone who isn't Black. They go from hospital to hospital, trying to avoid being treated by a Black person."

These experiences reflect the persistent racial biases in healthcare, which have been well-documented in the literature. Research has shown that patients often express racist attitudes toward healthcare providers, particularly those who are Black or from ethnic minority groups. For example, studies in the United States and the United Kingdom reveal that Black patients and ethnic minorities are often subject to racial stereotyping, inferior treatment, and in some cases, outright refusal of care (Penner et al., 2010; Sim et al., 2021). Similarly, a study by Paul-Emile et al. (2016) found that patients would sometimes refuse treatment from Black (African American) Audiologists, citing racial prejudice as a key factor.

The current study extends this understanding by highlighting the reverse phenomenon, patients refusing services from Black Audiologists based on racial bias. This suggests that racism is not confined to the treatment of patients by healthcare professionals but also affects healthcare providers themselves. Serafini et al. (2020) conducted a mixed-methods study where they found that was racism experienced by Black physicians, noting that not only colleagues but also patients expressed overt racial biases, contributing to the professional challenges faced by Black doctors. This underscores that racism in healthcare can come from multiple sources, including patients, colleagues, and institutions, and is not limited to the treatment of patients alone.

Although some may argue that these racist interactions are coincidental or represent isolated cases, the persistent patterns across this and other studies suggest that racism in the healthcare sector is a systemic issue (Khoza-Shangase, 2024; Louie-Poon et al., 2023; Wiapo et al., 2024). In the context of Audiology, BAFLS professionals like Participants 8 and 4 are often subjected to prejudices that undermine their professional dignity and limit their ability to deliver care. These experiences of

discrimination not only affect their emotional well-being but also hinder their professional growth and the delivery of equitable healthcare.

Ultimately, both the current study and existing literature reveal that racism remains a significant issue in healthcare worldwide, with Audiology not being exempt. Therefore, about 3 decades post-apartheid, it remains crucial to address both overt and implicit biases in the profession to ensure that all Audiologists, regardless of race, have equal access to opportunities and the ability to serve all patients effectively.

6.4.2 Experienced socio-economic class discrimination against BAFLS Audiologists

Socio-economic factors emerged as significant barriers that hindered both epistemological and physical access to the Audiology profession for BAFLS professionals. While these challenges were not overtly racial, they often intersected with racial and linguistic factors, amplifying the difficulties faced by these professionals. Key socio-economic issues included financial exclusion, limited access to private practice opportunities, and the broader socio-economic marginalisation of Black Africans within the profession.

6.4.2.1 Exclusion of BAFLS Audiologists from private (independent practice) job opportunities

As discussed in the previous subsection (6.4.1.3), racism remains a persistent challenge in healthcare professions, affecting both patients and professionals (Huot et al., 2019; Paul-Emile et al., 2016). Participant 9 shared an experience where she was denied a job opportunity in the private sector due to her race. Despite believing she was the best candidate for the job, her race was a

decisive factor in the hiring decision. She recounted her interview for a position at a hearing aid company on the south coast:

Participant 9: "I was looking for a job and was called for an interview at a hearing-aid company. The interviewer, a young White female, asked me, 'How are you going to handle situations where patients, particularly older Afrikaners, might be unkind? Not because of your competence, but because they are simply old-fashioned?' To me, 'old-fashioned' seemed to be code for something else it was about the colour of my skin. I realised I was the wrong skin colour for the job."

This statement raises multiple concerns. Firstly, the question posed by the interviewer is peculiar, suggesting an attempt to mask racial discrimination under the guise of discussing cultural differences. Also, the participant internalised this directly as code for racism, without any doubt, which suggests the likelihood that the current version of racism is more covert, implicit, and not explicit enough to be identifiable at first glance, which may make it more complex to manage or avoid. Secondly, Participant 9's experience highlights the racialised nature of hiring practices, where even if a candidate is highly qualified, their race can prevent them from being considered. Such instances suggest that in certain areas, even the most qualified professionals may be excluded based solely on their race, despite the advances in racial equality post-apartheid.

Similarly, Participant 10 described how the demand for Afrikaans-speaking candidates has become a tactic to indirectly exclude Black Africans from private practice opportunities. She elaborated:

Participant 10: "The problem with job vacancies, whether public or private, is the preference for Afrikaans-speaking or White English-speaking candidates. Even in the

private sector, the issue persists. Advertisements often specify a preference for Afrikaans or bilingual candidates, effectively eliminating me from consideration, as I am neither fluent in Afrikaans nor meet the implied racial preference."

These accounts underscore how racial and linguistic discrimination intersect to limit BAFLS Audiologists' access to employment, particularly in private practice. The use of Afrikaans in job advertisements and the preference for certain racial groups suggest a systematic and strategic exclusion of Black African professionals from lucrative employment opportunities in private healthcare settings.

The pervasive nature of racial discrimination in healthcare employment, including Audiology, is well-documented in the literature. Discriminatory practices often result in limited job opportunities, relegating qualified individuals to lower-status roles or excluding them entirely (Penner et al., 2010; Van Der Heever et al., 2019). Similarly, recent studies have highlighted that racial minorities in healthcare professions face difficulties in securing employment in the private sector due to racial biases that overshadow their qualifications (Wingfield & Chavez, 2020).

Furthermore, while the Employment Equity Act 55 of 1998 (Republic of South Africa, 1998) aims to address historical inequalities in employment, informal and covert systems of discrimination still persist, especially in private-sector hiring practices. Social networks, race, and socio-economic status continue to play a significant role in employment outcomes, despite policies that superficially prioritise historically disadvantaged groups (Cobbinah & Lewis, 2018; Pedulla & Pager, 2019). In the South African context, the legacy of apartheid continues to influence job

opportunities, particularly in private practice, where racial discrimination remains entrenched (Kanjere & Choenyane, 2022; Van Der Heever et al., 2019). As such, it is not surprising that BAFLS Audiologists face barriers to entering private practice, despite their professional qualifications.

This exclusion has broader implications for the Audiology profession, limiting diversity in the field and perpetuating systemic inequalities. It also affects patient care, as a lack of racial representation among healthcare providers may hinder the development of culturally competent services that meet the needs of diverse patient populations. Addressing these discriminatory practices is crucial for ensuring equal opportunities for all professionals and improving the quality of care within the healthcare system

6.4.2.2 BAFLS Audiologists' experiences of a lack of capital to start a private practice

Accessing independent practice through establishing one's own private Audiology practice is a significant challenge, particularly due to socio-economic factors such as affordability and the capital required for start-up. Starting or purchasing a private Audiology practice involves substantial financial costs (Drullinger, 2006; Schwab, 2016), and a lack of start-up capital can severely restrict access to private practice. This was the case for Participant 3:

Participant 3: "Equipment is expensive. And it's so expensive... And it's so hard for us (Black Audiologists) because you can't really get a loan that will cover everything else if you want to start a private practice. Compared to your White counterparts who have parents who give them money or start the business for them."

For Participant 3, the lack of financial resources was a barrier to entering private practice, which she attributed to her race. She expressed that if she were White, her access to capital would have been facilitated through family support, reflecting the unequal socio-economic landscape of South Africa. While this assumption may seem simplistic, it points to a deeper, structural issue: financial inequities persist beyond the end of apartheid and continue to shape the opportunities available to Black South Africans. South Africa remains one of the most unequal societies globally, with the Black majority generally facing lower household incomes than their White, Indian, and Coloured counterparts (Canham & Williams, 2017; Statistic South Africa, 2012).

In this context, Black African Audiologists are less likely to have access to family networks that can provide financial assistance to start a private practice. Additionally, financial institutions are often reluctant to offer loans to new graduates, particularly those without significant capital backing. While further research is needed to assess whether this is a widespread issue among BAFLS Audiologists, it is plausible that a significant number face similar challenges. This suggests a systemic issue where racial and economic barriers limit access to private practice, thereby indirectly restricting BAFLS Audiologists from accessing certain areas of practice and professional growth.

The financial challenges experienced by BAFLS Audiologists are indicative of broader systemic inequalities that continue to shape the healthcare sector. Despite the formal dismantling of apartheid, these socio-economic disparities have left a legacy that still impacts Black professionals' ability to access capital, start businesses, and thrive in private practice. Addressing these barriers

requires not only financial support but also a systemic shift in how resources and opportunities are distributed across racial lines.

6.4.2.3 Experiences of marginalisation from specialist Audiology knowledge (practice areas)

Several participants described experiences of marginalisation when attempting to access specialist areas of Audiology, including Auditory Processing Disorders (APD), Vestibular Audiology, and Cochlear Implants. While these areas are essential to the field, access to them is not as straightforward as one might expect. For example, cochlear implants require additional training, yet participants reported significant challenges in accessing such programmes. Participant 2 highlighted the perceived "gatekeeping" of these specialist areas, noting the exclusivity of access to advanced training:

Participant 2: "I didn't know there were closed doors in audiology, we only found out about [it] after graduation... You can't practice all of audiology just because you have your undergrad. Especially when it comes to vestibular, your cochlear implants, your APD. They form part of your audiology, but when you're doing undergrad, you feel like it's all incorporated. When you graduate, you realise it's not... Even your cerumen management and all of that, it's more of a specialised field, which it's not supposed to be because it was part of our undergrad."

Participant 2's statement reflects the challenges faced by many newly graduated Audiologists who find that what was considered part of their foundational training is, in practice, treated as a specialised area that requires further advanced education or certifications. This disparity in training opportunities may contribute to a perception of exclusion from these critical areas of practice due

to race. Furthermore, Participant 2's experience with Cochlear Implant programmes reflects the difficulties in accessing these specialised areas, with substantial barriers to entry, including financial costs, limited training opportunities, and institutional gatekeeping.

Racially skewed access to specialised training has been observed in other professions, such as psychology (Ahsan, 2020), law (Williams, 2019), and education (Picower, 2009), and is similarly apparent in Audiology. Participant 2's experience aligns with broader patterns of exclusion observed in other fields, where historically marginalised groups face greater challenges in accessing advanced training and professional networks. In my own experience, it was rare to encounter a Black African Audiologist providing cochlear-related services, a trend likely reflective of broader systemic barriers in both education and professional practice. However, it is important to note that while these experiences may be influenced by race, further investigation is needed to understand whether these barriers are explicitly racial or more reflective of socio-economic challenges in accessing specialised training.

Cochlear implant programmes in South Africa are limited, but the number is growing, with only 12 active programmes, and the costs associated with fitting and maintaining cochlear implants are prohibitively expensive (Bhamjee et al., 2022). This creates an environment where such services are predominantly accessible to well-resourced, private sector patients and professionals, often excluding those from lower socio-economic backgrounds. This financial barrier raises questions about the necessity of additional post-graduate training for cochlear implants, as questioned by Participant 2, especially when such services could be integrated into broader audiology practice.

Access to other specialised fields, such as vestibular audiology and auditory processing, has improved in recent years, with these areas now included within the scope of Audiology practice. However, these practices are still not as widely implemented as they should be. Many professionals report discomfort or lack of confidence in offering such services (HPCSA, 2012; Khoza-Shangase et al., 2020). It is unclear why Participant 2 believed further training was needed in these areas when they are part of the undergraduate curriculum. This misperception may stem from a lack of mentorship or exposure to these practice areas in clinical settings.

The South African healthcare system, while more racially integrated post-apartheid (Maphumulo & Bhengu, 2019), continues to reflect disparities in access based on socio-economic status. The majority of poor South Africans rely on the public healthcare sector, which is often overcrowded and under-resourced, while more affluent individuals, typically from minority groups, access better-resourced private healthcare (Marten et al., 2014). This imbalance also extends to Audiology, where Black African patients are more likely to access services in the public sector, and where most private sector Audiologists are White (Pillay et al., 2020). This unequal distribution of healthcare resources and opportunities for practitioners creates a racial and socio-economic divide that restricts access to quality care and advanced training for BAFLS Audiologists, reinforcing the notion that the private Audiology sector in South Africa remains largely accessible to the affluent, predominantly White population.

The challenges faced by BAFLS Audiologists in accessing specialist areas reflect broader systemic inequities in South African society. These barriers seem to be rooted in historical and ongoing

racial and socio-economic disparities, which continue to limit access to professional training, practice areas, and resources, particularly in the private healthcare sector.

6.4.3 Experiences of poor working conditions limiting access to Audiology

Contextual barriers, such as resource constraints and negative attitudes among patients, significantly impacted the participants' experiences of accessing Audiology services. Audiology is a resource-intensive profession, and certain essential tools are required to perform accurate assessments. For example, a reliable hearing assessment cannot be conducted without an audiometer. The absence of such equipment, therefore, limits the scope of services an Audiologist can provide.

6.4.3.1 Experiences of Resource Constraints Limiting Access to the Profession

Audiology practice, whether in the private or public sectors, requires costly and specialised equipment. Essential tools for many Audiology procedures include audiometers, otoscopes, sound-treated booths, and immittance audiometers (HPCSA, 2012; Schwab, 2016). As noted by Participants 8 and 5, a shortage of such equipment directly limits the range of services an Audiologist can offer:

Participant 8: "Like, ja, it's limiting my knowledge that equipment is not available."

Participant 5: "We don't do ABR [Auditory Brainstem Response], we refer. Somehow you even forget how certain procedures were conducted."

Resource constraints can take various forms, such as limitations in equipment, knowledge, skills, or human resources, all of which restrict access to specific Audiology services (Makhoba &

Joseph, 2016; Moyimane et al., 2017; Tan, 2018). As the participants observed, a lack of necessary equipment not only restricts the services Audiologists can provide but also leads to a decline in procedural proficiency over time. In some cases, Audiologists may forget how to perform certain specialised procedures due to infrequent practice.

This issue is not unique to Audiology. A study in Virginia, USA, highlighted how resource constraints affected teaching practices in elementary schools despite teachers being well-prepared at the undergraduate level (Johnson & Dabney, 2018). Similarly, a study in Hong Kong concluded that resource constraints undermined not only teaching and learning but also school leadership (Tan, 2018). In South Africa, a phenomenological study in a Limpopo district hospital revealed that resource constraints led to poorer quality healthcare services, and compromised clinical training for students in academic hospitals (Moyimane et al., 2017).

In Audiology, equipment shortages often lead to deviations from best practice protocols, even when professionals have the necessary skills and knowledge (Teixeira & Joubert, 2014). This exacerbates the inequality between the private and public healthcare sectors. Since most BAFLS Audiologists work in the public service, the lack of resources often results in their services being perceived as substandard. This, in turn, impacts the quality of care for BAFLS patients who rely on government hospitals, exposing them to potentially inadequate healthcare (Mhlanga & Garidzirai, 2020).

6.4.3.2 Experiences of Audiology being seen as inferior to other medical professions

Audiology is classified within the allied health professions, alongside Speech Therapy, Physiotherapy, and Occupational Therapy, which primarily focus on rehabilitation services aimed at restoring lost or limited function due to illness. However, medical professions such as medicine and dentistry are often perceived as superior to Audiology, creating an informal hierarchy within the healthcare system, where Audiology is considered to be at the bottom (Bleakley, 2013; Nguyen et al., 2019). This perception of inferiority, particularly among medical doctors, negatively impacts the experiences of Audiologists in multidisciplinary settings.

As Participant 8 explained, the perception of Audiology as a lesser profession becomes evident in interactions with other healthcare professionals, particularly doctors:

Participant 8: "It's just... it's... You see the one about being at the bottom comes up when you meet with other professionals, like the doctors. Then it comes down to you being down there at the bottom."

When prompted to elaborate on what she meant by Audiology being "at the bottom," Participant 8 described how her professional recommendations were sometimes disregarded by medical doctors, particularly in cases where referrals were made. One example involved a patient referral where the doctor did not follow her clinical recommendations, resulting in negative consequences for the patient's care, especially in managing hearing loss linked to ear infections or other medical conditions.

Participant 8: "I feel like if they (the external forces impacting the design of the scope of practice) were to add something like dispensing [prescribing medication], something as

simple as wax drops, we wouldn't have to beg a doctor for approval. Why can't we have something like optometrists, who have a therapeutics module that allows them to prescribe medication? Instead, we always have to ask doctors, 'Can you do this?' just to monitor the patient's progress."

This lack of mutual respect between Audiologists and other healthcare professionals in multidisciplinary teams negatively impacted the quality of service provided to patients (Nguyen et al., 2019).

In addition to interprofessional challenges, some participants, including Participant 1 (discussed in section 6.2.1.3), noted a lack of training in collaborative practice within the undergraduate curriculum. However, it remains unclear whether Participant 8's experience reflects this issue specifically. The perceived hierarchical (professional hierarchy³³) order within the healthcare sector, with doctors at the top and allied health professionals such as Audiologists lower down, affects the professional experiences of healthcare providers and their sense of importance relative to others (Wingfield & Chavez, 2020).

Research by Mayaki and Stewart (2020) found that healthcare providers outside of the medical field often perceive doctors as having a superiority complex, leading to feelings of inferiority among nurses and other non-medical professionals. Wingfield and Chavez (2020) argue that this institutional hierarchy fosters the belief that some professionals are inherently more important than

³³ A professional hierarchy can be understood as perceived superiority/inferiority ranking among different professionals where one professional group is perceived to be superior to another.

others, leading to overt discrimination for those at the bottom of the hierarchy and more subtle forms of discrimination for those at the top. Such dynamics can limit the opportunities for Audiologists to engage meaningfully in multidisciplinary practices, as seen in Participant 8's experience, where Audiology was perceived as the least important profession, hindering access to collaborative opportunities in patient care.

6.5 Positive experiences (facilitators) of accessing Audiology

Not all the experiences were negative. Positive experiences of accessing Audiology through professional practice were also reported, with two key sub-themes emerging within this main theme. First, a shared language between patients and Audiologists facilitated access to Audiology. Second, a shared cultural understanding between patients and participants fostered mutual comprehension, leading to positive experiences when accessing Audiology.

6.5.1 Experiences of language as a facilitator of epistemological access

Although negative experiences of accessing Audiology post-graduation were more prominent, participants also reported positive experiences. In contrast to the linguisticism, they encountered while accessing the undergraduate curriculum, being BAFLS had a positive impact on their professional practice, particularly when their demographic similarities with patients facilitated better patient-clinician interactions. Participant 2 shared:

Participant 2: "Being a BAFLS Audiologist is significant because most of the Audiology therapy should be conducted in the patient's first language. Many of the patients we serve speak only their first language, and this demographic similarity is crucial. For instance, about 80% of the population we serve speak only their first language."

Language differences between patients and healthcare providers often create communication barriers, which can result in misunderstandings and negative treatment outcomes (Jahan & Siddiqui, 2019; Ranjan et al., 2015). However, as demonstrated by Participants 2 and 3, sharing a common language with patients can lead to more effective communication and positive outcomes.

Participant 2: "When you speak in their native language, patients feel more at ease. They feel welcomed and less like they are the patient and you are the doctor. The gap between us is bridged more easily."

Participant 3: "Patients are more comfortable and able to ask questions. They often worry about phrasing their questions in English or fear making mistakes. But when I speak Zulu with them, that barrier is removed, and they feel more open."

These participants found that speaking the same language as their patients enhanced communication and fostered a deeper connection (Ha & Longnecker, 2010; Martin et al., 2005). Effective communication is essential in healthcare, as it allows healthcare professionals to share information in a way that maximises patient understanding (Cox & Li, 2020). The experiences shared by Participants 2 and 3 suggest that when clinicians and patients speak the same first language, their interactions are more meaningful, potentially leading to more effective and impactful clinical services.

6.5.2 Experiences of culture (ethnicity) as a facilitator of epistemological access

Cultural differences between patients and healthcare providers can negatively impact patient engagement, understanding of medical information, and adherence to treatment recommendations (Saha, 2006). Conversely, shared cultural backgrounds between a patient and their healthcare

provider can facilitate patient-centred care, enhancing communication and mutual understanding (Jönsson et al., 2020). Participant 7 shared her positive experiences in this regard:

Participant 7: "In Audiology, being sensitive to culture plays a huge role in patient counselling. We have a deeper understanding compared to other races. I believe that understanding a patient's cultural background helps in treating them more effectively. For example, my colleague might be more likely to reprimand a mother who delays seeking intervention, but I understand the cultural reasons behind her decision."

Cultural sensitivity³⁴ and competency³⁵ have become essential in healthcare as cultural diversity is now the norm globally (Paternotte et al., 2015). Different ethnic and cultural groups have unique frameworks that influence their understanding of health challenges and treatment options, which can complicate cross-cultural interactions (Würth et al., 2018). Healthcare providers who are culturally sensitive and open-minded are more likely to experience successful interactions with patients from diverse backgrounds (Paternotte et al., 2015; Yang et al., 2020).

In South Africa, where this study was conducted, the cultural landscape is highly diverse, with at least eleven cultural groups. However, Pillay et al. (2020) highlight that fewer than 4,000 Audiologists practice across the country, making it unlikely that Audiologists and their patients will share a common cultural background. This raises important questions about the preparedness of Audiology students to engage in culturally sensitive practice after graduation. If Audiology

³⁴ Cultural sensitivity: The extent to which patients' cultural beliefs, norms, and values are acknowledged (and sometimes incorporated) in healthcare related engagement with patients. (Resnicow et al., 1999)

³⁵ Cultural competency: The professional's ability to understand the patient's point of view from the patient's cultural perspective, particularly in a service related engagement with a patient that may be influenced by the patient's culture. (Sue, 2006)

training focuses more on serving White English-speaking patients and relies on a shared cultural background with Black African First Language Speakers (BAFLS), it suggests a need to reconsider the curriculum to better prepare students for working with diverse populations, including those whose cultural backgrounds differ from their own.

6.6 Chapter Summary

This chapter presented the findings on how participants experience epistemological access to Audiology through their professional practice. The results indicate that the challenges participants face in accessing professional knowledge outweigh the facilitators of epistemological access. The longitudinal impact of the undergraduate curriculum was a significant factor, with many participants highlighting gaps in their knowledge, which they attributed to insufficient exposure to key knowledge areas during their studies. As a result, they found it difficult to fully engage with certain aspects of the profession.

To overcome these challenges, participants sought epistemological access through alternative platforms, such as revisiting theoretical content from the undergraduate curriculum, engaging with colleagues, and attending Continuing Professional Development (CPD) workshops and journal clubs. In situations where their knowledge was adequate but not immediately applicable, participants adapted their understanding through an iterative process, constantly integrating theory with practice. This back-and-forth process allowed them to bridge the gap between the academic knowledge they had gained and the practical realities of their work.

6.7 Conclusion

In conclusion, the findings from this study reveal that while the participants encountered significant challenges in epistemologically accessing Audiology, they employed a range of strategies to bridge these gaps. The limitations of the undergraduate curriculum, particularly in terms of providing sufficient professional knowledge, were a central issue. However, participants demonstrated resilience and adaptability by seeking alternative sources of knowledge and engaging in a cyclical process of theory-practice integration. These findings underscore the need for a more comprehensive and contextually relevant curriculum that prepares students not only with theoretical knowledge but also with the practical tools to navigate the complexities of professional Audiology. Future research could explore how curriculum reforms could better support epistemological access and help students transition more effectively into practice.

CHAPTER 7: ONTO-EPISTEMOLOGICAL REASONS FOR HOW THE BAFLS EXPERIENCED ACCESSING AUDIOLOGY

7.1 Introduction

The Audiology undergraduate curriculum and profession in South Africa are progressively diversifying in alignment with the country's broader transformation agenda, aiming to increase accessibility for students and professionals from various ethnic, cultural, racial, and linguistic backgrounds (DoE, 1996; DoH, 1997). Despite these changes, findings from the experiences shared by Black African First Language Speakers (BAFLS) Audiologists in this study (see Chapters 5 and 6) suggest that true epistemological inclusivity in the curriculum and profession remains limited. This study participants reported a range of challenges in accessing Audiology, both as students and as professionals, reflecting gaps in the curriculum's ability to provide epistemological access that fully addresses diverse needs. Some positive experiences were noted, particularly when participants shared demographic similarities with lecturers, colleagues, or patients, which appeared to ease access and foster a sense of inclusion.

In this chapter, I analyse the underlying reasons for these experiences, addressing this study's third objective (see section 4.2.2). I ground my discussion in Martin Heidegger's "Being and Time" (Heidegger et al., 1962), which explores the ontological framework of one's existence and the ways it shapes engagement with the world. I supplement the pre-set study framework (section 2.3) an additional analytical framework that enabled an extended explanation of the emergent themes in the data. I first discuss the philosophical, ontological, and epistemological background to the participants' "Being" as BAFLS Audiologists, drawing on relevant literature. I then compare the

epistemological foundations of the Audiology curriculum and profession with the BAFLS participants' lived experiences thereof, highlighting the dissonance as a reason for the negative experiences.

Furthermore, I consider the temporal context of the participants' experiences, exploring how they align with or diverge from South Africa's post-colonial, post-apartheid efforts to transform higher education and professional fields such as Audiology. In my interpretation of the findings in Chapter 5 and 6, I argue that the Audiology curriculum at the UoI and the broader profession continue to reflect a colonial-era epistemological structure, a state I term "quasi-apartheid". This quasi-apartheid state subtly perpetuates exclusionary practices in the curriculum and professional practice, which restrict epistemological access for BALFS individuals. Therefore, although BAFLS students and professionals have gained physical access to the curriculum and profession, the dominance of (White, English) (Figure 6) exclusive epistemologies remain. Hence, based on all the findings, I argue that, by retaining aspects of a colonial and quasi-apartheid framework, Audiology has restricted fundamental (true) epistemological inclusivity toward BAFLS individuals.

7.2 Additional Theoretical Framework for Interpreting BAFLS Experiences

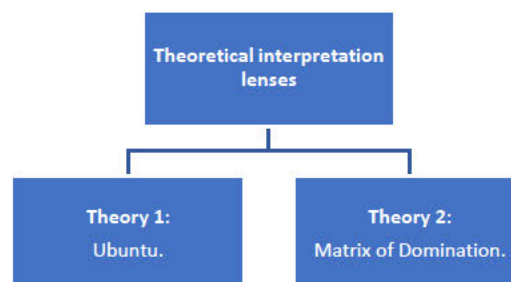


Figure 6: The lenses for a theoretical interpretation of the findings

The Audiology curriculum in South Africa seems to promote an epistemological approach that may not naturally resonate with the experiences of Black African First Language Speakers (BAFLS) students and professionals. The participants' reflections suggest that race, culture, ethnicity, and language often serve as bases for marginalisation within both the undergraduate curriculum and the profession. As such, their identity as BAFLS individuals, a fundamental aspect of their 'Being', was frequently experienced as a barrier, impacting their educational and professional engagement with Audiology (see sections 5.4.2.4 and 6.4). This perceived disconnect limited their epistemological access and constrained their ability to fully integrate into the profession.

While the framework outlined in Chapter 2 (Figure 1) provided an initial guide for data generation and analysis, it was insufficient for interpreting the complexities of the participants' experiences. To address this, I integrated two additional theories to deepen my understanding of why participants experienced epistemological access to Audiology as they did. First, the theory (philosophy) of *uBuntu* (see section 7.4.1.1) offered a foundation for interpreting participants' experiences within the undergraduate curriculum, helping to reveal the dissonance between their ontological, cultural backgrounds and the curriculum's Eurocentric orientation. Second, Patricia Hill Collins' *Matrix of Domination* (Figure 6) provided a lens for understanding participants' experiences within professional practice, emphasising how intersecting social identities contribute to their challenges in the field. In section 7.3, I draw a critical distinction between Eurocentric and Afrocentric philosophical perspectives as contexts for my thesis.

7.2.1 Understanding the (a)*Bantu* (*uBuntu* Identity)

I interpret *uBuntu* as a uniquely African perspective on Heidegger's "Being and Time" (Heidegger et al., 1962), where *Being* is understood collectively rather than individually. Through this lens, I examine the ways that participants' identities as *aBantu* shape their engagement with Audiology, shedding light on how their collective *Being* contrasts with the individualistic, Eurocentric orientation of the curriculum. This contrast underscores the participants' challenges in navigating an educational framework that does not fully accommodate their culturally grounded ways of knowing and being (Komo, 2017).

By focusing on the shared experiences of the BAFLS participants, I aim to illustrate how the predominantly Eurocentric framework of Audiology in South Africa creates barriers to epistemological access. Although individual differences exist within this group, the participants' reflections reveal common experiences rooted in an Afrocentric perspective. Through this comparative analysis, I argue for a curriculum that is aligned with *uBuntu* values in order to better support and empower BAFLS students and professionals, fostering an inclusive educational environment that respects diverse cultural identities.

The *aBantu*, a cultural and linguistic group spread across sub-Saharan Africa, embody an African philosophy rooted in *uBuntu*, a perspective that emphasises interconnectedness, community, and collective identity (Grollemund et al., 2015; Li et al., 2014; Sulamoyo, 2010). For Black African First Language Speakers (BAFLS) from the *aBantu* group, such as the AmaZulu participants in this study, *uBuntu* is more than a philosophical choice; it is an inherent way of *Being*. As members of this super tribe, the participants are socialised into *uBuntu* through language, culture, and daily

practices (Ewuoso & Hall, 2019). This foundational worldview contrasts sharply with the Eurocentric values underpinning the Audiology curriculum in South Africa, creating a challenging environment for BAFLS students to navigate.

Additionally, cultural identity and *uBuntu* are inextricably linked to *aBantu* Being, which influences how BAFLS students engage with knowledge. Unlike individualistic Western philosophies, *uBuntu* values collective existence and relational knowledge. This perspective shapes how *aBantu* students approach education and professional roles, seeking meaning in community and shared responsibility rather than the individualistic focus often found in Eurocentric curricula (West & Morris, 1976).

In summary, understanding the *aBantu* identity and the philosophy of *uBuntu* is crucial for appreciating the unique challenges faced by BAFLS students in South Africa's Audiology programmes. The participants' experiences underscore the need for curricula that respect and integrate Afrocentric values, recognising that *Being* is deeply connected to one's cultural and linguistic heritage. Only by valuing these perspectives can higher education institutions genuinely support all students, fostering a more diverse and inclusive learning environment. However, at this point, the South African higher education system, including undergraduate Audiology, seems to subscribe more to Eurocentrism, which I discuss next.

7.3 Western Eurocentric vs Afrocentric philosophy in higher education

Literature on South African higher education frequently critiques how the system marginalises the cultural, racial, and philosophical identities of BAFLS students (Hlatshwayo, 2020; Hlatshwayo

& Fomunyan, 2019). Yet, the extent and nature of this marginalisation vary across disciplines. In Audiology, a discipline heavily rooted in Eurocentric frameworks, BAFLS students and practitioners seem to experience persistent marginalisation despite institutional commitments to transformation, which are often limited to racial representation rather than encompassing deeper philosophical reform.

Philosophy, broadly understood as the pursuit of wisdom, diverges significantly between African and Western traditions. African philosophy reflects African cultural wisdom, viewing knowledge as collective and rooted in historical and communal experience (Komo, 2017). However, scholars debate what defines African philosophy, questioning whether it is geographical location, cultural heritage, or the perspectives of African thinkers that make it uniquely African (Uduma, 2014). Many argue that African philosophy emphasises reconnecting with indigenous ways of knowing, particularly in response to colonial and apartheid histories that continue to influence contemporary education (Ndlovu-Gatsheni, 2015). Consequently, decolonial perspectives are central to African philosophy, aiming to dismantle entrenched structures of coloniality, such as Eurocentrism, white privilege, and the marginalisation of African viewpoints (Etta & Offiong, 2019; Oelofsen, 2015).

Recent movements, such as #FeesMustFall and #RhodesMustFall, underscore how students perceive the continued presence of colonial ideologies within South African universities (Ndlovu-Gatsheni, 2016). These movements reveal that despite political and legal advancements, colonial mindsets remain entrenched in institutional cultures and curricula, creating environments that are often alien to BAFLS students and their worldviews (Makhanya, 2021).

Within this context, African philosophy offers an Afrocentric lens on knowledge that centres cultural values and insider perspectives. *UBuntu* exemplifies such a philosophy, emphasising interconnectedness, communal knowledge, and respect for elders. In *uBuntu*, wisdom is accumulated over generations, with elders occupying a privileged role as knowledge bearers and moral guides (Michel et al., 2019). African knowledge transmission is largely oral, valuing intergenerational exchange within communities rather than individualistic, critical analysis often championed in Western traditions (Adekannbi et al., 2014; Maluleka & Ngoepe, 2018). This collective, respect-based approach contrasts sharply with Western philosophies, which encourage questioning and individualism as central to knowledge and identity (Mathebula, 2020; Sindima, 1990).

Given African philosophy's holistic, communal orientation, it is incongruous that South African universities do not seem to or are experienced as not prioritising these values in curricula, particularly in disciplines serving African communities, like Audiology (Mbembe, 2016). As seen in this study and supported by literature, Eurocentric paradigms dominate the Audiology curriculum, sidelining Afrocentric philosophies and alienating BAFLS students in the process. This exclusion relates to what Maris calls "philosophical racism," wherein African philosophies are minimised or dismissed by Western thinkers as mere ethnophilosophy, a perspective confined to understanding cultural particularities rather than universal truths (Komo, 2017; Maris, 2020).

Eurocentric philosophy diverges from African philosophy in essential ways. Western philosophy often values critical inquiry, scepticism, and individual self-discovery, suggesting that truth is subjective and can be pursued through questioning, regardless of social status or age (Mathebula,

2020). As mentioned earlier, this individualistic approach contrasts with *uBuntu*, which prioritises collective identity and communal harmony over individual achievements or intellectual autonomy (Molose et al., 2018).

African epistemology recently gained attention within African philosophy (Higgs, 2010). The sciences and health science fields have begun exploring Africanisation and African philosophical approaches (Lewis, 2018; Witthuhn & Roux, 2017). However, such discussions remain scant in some disciplines, such as Audiology. This lack of attention given to Afrocentric approaches to knowledge in Audiology is concerning, as suggested by the current study findings and some scholars (7.4.1.2).

7.4 Reasons for the way the participants experienced accessing Audiology

In section 7.2.1, I examined the cultural and philosophical foundations that shape *aBantu* identity. Section 7.3 provided a brief background on African philosophy as contrasted with Western philosophy. In this section, I draw upon this study's findings and some South African-specific literature to demonstrate that Audiology's philosophical foundation remains predominantly Eurocentric. This context underpins my philosophical argument for understanding the reasons why participants in this study experienced Audiology as they did.

To interpret the participants' experiences more deeply, I employed two theoretical frameworks that emerged as crucial post-data generation. These theories, *uBuntu* and the *Matrix of Domination*, offered valuable insights for analysing themes that could not be fully explained through the initial framework. While the *uBuntu* theory provided a lens to explore ontological dissonance in the

participants' experiences of accessing Audiology, The *Matrix of Domination* theory sheds light on the methodological dimensions of the engagement with the Eurocentric Audiology field (Limpangog, 2016; Mupedziswa et al., 2019). Both theories align with this study's interpretive paradigm and resonate well within the overarching hermeneutic phenomenological framework.

Having discussed *uBuntu* at a philosophical level (7.2.1.), I extend that discussion, now adopting *uBuntu* at a theoretical level in examining the participants' ontological dissonance within Audiology. Rooted in African communal values, *uBuntu* emphasises interconnectedness, collective identity, and respect for wisdom passed down across generations. Through *uBuntu*, we gain insight into how these values, central to the *Bantu* identity, were challenged or undermined in an environment that largely overlooks Afrocentric epistemologies.

Through the *Matrix of Domination* theory, I further contextualised the participants' experiences by illuminating the intersecting structures or forces of power and oppression experienced to have been instrumental in shaping the participants' access to and engagement within Audiology. This framework enabled a nuanced understanding of the socio-cultural and institutional dynamics that reinforce Eurocentric dominance and marginalise African knowledge systems. The participants' experiences were therefore not only individual encounters with a field but were also likely shaped by broader historical and systemic forces that favour Eurocentric norms. Applying these frameworks helps reveal the multifaceted reasons why participants felt disconnected or marginalised in their journey to access and practice Audiology. By examining the interplay between personal, communal, and institutional factors, this study highlights the need for a more inclusive, Afrocentric approach to Audiology in South Africa.

7.4.1 Ontological Dissonance as a reason for the participants' experiences

The experiences of BAFLS Audiologists within Audiology can be understood through the lens of ontological dissonance, a fundamental mismatch between their cultural identity and the philosophical values embedded in Audiology at both curricular and professional levels. This dissonance arises from the Eurocentric foundation of Audiology that seems to fail to acknowledge or integrate the African values and worldviews that shape the very essence, or “Being,” of *aBantu*.

As mentioned earlier (Section 7.3), *Ubuntu*, which emphasises communal interconnectedness, collective identity, and mutual respect, is central to the identity of *Bantu* people. For BAFLS Audiologists, *uBuntu* forms a core part of their ontological framework, shaping not only their sense of self but also their understanding of relational and ethical dimensions in professional practice. However, this philosophical standpoint conflicts with the predominantly individualistic and empirically driven ethos of a Eurocentric Audiology. In order to further unpack this conflict (section 7.4.1.2), I first explain the *uBuntu* theory (Section 7.4.1.1)

7.4.1.1 Unpacking the *uBuntu* Theory

I found that the *uBuntu*³⁶ theory offered a compelling framework for understanding what “being” means for BAFLS individuals (Heidegger et al., 1962; Horrigan-Kelly et al., 2016; Suddick et al., 2020). *Ubuntu* is a philosophy, and theory deeply rooted in Black African cultures, embodying a communal and relational way of being (Sulamoyo, 2010). Mugumbate and Chereni (2020, p. vi) define *uBuntu* as “a collection of values and practices that Black people of Africa or of African

³⁶ *Ubuntu* is a theory about the way of being for the Black people of African origin, formalised by Zimbabwean born Stanlake Samkange in the early 1980s. (Mugumbate & Chereni, 2020; Samkange, 1980)

origin view as making people authentic human beings.” While these values may differ across African ethnic groups, they universally emphasise an authentic human being’s connection to a larger communal, societal, and spiritual world.

According to (Samkange, 1980), *uBuntu* emphasises humanity’s interconnectedness, the sanctity of life, and the prioritisation of communal well-being over individual pursuits. This philosophy supports the idea that one’s humanity is, in part, realised through others. Okyere-Manu and Konyana (2018) distinguish (³⁷)*Muntu*, a person whose identity and actions reflect communal values, from *uBuntu*, the guiding principle of kindness and relational ethics. They argue that *uMuntu* is one whose identity is rooted in African origin and Blackness, reinforcing a shared cultural bond that unites aBantu people and distinguishes them from others.

However, like any theory, *uBuntu* is not without limitations. Metz (2011) critiques *uBuntu* for its vagueness, its potential conflict with individual autonomy, and its tension with democratic systems in modern South Africa. Nevertheless, Metz (2011) refutes the notion that *uBuntu* is solely about collective welfare, proposing instead that it involves all individuals playing an ethical role in fostering good communal relations. This suggests that *uBuntu* requires individuals to consider their actions towards others as a reflection of communal values. Those who fail to uphold these relational responsibilities may be perceived as lacking humanity, as expressed in cultural idioms that label such people as “animalistic” (Chigangaidze & Chinyenze, 2022).

³⁷ The (u) in *uMuntu* is a prefix that functions as a singularity indicator in a noun in some Nguni languages like isiZulu. The (a) in (a)*Bantu* is a prefix that indicates plurality in a noun. (Byamugisha et al., 2018).

The values embedded in *uBuntu* provide insight into how young adults from BAFLS communities may approach the Audiology programme, often showing respect and humility toward elders, including their lecturers, in the same way they would towards family members. Yet, conflicts arise when these culturally grounded behaviours clash with the Eurocentric norms implicitly promoted in the Audiology curriculum (discussed in section 3.5). I argue that this cultural misalignment is a key factor underlying the challenges experienced by participants as they navigated access to Audiology education. For these students, being *aBantu* (plural of *uMuntu*) is fundamental to their identity and influences their perception of their educational and professional experiences within a field that does not always acknowledge or integrate this worldview (see Section 7.4.1.2).

7.4.1.2 The conflict between uBuntu and Eurocentrism experienced in educational and professional settings

The participants in this study, who identify as BAFLS Bantu individuals, navigate a unique dual reality. They were raised in African cultural contexts grounded in the *uBuntu* worldview at home, while simultaneously being exposed to Eurocentric worldviews and epistemologies in educational and professional settings (Ngubane & Makua, 2021). This ongoing shift, adopting a Westernised, Eurocentric worldview at university and work, then returning to their cultural roots at home, created a profound ontological conflict in their sense of being. The need to “switch” between these contrasting realities forced participants to work harder to achieve academic success compared to their White First Language Speaking peers, who did not experience this cultural dissonance (see section 5.2.2.3).

Khoza-Shangase and Mophosho (2021) argue that the profession in South Africa predominantly serves the minority (White South Africans of European descent), while it marginalises the majority (Black Africans). Pillay and Kathard (2018) echo this sentiment, noting that the profession's reliance on empirical, positivist approaches reduce African patients to pathologies that need "fixing" outside of their cultural, racial, and ethnic contexts. This rigid framework often overlooks the cultural dimensions of communication and hearing challenges, thereby diminishing the relevance and effectiveness of interventions for African clients (Pillay & Kathard, 2018; M. Pillay et al., 1997). Additionally, many resources used in Audiology were reported to lack contextual relevance, further detaching the field from the lived realities of African patients, which seems to still be the case to date (Pascoe & Norman, 2011).

The participants' experiences seemed in alignment with the above concerns as they also suggest that there is a broader philosophical and epistemological conflict between Eurocentric and Afrocentric worldviews within higher education in South Africa, where curricula often overlook diverse ways of being (Heleta, 2016; Hlatshwayo & Fomunyam, 2019). In Audiology, Eurocentric and Western standards are often treated as the default, while Afrocentric perspectives remain marginalised. Audiology's alignment with Eurocentrism, as discussed in Section 7.4.1, directly and negatively impacts BAFLS students by failing to affirm or integrate their cultural values and ways of knowing. Thus, the feeling of alienation reported by the study participants in the current study, who felt pressured to conform to Eurocentric norms to succeed academically and felt marginalised if they didn't conform (Section 6.4.1.1).

One notable challenge for *aBantu* students in the field of Audiology is linguistic. BAFLS students are often expected to operate primarily in Western or European languages such as English or Afrikaans, sidelining their first languages, which are integral to their identity and worldview (Strydom, 2018). As language carries cultural knowledge and ways of engaging with the world, this emphasis on Eurocentric languages in the curriculum can alienate *aBantu* students through forcing them to adopt foreign linguistic and cultural norms that may feel misaligned with their own identities. Consequently, this linguistic barrier restricts their ability to fully engage with the curriculum and to express themselves authentically.

Language is one of the primary ways culture is expressed, with an inseparable link between language and worldview (Pandhiani & Umrani, 2016). Expecting students to shift from their African (first) language to English in academic contexts can be seen as asking them to adopt a different cultural identity. This shift, which involves what I term *culturalism*, promotes one culture over another by implicitly advancing the values and ways of being associated with the dominant culture (Dirlik, 1987). This form of culturalism is often covert, positioning the Eurocentric perspective as the normative framework while marginalising Afrocentric worldviews within the Audiology curriculum and professional practice.

Participants also experienced what I refer to as *linguicism* (see section 5.2.2.1.2), a form of discrimination rooted in language, which had significant impacts on their academic performance and epistemological access. Operating in English, a language foreign to their cultural and linguistic roots, created barriers to fully accessing knowledge. This linguistic and cultural dissonance persisted even after graduation, with participants feeling better prepared to serve White, English-

speaking clients, despite the fact that most of their future patients were likely to be BAFLS individuals (see section 5.4.2.3).

The abovementioned philosophical conflict highlights the need for a curriculum and professional practice framework in Audiology that better integrates Afrocentric perspectives. Given the participants' experiences of such a conflict, a more inclusive approach to higher education, particularly in disciplines like Audiology, is warranted. Rather than a singular Eurocentric focus, a multi-dimensional approach that integrates Afrocentric perspectives alongside Western theories could provide a more accommodating environment for students from diverse backgrounds (Krücken et al., 2006). There is, therefore, a need for an approach that could enrich the learning experience and foster a more meaningful engagement for Bantu students, who bring unique cultural perspectives that could enhance the field of Audiology and other academic disciplines.

7.4.2 Epistemological reasons for how the participants experienced accessing Audiology

Philosophy shapes epistemology (Hathcoat et al., 2019), and African philosophy, specifically *uBuntu*, influences both the ontology and epistemology of *aBantu* individuals (Ntim, 2021). Therefore, a profession built on Eurocentric foundations, like Audiology, inherently adopts Western epistemologies, which can conflict with African worldviews (see Section 7.4.1.2). Integrating any knowledge system into professional practice in contemporary Africa is often complex, as it encounters a range of cultural and historical challenges (Maris, 2020).

External factors heavily influence the epistemological orientation of both curriculum and professional fields (Graham et al., 2006; Moodie et al., 2011). South Africa's education system,

still deeply impacted by its colonial legacy, provides a prime example (Heleta, 2016; Higgs, 2010; Khoza-Shangase & Mophosho, 2021; Ndlovu-Gatsheni, 2016). As an undergraduate programme, Audiology remains embedded within a predominantly Eurocentric higher education (HE) system in South Africa (Heleta, 2016). This historical context explains why the participants encountered a predominantly Eurocentric curriculum and professional standards that echo those from colonial and apartheid eras (Moonsamy et al., 2017; Swanepoel, 2006; Uys & Hugo, 1997). There is thus an ongoing need for transformation within the epistemological foundation of the Audiology profession to align it more closely with African perspectives (Khoza-Shangase & Mophosho, 2018), a topic explored further in the following section.

7.4.2.1 African Epistemology (or the lack thereof) in the South African Education System

Decolonising educational institutions, both schools and universities, has the potential to drive broader societal change, influencing life beyond the university (Du Plessis, 2021). A curriculum that reflects local societal values is more likely to resonate with students than one that prioritises foreign principles (Le Grange, 2016). Despite the formal end of colonisation in South Africa, Eurocentrism and the epistemic exclusion of African perspectives persist in the education system (Heleta, 2016). Programmes like the Audiology undergraduate curriculum fail to promote or reflect the philosophical values relevant to South African society (Moonsamy et al., 2017; Ndlovu-Gatsheni, 2016). This disconnect contributes to the participants' experiences of a curriculum that is experienced as contextually irrelevant (see Section 5.3.3.1).

Additionally, participants faced epistemic exclusion of Afrocentric perspectives (Section 5.4.2.2), with the dominance of Eurocentric views (Section 5.3.3.2) in the curriculum content. This

exclusion represents a form of epistemic violence that continues to perpetuate coloniality within the Audiology profession (Heleta, 2016). Mbembe (2016) argues that it is deeply problematic for any undergraduate programme in South Africa to be dominated by Eurocentric epistemology while sidelining African epistemologies, despite claims of freedom from colonialism. This maintains colonial influences in a post-colonial and post-apartheid era. Audiology seems to be the case in point (See section 7.4.2.2).

7.4.2.2 The epistemological foundation of the Audiology curriculum and profession

In earlier sections (7.3 and 7.4), I discussed the key principles of Western and African philosophy and argued that Audiology is fundamentally rooted in Eurocentric thought. In this section, I focus on the epistemological foundation of the Audiology curriculum, which is aligned with Western, Eurocentric perspectives, rather than Afrocentric epistemology. This misalignment contributes to the challenges experienced by participants in both the undergraduate curriculum and professional practice. I argue that the epistemic dissonance between BAFLS students (and Audiologists) and the Western epistemic framework promoted in Audiology is a core issue.

Before delving into the details, it is important to clarify what I mean by *epistemic violence*³⁸, a concept I will apply throughout this discussion. While *dissonance* generally refers to a clash between individuals' internal beliefs (Bran & Vaidis, 2020; Festinger, 1962), the term *epistemic dissonance* is more widely documented. According to Raška (2022), epistemic dissonance occurs when individuals are expected to adopt epistemologies that conflict with established scientific

³⁸ Epistemic violence: Forceful imposition of the coloniser's knowledge systems while, at the same time, forcefully and/or violently dismissing or silencing the natives' epistemic practices. (Spivak, 2015).

knowledge. I adopt the term *epistemic (epistemological) dissonance* to describe the differences in epistemic perspectives between BAFLS participants and the Audiology curriculum. In this study, epistemic dissonance refers to the tensions between how participants believe they should be engaged and the realities they encounter in the curriculum and professional practice.

Epistemic dissonance was evident in the participants' experiences, particularly through the imposition of Eurocentric Western epistemic views (Section 5.3.3.2) and the exclusion of Afrocentric perspectives like *uBuntu* (Section 5.4.2.2). Several examples illustrate this tension. One such example is the compulsory mastery of English as a language of teaching and learning (LoTL), with negative consequences for students using isiZulu in clinical settings, despite it being both the student's and the patient's first language (Section 5.2.2.1.2). This reflects a hegemonic positioning of English as the only "correct" language for BAFLS students and newly qualified Audiologists. The significance of this is that language and culture are inseparable (Pandhiani & Umrani, 2016), and the dominance of English disregards the cultural identities of students and patients alike. The omission of content relating to providing Audiology services to BAFLS patients further highlights this exclusion (Section 5.4.2.3). While the participants reported experiences of racism and discrimination, linguisticism and the omission of Afrocentric content are particularly significant indicators of epistemic violence in the curriculum.

The findings suggest that Afrocentric perspectives are systematically excluded from Audiology, a concern shared by scholars who highlight the lack of decolonial or Afrocentric epistemic frameworks within the profession (Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2015). This exclusion aligns with longstanding calls for epistemic transformation within Audiology

(Section 3.4.2), which have largely gone unheeded. As early as the 1990s, Uys and Hugo (1997) advocated for greater racial inclusivity in Audiology, arguing that the profession needed to adopt practices that were more reflective of South Africa's diverse population. In the early 2000s, Beecham (2002) conducted a study at a South African university, where she found that the undergraduate curriculum did not accommodate non-White, non-English-speaking students. She argued that the curriculum was epistemologically racist and structurally biased against such students. Despite these early calls for change, little progress has been made, with Khoza-Shangase and Mophosho (2018) noting that transformation within the Audiology profession remains slow, particularly in terms of its epistemological stance. The current study's findings support this view, suggesting that, almost three decades after the end of apartheid, the Audiology curriculum remains largely Eurocentric.

As an Audiologist, researcher, and educator, I remain concerned about the limited progress in decolonisation and transformation within the profession. The expectation to conform to Western, Eurocentric frameworks in Audiology is at odds with contemporary African philosophy and epistemology. Audiology, in its current form, seems to require practitioners to adopt a colonial mindset, not only ontologically and epistemologically but also in the methods used to deliver Audiology services. This conflict highlights the need for a shift toward a more Afrocentric, post-colonial, and post-apartheid perspective in both the curriculum and professional practice. The lack of such a perspective remains a significant barrier to the meaningful transformation of the profession, contributing to the challenges experienced by the participants in this study.

7.4.3 Methodological reasons for the participants' experiences

7.4.3.1 Understanding the Audiology experiences through the Matrix of Domination theory

Undergraduate Audiology training and professional practice remain concerningly untransformed to reflect African epistemologies, as discussed in section 3.4.5, and previous sections of this chapter. Instead, there seems to be a hegemonic structure of White Dominance that persists, despite the increasing number of BAFLS students and Audiologists. Instead, there seems to be a skewed epistemic perspective privileging the Dominance of Eurocentrism over Afrocentrism, disadvantaging BAFLS students and Audiologists. The exploration of domination, as it emerged from the data, was guided by the Matrix of Domination theory (Collins, 2004; 1990), which helped identify critical elements of oppression in the participants' experiences with the curriculum and their professional access to the field.

The Matrix of Domination theory, founded by Patricia Hill Collins, explores how intersecting socio-demographic categories, such as gender, race, and class, create systems of oppression that marginalise certain groups (Limpongog, 2016). While primarily aligned with feminist theory and popular in gender studies (Alimahomed-Wilson, 2020; Flores et al., 2018; Rands, 2009), the theory is relevant to the current study, as it fits the analysis of the marginalisation of BAFLS' Audiologists. Originally developed to understand the marginalisation of Black Americans, the theory offers a useful framework for interpreting the local experiences of BAFLS' participants. Collins (2004) argues that while racism and other systems of oppression have become less overt, they continue to marginalise individuals, particularly Black people of certain social classes (Grosholz, 2007). Such marginalisation was evident in the reported experiences of the participants in the current study.

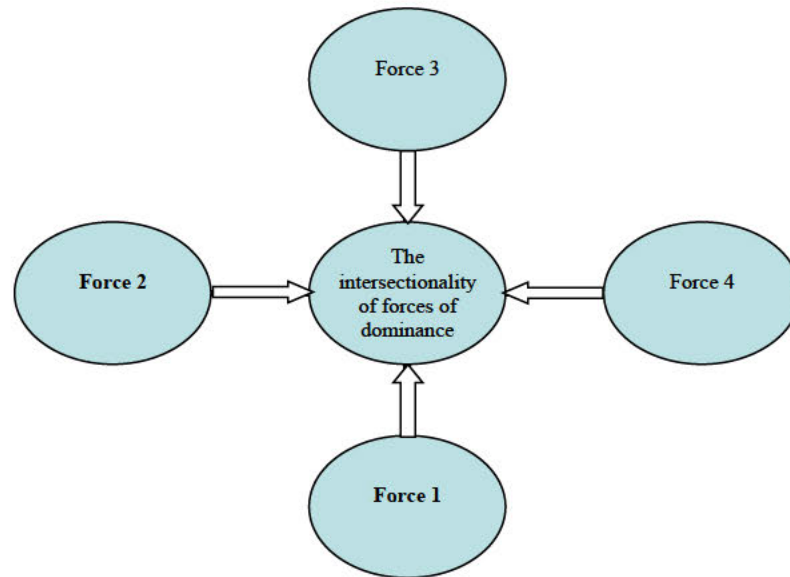


Figure 7: Template of the Matrix of Domination (informed by Collins, 1990)

The Matrix of Domination (MoD) theory identifies four levels (or domains) of domination: 1) **structural**, related to institutional organisation and dominance, 2) **disciplinary**, concerning management-level dominance within institutions, 3) **hegemonic**, which sustains inequality through widely accepted platforms such as curricula and culture, and 4) **interpersonal**, involving power dynamics between individuals and their social comparisons (Limpanog, 2016; López et al., 2018). Guided by the MoD theory, I identified four key domains of dominance in the experiences of BAFLS Audiologists. Figure 8 below illustrates the relationship between different tools of domination, based on the Matrix of Domination framework.

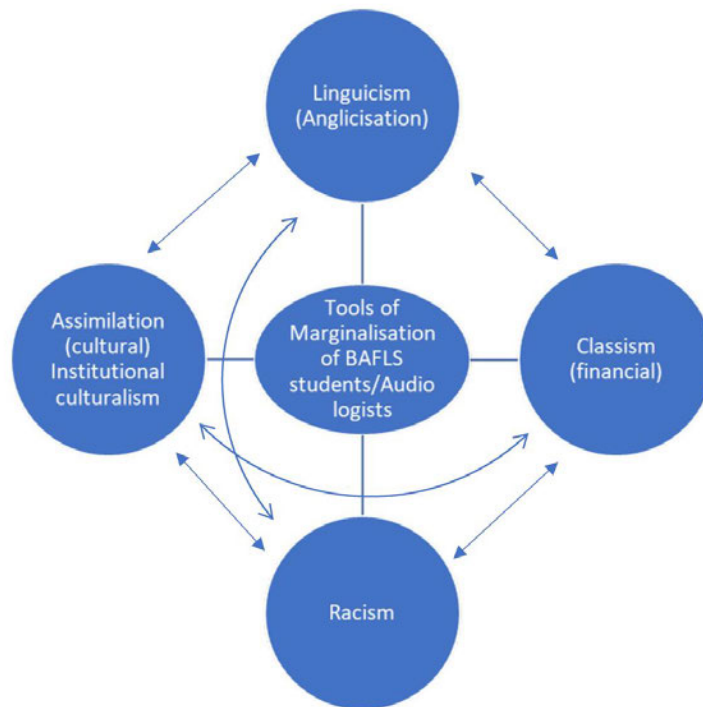


Figure 8: Tools of marginalisation in Audiology (The researcher’s application of the Matrix of Domination theory) (Collins, 1990; Limpangog, 2016)

In South Africa, improved access to higher education (HE) is often seen as a means to address racial inequality, particularly for those previously excluded under apartheid. However, the findings of this study, along with my personal experience, suggest that the teaching, learning, and assessment methods in the undergraduate Audiology curriculum continue to favour White, English-speaking, middle-class students, while marginalising BAFLS’ Audiology students and graduates. The data indicated that participants had predominantly negative experiences related to assessment (section 5.2), learning (section 5.3), and teaching (section 5.4), which shaped their professional access to Audiology post-graduation. These experiences of marginalisation were compounded by a lack of theoretical knowledge and practical skills in certain areas, leading

participants to seek epistemological access through alternative channels (section 6.3.1), sometimes encountering further barriers (section 6.4).

The experiences of linguistic and racial discrimination (linguicism and racism) reported by participants highlight how these elements of being functioned as tools of forces that marginalised BAFLS' Audiologists. Linguicism, manifested through the imposition of English in the curriculum, created a hierarchical structure where African languages, particularly isiZulu, were marginalised. Student's English language proficiency varies in comparison to their mother tongue, with the former being at a basic communication level (BICS) and the latter at the academic level (CALP³⁹) (Dalvit et al., 2010). Yet, in the current study, only English is treated as the dominant language of learning and teaching (LoLT), even when isiZulu was more appropriate for both students and clients. This linguistic hierarchy reflects the broader societal dominance of English, particularly in post-apartheid South Africa, where the Black elite and White English-speaking communities benefit from globalisation at the expense of indigenous languages (Louw, 2004). While the UoI language policy (2014a) aimed to foster bilingualism, English remains dominant, undermining the academic performance of isiZulu-speaking students and creating additional barriers to meaningful learning (Dalvit et al., 2010; Madadzhe, 2019).

Participants also noted instances of clinical teaching and assessment where lecturers failed to understand the use of isiZulu in clinical settings, undermining the validity of assessments (section 5.2.2.1.2). This added to feelings of invalidation and discrimination within clinical education,

³⁹ BICS: Basic Interpersonal Communication Skills; CALP: Cognitive academic language proficiency. (Dalvit et al., 2010)

where the application of theory and practice often did not align with the participants' lived experiences as BAFLS' students.

The continued dominance of English and the marginalisation of African languages perpetuate a form of epistemological exclusion, limiting the depth of learning and reinforcing a surface-level approach to knowledge acquisition (Madadzhe, 2019). This form of linguisticism ultimately limits the participants' ability to engage fully with the curriculum and affects their professional development, resulting in disparities in epistemological access compared to their English-speaking peers.

Racial discrimination also played a significant role in shaping the participants' experiences, particularly in relation to the treatment of students from different racial backgrounds. Those from multilingual and multiracial educational backgrounds, who were better assimilated into the White, English-speaking cultural norm, seemed to have fewer issues navigating the predominantly Eurocentric, Westernised higher education system (Verdier & Zenou, 2017). These experiences reflect a broader pattern of discrimination that persists in both academic and professional settings, as participants reported limited access to certain areas of Audiology practice, particularly in private-sector job opportunities (section 6.4.2.1).

In addition to racial discrimination, classism was another key form of marginalisation, particularly for students from lower socio-economic backgrounds. While the expansion of access to higher education (massification) has increased opportunities for BAFLS' students, it has not eliminated the challenges posed by class disparities. Not only are some BAFLS Audiology coming from

previously disadvantaged educational backgrounds, recruited from lower quintile⁴⁰ schools (Quintiles 1 and 2), such participants continue to experience challenges at university, such as financial constraints as was the case in the current study (van Dyk & White, 2019). Participants highlighted how the lack of resources and support during their clinical training negatively impacted their academic performance and professional opportunities (sections 5.3.4.3.1 and 6.4.2).

Ultimately, these findings underscore the persistence of covert forms of racism and classism in Audiology, which reflect broader structural issues in both education and the profession. These forms of marginalisation may not always be intentional but are deeply ingrained in the structures and practices of both academia and professional practice. They reinforce the status quo, making it difficult for BAFLS' Audiologists to achieve full epistemological access.

7.5 Relating the current study to my own experiences of accessing Audiology

My interest in understanding meaningful access to Audiology developed from a desire to reflect on my own experiences and explore whether they were unique or shared by others. I was particularly interested in comparing my experiences with those of individuals who had similar demographic backgrounds to mine. By examining key demographic criteria (BAFLS), I realised this study could provide valuable insights into these shared experiences. Through the self-reported experiences of others within the undergraduate curriculum and subsequent practice, I found that my own struggles were not isolated but were part of a larger, common narrative.

⁴⁰ The National Quintile System is a school classification system according to their resource and funding needs, with quintal 1 schools being the poorest and in need of most governmental financial support and quantile 5 being the most financially well off schools that do not need or need the least amount of support from the government. (Department of Education, 2006)

Growing up in a township where isiZulu, my African first language, was the language of learning and teaching (LoLT), I was initially shocked by the challenges I faced when confronted with the academic demands of English. I found that my intellectual potential was hindered by my limited English literacy. I quickly had to adapt, take advantage of any language support available, and make the best of the situation, or risk exclusion. This experience helped me realise that language was not merely a tool for communication but a marker of intellectual ability. Despite my belief that I was intellectually capable, I often found myself scoring 20% lower than my classmates in assessments, most of whom had stronger English proficiency. Similarly, some of the participants in this study expressed similar frustrations, citing linguicism as a barrier that sometimes compromised their academic performance.

My experiences of being in the same class as White, Indian, and Coloured students were new, but not necessarily problematic. However, I noticed distinct class differences. White students often had access to more resources, such as personal printers and cars to travel to clinical sites, whereas most Black students like me rarely had such privileges. The socioeconomic divide was evident, with White students appearing the most affluent, Indian, and Coloured students in the middle, and Black students at the bottom. This racial-class intersection, which was also reflected in the participants' experiences, illustrated how systemic inequalities were ingrained within the educational environment. It was clear that the disparities in resources were not a result of deliberate action by my White peers but were part of a broader, deeply entrenched system of inequality.

Among the Black students, there was also a noticeable divide between those who had attended Model C schools and those who had attended historically Black (disadvantaged) schools like mine.

As a BAFLS student from a lower socioeconomic background, I felt at the bottom of the student hierarchy, particularly in a university system that, as Heleta (2016) suggests, often privileges White Eurocentric norms. In my experience, learners from historically Black schools were the furthest removed from adopting a colonial mindset or embodying the internalised "whiteness" described by Frantz Fanon (Fanon, 1986). The social and cultural norms I encountered at university were starkly different from those I was accustomed to, particularly when it came to how to interact with authority figures like lecturers. While I was raised to greet people respectfully, avoid eye contact, and agree with those in positions of authority to avoid confrontation, these behaviours did not always align with the expectations of the Audiology curriculum. I quickly learned that to be taken seriously in this context, I had to speak up, express my opinions more assertively, and adjust my communication style, despite my limited English proficiency.

After graduating, my community service year at Nongoma⁴¹, KZN, exposed me to the challenges of working with BAFLS patients and colleagues once again. I had to relearn how to communicate effectively with patients who did not speak English and adjust to the cultural norms I had once known. I realised that I, like the participants in this study, was better prepared to serve English-speaking patients. As an Audiologist, I observed first-hand how clinical standards often rely on European norms and assumptions, frequently conducted through the medium of English. This Eurocentric approach not only marginalises Afrocentric perspectives but also creates dissonance for many BAFLS (Black African First-Language Speaking) Audiologists and students. As suggested by the current study findings, the epistemological experiences of BAFLS Audiologists

⁴¹ Nongoma: is a rural area located in the Northern East part of KwaZulu-Natal, in the Zulu land area.
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suggest a misalignment between their identities and the Eurocentric foundations of Audiology, resulting in challenges and feelings of marginalisation (Chapters 5 and 6).

Furthermore, I but lacked the resources or support to practice in specialised fields like vestibular rehabilitation or Cochlear implants, areas I had once been passionate about. The barriers I faced in accessing these practice areas seemed tied to how I looked and sounded as a BAFLS professional, and despite reaching out to colleagues in these fields, I was told that experience was the key criterion for entry. Yet, no one seemed willing to help me gain this experience. I struggled to break into private practice, which only deepened my sense of exclusion from certain professional spaces.

Reflecting on these experiences, I find that they resonate strongly with the narratives shared by the participants in this study. Ontologically, Audiology at times felt distant, as though I did not fully belong to the profession. Epistemologically, the knowledge systems and methods central to Audiology seemed unrelatable. While evidence-based practice is crucial in Audiology, I felt that more fluid forms of knowledge such as tacit knowledge and knowledge based on personal experience, were undervalued. This epistemic gap created a dissonance between my personal identity as a BAFLS individual and my professional role as an Audiologist.

In conclusion, my experiences highlight a broader struggle within Audiology, where the discipline's emphasis on a positivist, Eurocentric paradigm leaves little room for alternative epistemic frameworks, such as Afrocentrism or uBuntu, which conflict with dominant Western norms. This exclusionary framework continues to shape the professional identity of Audiologists in South Africa and limits the potential for more inclusive, culturally relevant practices.

7.6 Concluding remarks

The findings of the current study are primarily relevant to the participants and, to a lesser extent, to others whose experiences align with theirs. The hermeneutic analysis of Audiologists' epistemological experiences suggests that Audiology remains largely alien to BAFLS students and professionals, particularly those educated at the UoI in recent years. This indicates that the South African higher education system, and specifically the Audiology curriculum, continues to marginalise African ways of knowing, such as those embodied in the philosophy of uBuntu. These findings echo broader critiques of the South African education system, which, as noted by Ngubane and Makua (2021), often prioritises Eurocentric and Western knowledge systems while side-lining African epistemologies.

The marginalisation of Afrocentrism within the Audiology curriculum reflects a broader exclusion of African philosophy in South African higher education, where African cultural perspectives remain largely absent from pedagogical practices. This situation mirrors the neglect of Afrocentrism across the broader educational landscape, furthering the argument that Audiology, despite its long-standing presence in South Africa, remains predominantly shaped by Western epistemologies. As such, the practice of Audiology often lacks an Afrocentric foundation, perpetuating a form of professional knowledge that is disconnected from the lived experiences of BAFLS patients.

In light of the current study findings and my experiences, I argue that the transformation of Audiology must go beyond demographic shifts in student enrolment and the racial diversification of the profession. It requires a fundamental epistemological shift that incorporates African

knowledge systems, particularly in relation to the socio-cultural context of BAFLS individuals. Various frameworks for such transformation have been proposed, including the Curriculum of Practice (Mershen Pillay et al., 1997), the Five P model for Decolonial Speech-Language and Hearing Professions (Khoza-Shangase & Mophosho, 2021), and the Equitable Population Innovations for Communication (EPIC) Framework (Pillay & Kathard, 2018). These models offer important insights, which I explore further in Chapter 8.

While some progress has been made in racial transformation, both in student demographics and professional practice, the need for epistemological change remains pressing. This call for transformation extends beyond recent national movements such as #RhodesMustFall and #FeesMustFall, which emphasised the decolonisation of education and increased access for students from diverse socio-economic backgrounds (Khoza-Shangase & Mophosho, 2018; Saunders, 2019).

As I conclude this thesis, I question why these proposed models for change have yet to lead to substantial transformation in Audiology. To date, the profession appears resistant to adopting Afrocentric epistemologies, despite the academic rhetoric surrounding these calls for change. This resistance, I believe, reflects a deeper systematic inertia that has, arguably, limited the impact of these frameworks. In the following chapter, I will critically appraise these models, exploring why they have not achieved their intended impact and propose a framework for a radical fundamental transformation, in relation to and informed by the current study findings. The focus of the proposed framework is the integration of engagement among all stakeholders in an effort to transform the

undergraduate curriculum and the Audiology profession, thereby fostering a truly inclusive and epistemologically diverse profession.

7.7 Chapter Summary

This chapter addressed the third objective of this study, which was to explore why participants experienced challenges in accessing Audiology. Having used the pre-selected theoretical frame (Section 2.3) to analyse the data, I interpreted the findings presented in Chapters 5 and 6 through the lens of relevant literature, guided by an additional analytical framework, comprising two theories. First, I revisited the theory of *uBuntu*, an Afrocentric understanding of *Being*, to highlight the dissonance between the BAFLS experience and the predominantly Eurocentric philosophical foundations of Audiology in South Africa. This theory provided insight into the cultural and epistemological disconnect that shapes the participants' experiences.

Second, I applied the *Matrix of Dominance* theory to examine how Eurocentric ideologies continue to dominate the Audiology profession. This theory helped to elucidate the ways in which racial, cultural, linguistic, and class hierarchies are perpetuated within the field, disadvantaging BAFLS individuals (this study participants), despite this demographic forming the majority at the UoI. In the process, I developed a philosophical argument that examined the ontological, epistemological, and methodological factors that contributed to the participants' predominantly negative experiences in accessing Audiology. I argued that this analysis underscores the systemic barriers that persist within Audiology, reinforcing the marginalisation of BAFLS students and professionals within the discipline. The framework I propose (Chapter 8) responds to the concerns raised in this thesis up to this point.

CHAPTER 8: RADICAL EPISTEMOLOGICAL TRANSFORMATION OF AUDIOLOGY (CONCLUSION)

8.1 Introduction

This chapter concludes the current study on the epistemological experiences of newly qualified Black African First Language Speaking (BAFLS) Audiologists in South Africa, focusing on their access to and engagement with the Audiology curriculum and profession. The study uncovered how the BAFLS Audiology graduates navigated the acquisition and translation of Audiology knowledge from the curriculum into professional practice. Key findings have been shared across Chapters 5 and 6. Chapter 5 explores participants' experiences with the undergraduate curriculum, Chapter 6 examines their professional engagement post-graduation, and Chapter 7 offers a theoretical and philosophical interpretation of these experiences. These findings collectively highlight critical gaps in the curriculum and profession of Audiology, specifically regarding a lack of meaningful transformation to support BAFLS Audiologists' epistemological access.

In this chapter, I critically evaluate existing frameworks intended to transform Audiology, which, I argue, have not been effectively implemented to achieve a decolonial and Afrocentric reorientation of the field. I introduce the RIFT (Radical Implementation Framework for Transformation) framework (see Figure 9), which is designed to address the limitations of current frameworks by fostering a more robust, accountable transformation process. The RIFT framework proposes mechanisms for implementing epistemological transformation at multiple levels: undergraduate training, professional clinical practice, and postgraduate research, while establishing connections among key stakeholders in Audiology to ensure accountability and collaboration (see section 8.2.3).

As I bring this study to a close, I also reflect on the methodological choices, key insights, and challenges encountered throughout the research process, acknowledging limitations that emerged along the way. In addition to the RIFT framework, I offer recommendations aimed at enhancing the epistemological accessibility of Audiology for BAFLS students and professionals, ensuring that the profession evolves to meet the diverse needs of South African society.

8.1.1 Critical Reflections on the Findings

8.1.1.1 Reflecting on my (the researcher's) interpretation of the findings

Beecham (2002) thesis was a pioneering exploration of the injustices faced by Black African First Language Speaking (BAFLS) students within the Audiology curriculum, particularly from the rare perspective of one BAFLS student. Beecham critically predicted that the entrenched Eurocentric framework within Audiology would remain resistant to change, even as more BAFLS students entered the field. She observed:

“It is concluded that the professional training programme will be able to resist change to its epistemological foundations, and that issues of inequity will become obsolete, once South African schools are able to provide a sufficient pool of BAFL speaking students who have been educated to accept western rationality as the legitimate basis for the expression of a health profession's 'care.’” (Beecham, 2002, p. vii)

Beecham's study highlighted a disconnect between a BAFLS student and the Audiology curriculum that seemed to alienate the student. Inspired by her work, the present study extends her insights by revealing how this alienation has persists in the undergraduate curriculum and even impacts professional practice despite the noticeable transformation. The current study findings

confirm the previously predicted epistemic marginalisation of the BAFLS individuals through the epistemologically untransformed undergraduate curriculum at the UoI, showing how those who do not conform to the Eurocentric standards experience negative consequences and challenges along their journey. Furthermore, and most importantly, this study uniquely identified how the epistemological marginalisation of BAFLS students persisted to influence their epistemological access to the profession once they graduated. In doing so, this study cross-sectionally tracked the experienced epistemological marginalisation of BAFLS individuals from their student days to their professional life.

The current study contributes significantly to the discourse on epistemological access by presenting the perspectives of marginalised BAFLS Audiologists. This addresses gaps noted by Khoza-Shangase and Mophosho (2018) and Pillay and Kathard (2015) regarding the lack of transformative shifts in Audiology education. This study identifies several critical findings that underscore the need for profound structural change:

1. **Formal vs. Epistemological Access:** Although BAFLS students gain formal access to the Audiology profession by qualifying as Audiologists, they report ongoing experiences of discrimination during clinical training and assessments. Factors such as linguistic proficiency, cultural background, and socio-economic status influence these experiences, often detracting from their perceived academic merit and competence. Fair and inclusive interactions with faculty typically occurred only with BAFLS lecturers or when participants had fully assimilated into the Eurocentric culture of Audiology.
2. **Assessment Challenges:** Participants experienced assessments as subjective and inconsistent, often influenced more by the assessors' biases than by objective measures of merit

or understanding. Many found that the evaluation process was less reflective of their academic abilities and more of a reinforcement of existing cultural and linguistic divides, which restricted meaningful epistemological access.

3. **Post-Graduation Challenges:** After graduation, BAFLS Audiologists continued to encounter obstacles in professional practice. Some reported feeling underprepared in both theoretical and practical skills despite completing the four-year degree, limiting their confidence and performance in specialised areas like cochlear implant services or private practice. Moreover, entry into private practice is financially prohibitive for many BAFLS Audiologists, who often lack the capital to start a practice, reinforcing socioeconomic disparities in the profession.

4. **Systemic Exclusion and Lack of Transformation:** The field of Audiology, as currently structured, maintains racial, cultural, and economic barriers. Experiences of racism, culturalism, linguicism, and classism within both the curriculum and the profession reveal an entrenched Eurocentric framework resistant to fundamental transformation. The disparity between the BAFLS epistemological perspective and the dominant Westernised approach in Audiology contributes significantly to the negative experiences reported by participants.

The cumulative effect of these factors is that Audiology is often perceived as exclusionary and alienating, particularly for BAFLS students and professionals who do not conform to Eurocentric norms. On the contrary, this study participants reported more positive experiences when interacting with BAFLS peers or serving patients from similar cultural backgrounds, suggesting that inclusive practices may foster a more welcoming environment with positive experiences of epistemological access to Audiology.

8.1.1.2 Implications for a radical implementation of epistemic shift in Audiology

The findings in Chapter 5 reveal that newly qualified Black African First Language Speakers (BAFLS) Audiologists from the UoI largely experienced the Audiology curriculum in negative terms, particularly regarding discriminatory practices during clinical training and assessment. The curriculum's subjective nature contributed to skewed power dynamics, disadvantaging BAFLS students who encountered linguicism and assessment practices that, they felt, did not accurately reflect their knowledge and skills in Audiology.

These experiences highlight a pressing need for accountability and reform in supervision and assessment processes to mitigate biases that lead to negative student outcomes. Moreover, this study raises questions about the extent to which student experiences are considered in quality assurance processes and external evaluations linked to programme accreditation. External bodies such as the Health Professions Council of South Africa and internal bodies like Quality Promotions and Assurance (QPA) play essential roles in evaluating and recommending ways to improve the student experience within the curriculum. Importantly, these organisations should also assess how effectively the curriculum promotes epistemological access and transformation for BAFLS students.

Chapter 6 demonstrates that accessing Audiology through professional practice also presents significant challenges for newly qualified BAFLS Audiologists. Some of these challenges are rooted in the limitations of the undergraduate curriculum, which participants felt inadequately prepared them for the professional demands they encountered post-graduation. Consequently, many of them needed to seek further theoretical knowledge to meet the expectations of their

professional roles. Additionally, participants identified race as a barrier to accessing specific areas of practice within Audiology, particularly in private practice and specialised fields like cochlear implants, which are predominantly occupied by non-BAFLS professionals. For many participants, limited financial resources further exacerbated challenges related to entering private practice, illustrating how socio-economic disparities continue to affect access post-graduation.

The findings indicate that epistemological access is optimised when BAFLS Audiologists' cultural identity and language are integrated and valued within the profession, especially when working with patients who share similar backgrounds. These shared cultural and linguistic aspects foster mutual understanding and facilitate more meaningful engagement, enabling BAFLS Audiologists to deepen their knowledge and skills through practical experience. Conversely, when aspects of BAFLS identity, such as race and language, are used to exclude or discriminate against individuals, access to both the profession and its epistemological foundations is restricted, creating a substantial barrier to entry and advancement.

The findings further suggest a gap in regulatory oversight to prevent covert racism and other discriminatory practices within Audiology. BAFLS Audiologists continue to report a lack of belonging and experience domination by colleagues from other racial backgrounds, both physically and epistemologically. While these findings might not represent the experiences of all BAFLS Audiologists, they are potentially symptomatic of broader systemic issues that require urgent attention to ensure a more inclusive professional environment. Professional associations and the Health Professions Council of South Africa must, therefore, review their roles in supporting and monitoring equitable epistemological access for BAFLS Audiologists within the

field. This could involve using elements of BAFLS identity to drive meaningful transformation that aligns with the profession's goals.

The interpretation of the results, made in Chapter 7 suggest a philosophical incongruence between the Eurocentric foundations of Audiology and the Afrocentric worldview inherent to BAFLS Audiologists. As discussed, the profession's lack of Afrocentrism detracts from the ideal conditions necessary for BAFLS Audiologists to achieve epistemological access within a field dominated by Western ideals. The findings suggest that significant changes are required to integrate Afrocentric perspectives within Audiology more meaningfully, moving beyond token inclusion toward substantial epistemological transformation. In summary, the findings across the chapters underscore the need for a re-evaluation of existing frameworks of transformation within Audiology. This transformation should be reinforced by accountability measures to ensure that quality assurance bodies and other stakeholders actively contribute to advancing inclusivity and epistemological access within the field.

8.2 Reflecting on existing frameworks of transforming Audiology in South Africa

This study highlights a critical gap between the ideals of transformation outlined in the existing transformative frameworks in Audiology and the realities experienced by BAFLS students and professionals in Audiology. Specifically, the existing frameworks have yet to foster an environment where the curriculum, pedagogical approaches, and professional practices align with the diverse cultural, linguistic, and socio-economic backgrounds of BAFLS individuals. For the participants, epistemological access is constrained by curricula that largely reflect Eurocentric

models and by professional spaces where discriminatory practices persist. These barriers indicate a need for more substantive transformation efforts that go beyond surface-level adjustments and instead seek to dismantle deep-seated structural and epistemological biases within the field.

The analysis of current frameworks reveals that while they may promote inclusivity and diversity in theory, they often lack the practical mechanisms and accountability measures necessary to drive impactful change. In the following sections, I critically reflect on these frameworks and their role in enabling genuine epistemological transformation in Audiology, assessing the potential for developing more effective strategies to ensure equitable access and engagement for BAFLS individuals in both academic and professional contexts.

8.2.1 The currently existing transformative frameworks

In the 1990s, Pillay and colleagues introduced the *Curriculum of Practice* framework, designed to contextualise the Audiology profession to better serve South Africa's diverse communities, especially those historically marginalised, such as Black African First Language Speakers (BAFLS) (M. Pillay et al., 1997). The framework advocates for Audiology programmes that emphasise contextually relevant service delivery, research, clinical practice, and student training. These areas remain essential for achieving a decolonial and African-centered Audiology. However, despite these intentions, the profession continues to operate in segmented ways, where clinical practice, research, and student training do not consistently reflect the framework's vision of interconnected, culturally attuned practice. At the UoI, the Audiology curriculum is still perceived as predominantly Eurocentric and inadequately transformed, lacking the Afrocentric

perspectives necessary for genuine epistemological accessibility for BAFLS students (see sections 5.4.2.2, and 7.4).

The *Equitable Population Innovations for Communication (EPIC)* framework, proposed by Pillay and Kathard (2018), attempted to further operationalise inclusivity in Audiology by explicitly defining the profession's social embeddedness. This framework emphasises the need for inclusive practices that consider the historical and social injustices of marginalisation, particularly for BAFLS individuals in South Africa, as well as other marginalised populations globally. Although the EPIC framework outlines a non-discriminatory approach that acknowledges past inequities, the findings of this study indicate that it has yet to be widely or effectively implemented. BAFLS Audiology students and professionals at the UoI, for example, continue to report experiences of marginalisation and inequality, suggesting that EPIC's transformative vision remains largely unrealised in some contexts.

The *Five P (People, Places, Processes, Practices, Policies)* framework, developed by Khoza-Shangase and Mophosho (2021), proposes a model for embedding the values and epistemologies of local communities into Audiology practice. This framework calls for professional education and practice to be both locally relevant and responsive, advocating for curricula that reflect the epistemic values of South African communities and professional policies that are culturally inclusive. Yet, findings from this study reveal that the Audiology profession, at least in the UoI context, remains epistemologically foreign to BAFLS individuals, with barriers of race and language still limiting access to meaningful engagement in the field (see section 6.4).

Both the EPIC and 5P frameworks provide valuable visions for a decolonial Audiology curriculum and professional practice; however, they lack enforcement mechanisms to ensure adoption. Without accountability structures, these frameworks risk remaining theoretical concepts with limited real-world impact. This gap between conceptualisation and practice has reduced their transformative potential, making them appear more as academic exercises rather than actionable guides for change.

In conclusion, while these frameworks offer valuable insights and emphasise the importance of grounding Audiology in the values of local communities, their impact is limited by the absence of mechanisms to ensure compliance and accountability. To drive genuine transformation, stakeholders must move beyond rhetoric and adopt actionable measures that enforce meaningful changes at every level of the profession, integrating Afrocentric perspectives into curricula, research, and clinical practices across South African institutions.

8.2.2 Epistemological transformation of Audiology: A rhetoric (paradox)

Despite the transformative frameworks discussed in section 8.2.1, the limited impact of the existing frameworks is concerning. This lack of meaningful implementation suggests that epistemic transformation in Audiology risks becoming merely rhetorical, with few tangible changes in practice. Drawing on broader national parallels, this subsection argues that the transformative promises within Audiology may remain unrealised, similar to government-proposed solutions for South Africa's socio-economic challenges, which have often struggled to move beyond policy rhetoric to meaningful impact.

While impressive transformation agendas have been crafted in post-apartheid South Africa, the shortfall in implementation has hindered the achievement of these goals, perpetuating social, economic, and political inequalities (Rapanyane, 2022). South Africa remains one of the world's most unequal societies, with BAFLS (Black African First Language Speakers) people often occupying the lowest socio-economic tiers, despite a majority-Black government (Polus et al., 2021). The current study's findings suggest that similar dynamics exist within Audiology, where BAFLS students and professionals continue to experience marginalisation despite the physical accessibility of Audiology training.

The lack of substantial epistemological transformation in Audiology, as highlighted by this study's findings, undermines efforts to decolonise and Africanise the curriculum (see sections 3.4.5 and 3.4.2). Although some progress has been made in diversifying Audiology's racial profile and improving physical access for previously marginalised communities (Pillay et al., 2020), the underlying Eurocentric framework remains intact, inhibiting true (fundamental) epistemic transformation.

Transforming Audiology to serve an African context requires a shift from Eurocentric epistemologies to those that centralise African ways of knowing. Asante (2020) argues that Africanising education entails recognising African sources of knowledge, moving beyond passive consumption of Western epistemologies, and actively illuminating knowledge systems historically marginalised by colonial education structures. Scholars such as Heleta (2016) and Asea (2022) also critique the South African education system for perpetuating epistemic violence that hinders

genuine decolonisation, noting that Audiology's untransformed curriculum mirrors the broader systemic resistance to epistemological change.

A relevant example is the minimal use of isiZulu at the UoI, despite institutional language policies promoting its broader adoption as a language of teaching and learning (2014a). IsiZulu is the first language of many students at the UoI, yet its limited role in academic settings leaves BAFLS students vulnerable to linguisticism (see section 5.2.2.1.2). Further, participants in this study reported experiencing discrimination rooted in classism and linguisticism, highlighting entrenched social hierarchies that impede radical, epistemic transformation (see section 5.2.2.2).

This resistance to transformative change points to a systemic issue: the absence of mechanisms to enforce accountability in implementing existing frameworks for epistemological transformation. Without policies that mandate or measure the integration of Afrocentric principles within Audiology, transformative efforts remain optional and unenforced. I argue that this lack of enforced accountability contributes to the perception of epistemic transformation as discretionary, potentially allowing some institutions to neglect these frameworks without consequence. Therefore, to move beyond rhetoric and towards genuine epistemic transformation in Audiology, I propose a *Radical Implementation of Fundamental Transformation*, which calls for actionable, enforceable policies and accountability structures to ensure that the transformative frameworks are not only adopted but operationalised within the curriculum and the profession at large.

8.2.3 A Path Towards Transformation and Epistemological Access

The lack of epistemological transformation in South Africa's higher education system, particularly within Audiology, has been underscored both in the literature (see section 3.4.2) and by the participants' experiences in this study (see sections 5.3.3.2 & 5.3.3.3). Ramrathan (2016) argues that South African higher education requires more innovative approaches to conceptualising and implementing transformation. For Audiology to provide meaningful epistemological access and avoid marginalising BAFLS (Black African First Language Speakers) students and professionals, issues of ontology, language, race, and class must be addressed, with a focus on Afrocentric principles. These considerations are essential to implementing a fundamentally transformed, inclusive framework in Audiology.

To support this goal, I advocate for enforceable measures to ensure the implementation of transformative accompanied by mechanisms to evaluate the impact and identify areas for improvement. Section 8.1.1.2 introduced the necessity of a radical epistemic shift, which I suggest can be achieved through the *Radical Implementation of Fundamental Transformation* (RIFT) framework (see Figure 9). This proposed RIFT framework aims to serve as a practical tool for implementing and monitoring fundamental transformation across Audiology's curriculum, research, and clinical practices.

Central to the RIFT framework are accountability measures that hold researchers, curriculum developers, clinical educators, and practitioners accountable for applying and sustaining transformative changes. By formalising the processes for implementation and monitoring, the

RIFT framework provides a structured approach to realising a truly inclusive, Afrocentric Audiology curriculum that supports epistemic access for all students and professionals.

8.2.3.1 The Radical Implementation of Fundamental Transformation Framework

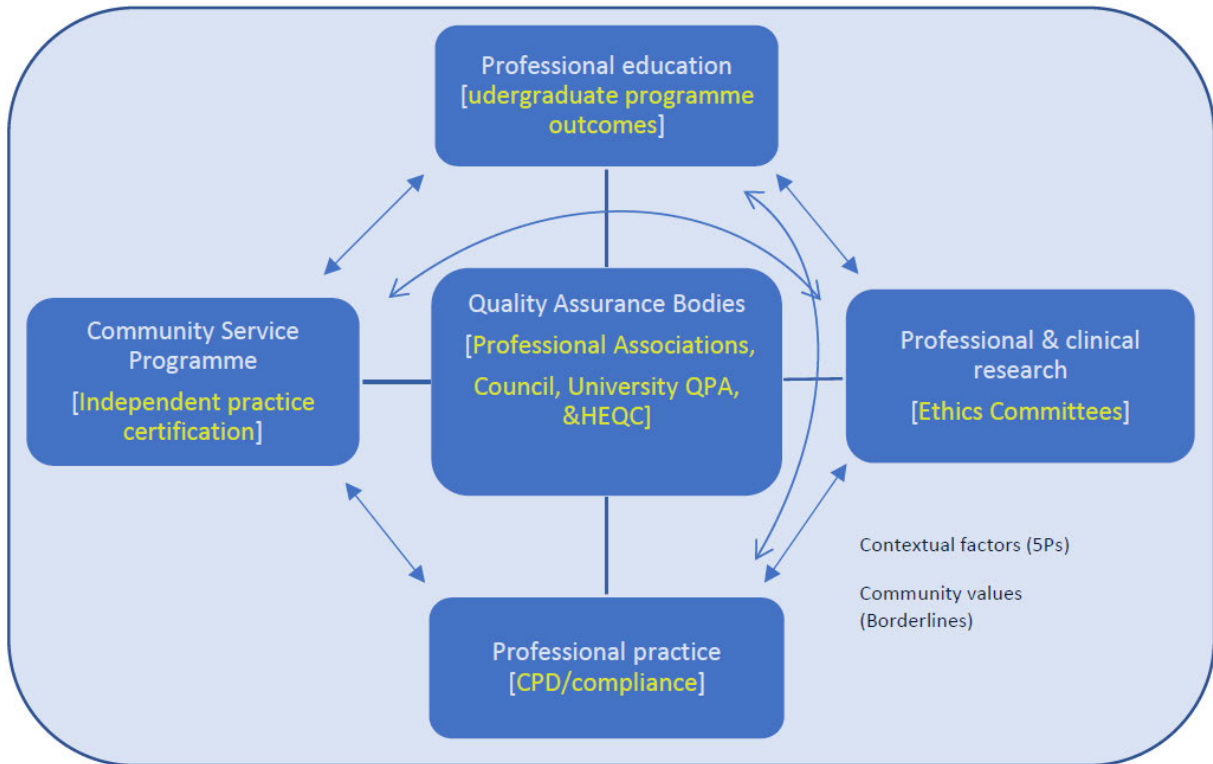


Figure 9: The Radical Implementation of Fundamental Transformation, as propounded by the author of this thesis

To apply the concepts within the RIFT framework effectively, it is crucial to clarify each component so that potential users (readers) can understand these terms as intended by the author.

Radical is used here as an adjective signifying a change that is both profound and swift. In various works, “radical” is similarly employed to describe transformative shifts. Hartge et al. (2019), for example, use it to denote the replacement of existing structures with new ones, while (Pugh, 2009)

associates it with political changes that address root problems by creating new, improved systems. Westley et al. (2011) define radical change as one that reshapes societal behaviours and value systems, often challenging deeply ingrained beliefs. Drawing from these interpretations, I use “radical” to mean a visible, outcomes-based change that reshapes the practices and identities of Audiologists, ensuring accountability and practical impact.

Implementation refers here to the process of putting into practice policies and guidelines that promote epistemological access and transformation. This aspect emphasises moving beyond theoretical planning to actively embedding transformative principles in everyday practices.

Fundamental Transformation represents the depth and scope of change required. Cloete (2023) defines it as a profound shift from colonial frameworks to Afrocentric values, impacting institutional and organisational functions. According to the same author, both the scale and the depth of change are essential in fundamental transformation. In South Africa, independence from colonial rule exemplifies such a fundamental shift (Cloete, 2018). Within this study, fundamental transformation entails moving beyond Eurocentric dominance to establish Afrocentric principles in Audiology policy-making, curriculum design, research, and clinical practice, aiming for comprehensive change at all levels of the profession.

In this framework, Radical Implementation of Fundamental Transformation (RIFT) envisions a reoriented Audiology discipline grounded in Afrocentrism, moving from aspiration to action.

8.2.3.2 Adopting the RIFT to improve epistemological transformation and access

Effective implementation of epistemological transformation is critical, necessitating robust accountability and quality assurance mechanisms. The proposed RIFT framework seeks to bridge gaps between existing quality assurance bodies, aligning their roles to promote cohesive and effective transformation efforts. This integration aims to prevent redundant, fragmented approaches and enhance synergy among stakeholders, including educational institutions, professional councils, and community service programmes.

Central to the RIFT framework is the role of a coordinated Quality Assurance (QA) body, responsible for consolidating and evaluating standards of epistemological transformation across key areas: community engagement, professional education, research, and clinical practice. This QA body would design and implement metrics to assess both the quality and impact of transformation initiatives, addressing non-compliance through targeted corrective measures. Evidence from this study indicates a persistent lack of epistemological transformation at the UoI and other institutions (see Section 5.4.2.2). This finding suggests existing QA structures may inadequately address transformative goals, leaving critical gaps in achieving a truly Afrocentric curriculum and inclusive practice.

To foster genuine epistemological transformation, a consolidated approach within the RIFT framework would ensure aligned targets across different QA bodies, including university-specific QA policies and professional councils. For instance, each university's Quality Promotion and Assurance (QPA) policies should reflect standards that resonate with those of the Health Professions Council of South Africa (HPCSA). As suggested in recommendation 24 of the Higher

Education Quality Council's (HEQC) External Evaluation Report of the Higher Education Quality Committee (DoE, 2008) a coordinated effort in the form of mutual agreements among different quality assurance stakeholders ought to be developed in order to enhance the coordination of quality assurance activities across those stakeholders. Thus, the recommendation for the involvement of the HEQC in the monitoring of epistemological transformation efforts between higher education and health care. Furthermore, professional associations would establish explicit criteria for epistemological transformation, detailing both implementation strategies and evaluative frameworks.

Every institution offering undergraduate Audiology training in South Africa already has a quality assurance policy guiding curriculum standards. For example, the UoI's QPA policy (2013) emphasises "fitness of purpose" and "fitness for purpose," which relate to alignment with local community needs and the institution's capability to meet its core goals, respectively. These policies should be scrutinised to determine their prioritisation of epistemological access and transformation, especially in promoting Africanisation within the curriculum.

In some countries, such as Malaysia and Vietnam, accreditation is fully integrated with internal QA practices, strengthening the link between institutional policies and external standards (Hanh et al., 2020). Inspired by these models, the RIFT framework recommends a more robust integration of QA bodies, establishing clear communication channels and shared accountability for transformation across stakeholders. This approach could not only facilitate a more holistic transformation but also address the dominance of Eurocentrism within South African Audiology curricula, shifting toward a decolonised, Afrocentric paradigm.

Although the UoI is one of the most demographically diverse institutions, its Audiology programme lacks the fundamental epistemological transformation needed to create the experiences of a decolonial curriculum that reflects local contexts. The RIFT framework aims to address this gap by encouraging alignment between the internal QA mechanisms and the national and professional QA bodies to advance transformation goals (Abrahams et al., 2023).

The Community Service Programme (CSP) offers another platform for reinforcing transformative goals. Serving as a bridge to independent practice, CSP could incorporate criteria for epistemological transformation, thus preparing newly qualified Audiologists to contribute meaningfully to an Afrocentric professional ethos. A CSP committee, in line with the RIFT framework, would set developmental targets that incorporate local cultural, linguistic, and racial diversity, fostering a truly Africanised approach in clinical practice.

In professional settings, continuous professional development (CPD) programmes offer additional avenues for integrating transformation. Audiology CPD requirements could include modules (or exclusive CPD points) on epistemological transformation, emphasising ethical and culturally relevant practices. The RIFT framework suggests this alignment could connect CPD activities with undergraduate training, ensuring a sustained commitment to fundamental transformation throughout practitioners' careers.

Lastly, the RIFT framework emphasises the importance of contextually relevant research within Audiology. Institutional ethics committees can play a vital role by promoting studies that respond

to local epistemological needs, enhancing the profession's relevance within South African communities.

While this proposal outlines the potential of the RIFT framework to foster the implementation of fundamental transformative change, it is anticipated that challenges in operationalising the interconnections among various stakeholders would be experienced. Therefore, effective implementation will require iterative feedback, critical reflection, and continuous refinement of roles within this structure to ensure sustainable impact. This would include the setting of targets and timelines for short and long term goals. Thus, a task team from each stakeholder should have representation in the central quality assurance task team to facilitate the back-and-forth engagements that would take place concerning fundamental transformation.

8.3 Critical reflections on this study's research process

My personal journey as a student and later as a qualified Audiologist revealed challenges in aligning my own identity (ontology) with the university environment. These experiences sparked an interest in understanding the underlying causes of these challenges, as well as whether others from similar backgrounds faced comparable difficulties in accessing, and engaging with, Audiology as both a curriculum and a professional field. This personal motivation, along with insights from research such as Beecham (2002), served as the impetus for this study.

To address this aim, I formulated critical research questions (see Section 1.5) to guide my exploration. The primary objective remained consistent: to investigate the experiences of newly qualified BAFLS Audiologists in accessing Audiology. However, the third research question

evolved during the process. Initially framed as “Why do the epistemological experiences of accessing Audiology relate to Audiologists’ professional practice in the way they do?”, this question shifted to “Why do newly graduated Audiologists’ experience accessing Audiology in the way they do?” This refinement brought the question closer to the core of my investigation, centring more clearly on the perspectives of recent graduates.

The selected methodology enabled a structured approach to address these research questions, providing a coherent framework for exploring the epistemological experiences of newly qualified Audiologists. Through this approach, I sought to illuminate the specific barriers and transformative possibilities within Audiology education and practice in the South African context.

8.3.1 Critical reflections on the methodology adopted

In selecting the research design adopted, I aimed to incorporate reflections on my personal experiences as both a student and an Audiologist, while also addressing this study’s research focus. This led me to choose hermeneutic phenomenology, situated within an interpretive research paradigm (Kafle, 2011). Hermeneutic phenomenology, originally not conceived as a formal research methodology, lacks a fixed set of prescribed steps for conducting research (Alsaigh & Coyne, 2021; Neubauer et al., 2019). As a result, developing a clear set of methodological steps for this study presented challenges. However, after consulting several methodological resources (see Section 4.3 and related sections in Chapter 4), I was able to develop a workable approach.

The design of this study involved exploring participants’ experiences of accessing Audiology through both the undergraduate curriculum and the profession itself. This approach incorporated a

retrospective reflection element, with a cross-sectional component as I traced the epistemological experiences of the participants from their undergraduate years into the clinical setting as newly qualified Audiologists.

The use of hermeneutic phenomenology in this way provided an opportunity for methodological innovation, contributing to the broader field of phenomenological research. By adapting the methodology to fit the specific context of this study, I was able to offer a nuanced understanding of the participants' experiences. Thus Indirectly, I came to understand my own experiences of epistemologically accessing Audiology from this study participants' perspectives.

8.3.1.1 The imbedded self-study within hermeneutic phenomenology

In the absence of a prescribed methodology for hermeneutic phenomenology, a significant methodological contribution of this study was my indirect engagement in self-study. Self-study is a qualitative research approach primarily used in the field of education, where an educator reflects on and analyses their own teaching practices with the aim of improving them (Vanassche & Kelchtermans, 2015). As Vanassche and Kelchtermans (2015) describe, self-study research utilises qualitative methods to explore, explicate, and reflect on the researcher's own practices, offering a unique lens for introspection and improvement.

In this study, I specifically examined the experiences of participants whose backgrounds closely aligned with my own, exploring their curriculum experiences from an insider's perspective, both as a former BAFLS Audiology student and as a BAFLS Audiology lecturer. This positioning effectively placed me in the dual role of both researcher and indirect participant. While reflexivity

is often advocated within hermeneutic phenomenology (Spence, 2017), the precise methods for engaging in reflexivity have remained underexplored, especially when it comes to integrating an indirect self-study as a component.

I argue that hermeneutic phenomenology is inherently incomplete without incorporating an indirect self-study, where the researcher reflects on their positionality, self-history, and relationship to the participants. In this study, the inclusion of the indirect self-study allowed me to critically examine my own experiences and how they intersect with those of the participants, enriching both the research process and the findings.

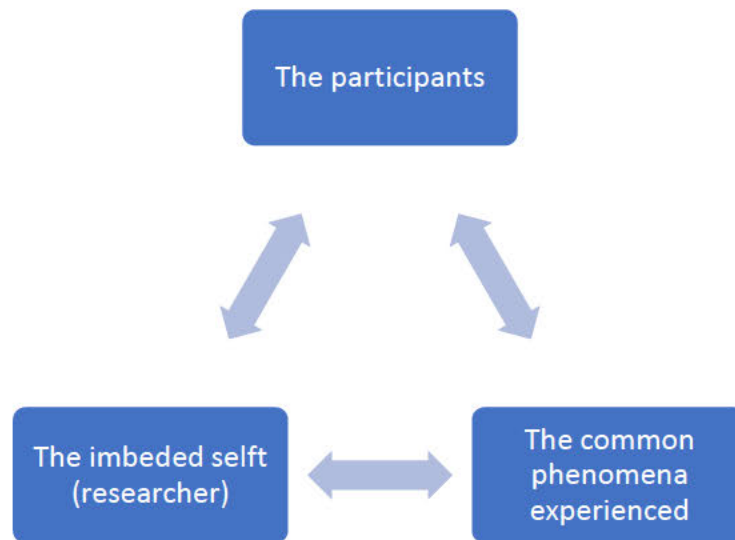


Figure 10: The propounded ideal key elements of hermeneutic phenomenology

As indicated in Figure 10 above, the target phenomenon being studied was experienced by both the participants and myself. Therefore, I explored how the undergraduate curriculum was experienced not only by the participants but also by me.

8.3.1.2 A cross-sectional syncretic guided introspection approach to hermeneutic phenomenology

Methodological Contributions: In this study, hermeneutic phenomenology was adopted as both the design and the methodology. I argue that hermeneutic phenomenology should be utilised by researchers who meet certain criteria in relation to their research interest. First, the researcher must have personal experience with the phenomenon being studied. Second, they should engage in a form of introspective research, though not direct self-study. These points stem from the interpretive nature of hermeneutic phenomenology, which requires the researcher to have an insider's perspective, grounded in lived experience. This approach, as demonstrated in this study, helps avoid the risk of introducing objective elements into the exploration of participants' interpretations of their experiences.

I suggest that this insider perspective should be a key distinction between hermeneutic and transcendental phenomenology. I argue against any attempt at objectivity or validation of the participants' experiences, as this would imply that their interpretations could be "objectively" correct or incorrect (see section 4.8). However, I acknowledge that my interpretation of past experiences may vary depending on my present perspective. For these reasons, I have positioned the methodology as "syncretic guided introspection" (see section 4.6.1.3).

The second key element of hermeneutic phenomenology is its cross-sectional application. I argue that dimensions such as "Being in the World" or "In Time" cannot be studied outside of a cross-sectional approach. It is impossible to reflect on experiences that have not yet occurred, and reflection on the past cannot completely exclude the current temporal position. For this reason, I

contend that hermeneutic phenomenology, particularly in an introspective context, must always be applied in a cross-sectional manner, as I have done in this study (see section 4.3.2).

8.3.1.3 Other methodological processes

An in-depth, reflective interview was conducted with each of the ten purposively sampled participants, focusing on their lived experiences. Interviews were held in the participants' work settings, ensuring minimal distractions and time constraints, which positively contributed to the depth of the reflections shared. Each interview lasted a minimum of 45 minutes, with some extending to nearly two hours, and I was satisfied with the richness of the reflections achieved.

The transcription was completed by a professional transcription service (<https://www.toptranscriptions.co.za>) and subsequently translated back into English for any isiZulu portions, as participants occasionally switched between English and isiZulu. To ensure accuracy, the transcription was reviewed by a qualified linguist fluent in both languages. I found no need to revisit the participants for member-checking, as this would not have enhanced the quality of the findings beyond verifying my interpretive decisions, which were already informed by my own experiences (Morse et al., 2002). McConnell-Henry et al. (2011) argue that member-checking and other forms of data validation may not be necessary and could contradict the core principles of interpretive research, such as hermeneutic phenomenology. Consequently, I chose to omit member-checking.

While there are various forms of phenomenology, including transcendental and hermeneutic, the latter provided a suitable overarching framework for the research methods adopted (Suddick et al., 2020). Hermeneutic phenomenology facilitated an interpretive analysis that aligned with both the

participants' experiences and my own. Not having to bracket my own experiences was essential, as I sought a design that would incorporate, rather than exclude, my personal experiences of the phenomenon. Having been both a BAFLS student at a previously White, English-dominated university and later a qualified Audiologist in the South African context, I considered my epistemological experiences to be as valuable as those of the participants (Laverly, 2003).

The analysis and interpretation of the data unfolded as expected, though there were minor challenges with thematising the data. The analysis required multiple iterations to develop a deep understanding of the findings. I employed both deductive and inductive approaches in the thematization process. Initially, the data were organised deductively into pre-existing themes. Within these organising categories, the data were then inductively thematised to reveal emergent themes.

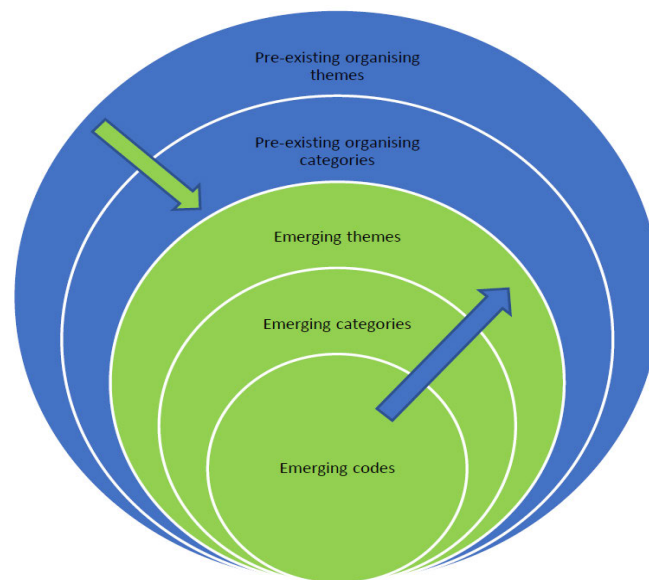


Figure 11: Deductive-inductive approach to data analysis (Azungah, 2018; Bonner et al., 2021)

As a result of this process, I was able to report on the themes that emerged within the organising themes derived from the frameworks discussed in Chapter 2. This approach not only facilitated

organised thematization but also allowed multiple data structures or frames to coexist within a single study. Hermeneutic phenomenology served as both the overarching theoretical framework and the guiding research methodology. However, expressing this dual role of hermeneutic phenomenology was occasionally challenging.

8.3.2 Critical reflections on the study's research paradigm and theoretical framework

I acknowledge that the current study could have been approached from a critical paradigmatic perspective, which also recognises that knowledge is a subjective interpretation of experiences or, at the very least, perceptions (Adom et al., 2016). While similar to interpretivism in acknowledging the subjective nature of reality, the critical paradigm places a stronger emphasis on the role of power dynamics in shaping what people know and experience (Abdul Rehman & Alharthi, 2016). Although I did not initially intend to focus on power dynamics as the key influence in how the curriculum is experienced, I remained open to interpreting their impact if they emerged during the data analysis. This openness led to my choice of an interpretive paradigm, which, as applied in this study, was sufficient to explore the participants' experiences as a result of their "Being" (their identity as BAFLS students) and, most importantly, their "Being" in a specific context (South Africa, post-apartheid).

This study was framed by five theories in total, although three were identified prior to data generation. First, Stefani's modification of Cowan's Logical Model of Curriculum Development (Cowan & Harding, 1986; Stefani, 2009) was used to shape the conceptual understanding of the undergraduate curriculum. This model helped frame how the curriculum could be broken down into smaller elements during the data generation and analysis processes. Second, I employed

Graham's Knowledge to Action Framework (Graham et al., 2006; Straus et al., 2009) to conceptualise the participants' experiences of transitioning from the undergraduate curriculum to professional practice. This framework guided my understanding of how participants' knowledge from the curriculum was transformed into practical knowledge within the Audiology profession. Lastly, hermeneutic phenomenology was adopted to frame my understanding of the participants' lived experiences (Heidegger et al., 1962). This framework presented some challenges, as it lacked a narrow focus and clear guidelines for its application at the theoretical level. Despite refinements in later versions, the original form of hermeneutic phenomenology was the most suitable for this study's focus, particularly the concepts of "being in time" (temporality) and "being in the world" (Heidegger et al., 1962).

I acknowledge that I may not have applied the full depth of Heidegger's "Being and Time" in the way it was originally intended. The concept of temporality was primarily applied to the past and present, and I did not incorporate the future aspect, as it did not align with the reflective and retrospective nature of the current study. My interest was in exploring the current and past experiences of this study participants.

An intriguing aspect of using hermeneutic phenomenology was the realisation that it did not entirely reflect an African perspective on the concept of "Being," especially after the data had been generated. As a result, I turned to uBuntu, an African philosophical lens, to optimise my interpretation of the findings. This lens helped me interpret "Being BAFLS" from an African perspective, enriching my understanding and analysis of the participants' experiences.

8.3.2.1 *Interpreting the findings beyond the set theoretical framework*

Ubuntu, as a theory, shaped my understanding of "being" from an Afrocentric perspective (Mupedziswa et al., 2019). One of the challenges I faced was its somewhat vague applicability at the theoretical level. I therefore drew on my insider perspective and understanding of what it means to be *uMuntu*, to supplement the application of the uBuntu Theory, as a means of addressing its vagueness. This allowed me to explore how participants, as *aBantu*, experience the world uniquely within their predisposed cultural framework. I argued that *uMuntu* is naturally inclined to engage with the world as an integrated member of a collective, in contrast to the Western worldview, which emphasises individuality. By highlighting the dissonance between these two worldviews, I was able to argue that one of the challenges the participants faced while accessing Audiology was their identity as *aBantu*. They were expected to gain epistemological access primarily through Western, Eurocentric frameworks, which are dominant in Audiology (Khoza-Shangase & Mophosho, 2018). This expectation often led to experiences of discrimination and marginalisation.

Another challenge I encountered was the difficulty of fully explaining the experiences of discrimination and dominance within the confines of the theoretical frameworks initially set for this study. To address this gap, I introduced an additional theory, the Matrix of Domination (Collins, 1990), which helped me explain how Western, Eurocentric approaches remain dominant in Audiology, despite the increasing number of BAFLS Audiologists and students. Throughout my argument, I grouped the Eurocentric, Western, or North American epistemologies as the "foreign" epistemologies, without describing the nuanced differences between them, as this would be beyond the scope of this study. These foreign epistemologies were all considered non-Afrocentric in nature, which was sufficient for the arguments made in the current thesis.

8.4 Contributions of the study

While the findings of this study are specific to the South African context, they offer valuable insights into the challenges of epistemological access within the Audiology curriculum, particularly for BAFLS students. The intention of this study was not to generalise to other contexts but to provide an in-depth exploration of this context, and therefore, the contributions should be understood within these boundaries. However, if certain contexts are relatively comparable to the one covered in this study, the findings may be considered transferable, within reason.

This study contributes to the existing body of knowledge in several key ways. First, it addresses the limited research on how the Audiology curriculum is experienced by students, particularly regarding its role as a means of epistemological access. While Beecham (2002) explored the general experience of a BAFLS student in the undergraduate Audiology curriculum, the current study extends this by focusing on how the curriculum either facilitates or hinders epistemological access to the field of Audiology. Inspired by Beecham (2002) and scholars such as Khoza-Shangase and Mophosho (2018), and (Moonsamy et al., 2017), this study highlights the lack of epistemological transformation in Audiology, particularly in the post-racial transformation era.

One of this study's primary contributions is its exploration of the lived experiences of epistemologically accessing Audiology, an area that had not been empirically studied from this angle. This research identifies the key barriers BAFLS students face in accessing Audiology through both the undergraduate curriculum and professional practice. This study also underscores the need for epistemological transformation in the Audiology curriculum and profession, particularly in terms of Afrocentric perspectives, which have been largely absent in prior literature.

Furthermore, this study contributes to the understanding of how congruence in race, ethnicity, and language between lecturers and students can impact the experienced curriculum in relation to epistemological access. Research by Louie and Nishijima (2023) & Harbatkin (2021) has shown that such congruence can positively influence students' experiences and outcomes. This study extends this by demonstrating that epistemological access in Audiology is optimally experienced when both lecturer and student share common racial, ethnic, and linguistic backgrounds. This finding highlights a critical gap in Audiology education, where such congruence has been underexplored.

This study also addresses the ontological-epistemological incongruence between BAFLS students' ways of being (as *aBantu*) and the Eurocentric foundation of the Audiology curriculum. This dissonance, where students are expected to adopt a predominantly Eurocentric framework in both their education and professional practice, is a central challenge for BAFLS individuals in accessing Audiology. This study suggests that previous efforts to transform the curriculum have not been perceived as effective by students, particularly those from BAFLS backgrounds, highlighting the need for deeper, more substantive transformation.

Methodologically, this study pushes the boundaries of hermeneutic phenomenology. Given the limited methodological clarity around this approach (discussed in Section 4.6.1.3), this study makes several key contributions to its application:

1. **Syncretic Guided Introspection:** I propose a classification of hermeneutic phenomenology as a syncretic guided introspection, which helps narrow the methodological choices and adds clarity to its application.

2. **Insider's Perspective:** I emphasise that hermeneutic phenomenology should be applied from the insider's perspective, where the researcher's own experiences with the phenomenon are integral to data generation and analysis.
3. **Cross-Sectional Design:** I argue that hermeneutic phenomenology should be best understood as a cross-sectional method, where the temporal context and shared demographics between the researcher and participants play a crucial role in this study. I argue that it is nearly impossible to explore a phenomenon outside of a cross-sectional lens where the researcher or the participants are not reflecting retrospectively on events that affect their current views or experiences.
4. **Non-Objectivity:** I challenge the notion of objectivity in this methodology, arguing that attempting to prove objectivity does not add value in this context, as the aim is to understand lived experiences rather than establish objective truths. I do this in the context of existing uncertainty about member checking and other means of attempting to gain an objective, valid validation of the interpretations made of the shared experiences.

These methodological contributions, particularly the creative application of hermeneutic phenomenology, represent an important step toward refining this methodology. The insights gained through this study offer new perspectives on how hermeneutic phenomenology can be applied in research that explores lived experiences, particularly in culturally and contextually complex fields like Audiology.

Theoretically, this study introduces the RIFT framework, which advocates for the implementation of fundamental epistemic transformation within the Audiology curriculum and profession. The proposed framework aims to foster a more comprehensive conversation about transformation in

Audiology, ensuring that it goes beyond racial transformation and holds all stakeholders accountable. The RIFT framework seeks to prevent epistemological transformation from becoming mere rhetoric, emphasising the need for real, actionable change in practice.

8.5 Implications of the study

This study's findings have several key implications for various stakeholders involved in the education and practice of Audiology.

Firstly, the participants' lived experiences highlight a pressing need for epistemological transformation in the experienced Audiology undergraduate curriculum. Many participants experienced the curriculum to be less contextually relevant and disconnected from their lived realities as BAFLS students. This gap emphasises the need for a deeper exploration of how student-lecturer relationships influence students' learning experiences, particularly in terms of meaningful access to the curriculum. Given that participants reported engaging in surface learning simply to pass, it is crucial for academics to explore and implement teaching strategies that promote deep, transformative learning. This should include a review of how the curriculum can integrate decolonial and African epistemologies to ensure it resonates with all students. Most importantly, the starting point would be to define what is to be considered decolonial with the Audiology profession and undergraduate curriculum.

Educational institutions should play a critical role in ensuring that curricula are epistemologically accessible and relevant to the diverse student body. To achieve this, higher education institutions (HEIs) should establish performance management criteria for educators that prioritise the

development of decolonised and contextually relevant teaching practices. Institutional management must provide the necessary resources and support to help educators redesign their teaching and assessment methods to improve access to the curriculum for all students, particularly those from marginalised backgrounds.

At the national level, the education system must develop policies not only to support transformation but to ensure their effective implementation at the ground level. While the White Paper 3 on Transformation in Education (Department of Education, 1997) initiated changes in the sector, it is evident that more needs to be done to decolonise the education system and enhance epistemological access within higher education. Policies should be designed to monitor and evaluate the transformation process, ensuring that institutions actively engage with these goals. While this study remains specific to a particular context, the lessons concerning the need for a policy shift toward a stronger enforcement of epistemological decolonisation and inclusive access seem to be relevant.

This study also reveals a desynchrony between the identity of Audiologists, particularly BAFLS individuals, and the profession itself. This misalignment highlights the need for change within the profession. At an individual level, Audiologists must recognise their role in shaping the profession to align with their own identities in a way that remains ethically and professionally sound. Institutions that train Audiologists should provide the necessary platforms and support to ensure that Audiology as a profession reflects the African context, with an emphasis on decolonisation and Africanisation. Again, these concepts should first be redefined to have an agreed-upon meaning within Audiology that can be practically actionable.

Finally, professional regulatory bodies and quality assurance organisations must revise accreditation criteria for both academic programmes and the profession to ensure that they are contextually relevant and promote meaningful fundamental access for all professionals and clients. Currently, the lack of accreditation processes in public hospitals means that there is limited oversight of institutional culture within the Audiology profession. Provincial forums, health professions councils, and professional associations must take an active role in driving the decolonisation and Africanisation of professional practice. While existing frameworks can support these efforts, their uptake is likely going to remain limited unless specific plans are devised to stimulate engagement and enforce implementation.

8.6 Limitations

This study provided a platform through which I, and possibly those who read this thesis, came to understand the lived experiences of accessing Audiology through the undergraduate curriculum and professional practice for some BAFLS Audiologists from the UoI. Even though the data were transcribed verbatim, a risk of losing some important elements of communication, such as non-verbal cues, and some non-speech verbal cues, could not be ruled out (McMullin, 2021).

The subjective nature of the methodological approaches adopted in this study, coupled with my own reflection and interpretation, makes it possible for the findings to be open to differences in interpretation by other researchers. Hermeneutic phenomenology as an overarching methodological frame enabled this subjectivity, which was its strength. There is no guarantee that the participants' reflections on their experiences do not deviate from their actual experiences of the undergraduate curriculum and professional practice. A strong element of transparency and

explicit reflections based on my experiences, along with the extensive use of direct quotations deal with the challenge of subjectivity. Hence, while the findings of the current study are open to slight differences in interpretation, it is not expected that the varied interpretations would show fundamental differences. Therefore, as this study intended, I am confident that it served its purpose, which was to understand the participants' interpretations of their own experiences of the phenomenon of interest.

Furthermore, in keeping with the methodological design followed in this study, there was no need for member checking as, in terms of this methodology, the researcher's interpretations of the findings did not necessarily need to be validated (see section 4.88). However, I acknowledge that some kind of further engagement with the participants to reflect on how I interpreted their experiences would have given them the opportunity to clarify anything that required clarification, rather than to correct my interpretation of the data from the interviews.

This study was also designed to address the concern of a one-sided focus on White, Eurocentric perspectives of Audiology and related challenges (Moroe & Khoza-Shangase, 2018). By focusing specifically on BAFLS Audiologists and their experiences, the key goal of filling the gap in the literature on this demographic, particularly their epistemological perspectives or experiences, was achieved. However, this does not negate the need for a similar study with a sample that reflects the current demographics of the Audiology profession. My focus on the "othered" or marginalised was, in and of itself, a means of producing knowledge from those whom I consider non-colonial. As such, I consider this study a contribution to a decolonial engagement with the field.

This study adopted an assumption that uMuntu in a former European colony largely remains unique in comparison to European people in terms of Being. However, the assumption of homogeneity among the Bantu is a limitation that could not be avoided. While it is true that a strong homogeneity exists, there may have been phenomenographic experiences that I did not account for through the current study. I provided strong reasons for this assumption but acknowledged that there may be complexities that affect one's Being, beyond their ethnic disposition. Even within the Bantu group, there may be elements of uniqueness that the scope of this study was limited in analysing, beyond class, language, and schooling background for instance.

Being a lecturer in Audiology and currently being employed at one of the South African universities meant that the participants' critical reflections were at risk of being exposed to lecturers at the UoI and other universities that provide Audiology undergraduate training. However, I dealt with this limitation by fully masking the participants and any specific details that could disclose their identity and that of the UoI. Nonetheless, the participants had to trust that I would not divulge their identity. Depending on the extent to which they trusted this promise, I cannot rule out that their reflections may have been affected by the fact that they knew that I am a lecturer at one of only five universities that teach Audiology. Therefore, despite efforts to maintain the confidentiality and anonymity, I cannot guarantee that all participants may have been comfortable enough to be as honest and critical as possible when reflecting on their experienced curriculum and professional engagements.

This study provided valuable insights into the lived experiences of BAFLS Audiologists from the UoI, offering a deeper understanding of how they access Audiology through both the undergraduate curriculum and professional practice. While the data were transcribed verbatim, there is an inherent risk of losing important non-verbal cues and other non-speech elements of communication (McMullin, 2021). Additionally, the subjective nature of the data, coupled with my own reflection and interpretation, means that another researcher might interpret the same data differently. Hermeneutic phenomenology, the methodological framework guiding this study, embraces this subjectivity, as it focuses on understanding participants' interpretations of their experiences rather than striving for objective truths. However, it is important to acknowledge that participants' reflections may not fully align with their actual experiences of the curriculum and professional practice.

According to the methodology, member checking was not deemed necessary, as the researcher's interpretations are not required to be validated in this approach (See section 4.8). Nonetheless, I recognise that further engagement with participants to clarify my interpretations would have allowed them to express any concerns or provide additional context, rather than merely confirming or correcting my views.

This study specifically addressed the lack of research focusing on BAFLS Audiologists and their epistemological experiences, helping to fill an important gap in the literature. However, the findings should not be taken as definitive for the entire Audiology profession, which would benefit from future studies that include a more representative sample reflecting the current demographics of the field.

A key limitation of this study lies in the focus on phenomenological differences without delving into phenomenographic variations. While this approach aligns with phenomenology, it is possible that I overlooked subtle differences in participants' experiences. This limitation is compounded by the theoretical assumption that the concept of *uMuntu* in a former European colony remains distinct from European ideas of *Being*. While I have provided strong justifications for this assumption, I acknowledge that there may be complexities in *Being* beyond ethnic identity, such as class, language, and personal history, which were not fully explored within the scope of this study.

As a lecturer in Audiology at a South African university, there is an inherent risk that the participants' critical reflections could be inadvertently exposed to colleagues at institutions that offer Audiology training, despite my commitment to confidentiality. While I took extensive precautions to maintain anonymity, I cannot rule out the possibility that concerns about confidentiality may have influenced how participants shared their experiences or shaped their willingness to offer detailed and candid responses.

8.7 Recommendations

8.7.1 Recommendations for future research:

- The findings suggest that power dynamics in the undergraduate Audiology curriculum are experienced to be skewed in favour of lecturers or clinical supervisors, which may disadvantage some BAFLS students. Future research should explore the current and ideal knower-knowledge structures in the Audiology field, considering the demographics of the

student population. This analysis would be essential in creating an epistemologically transformative environment that aligns with the needs of diverse students.

- Future studies should include a sample that better represents the current demographics of Audiology students and clinical staff in South Africa. This would provide a more comprehensive understanding of what it means to be an Audiologist in the South African context.
- The implementation of the recommendations in this chapter could encourage stakeholders to critically examine the meanings and implications of epistemological access and transformation within Audiology. This includes considering decolonisation, Africanisation, and the globalisation of the discipline, with a goal to limit or avoid the marginalisation of African perspectives. Future research should explore the challenges, outcomes, and effectiveness of the proposed changes.
- I recommend that the RIFT framework proposed in this study, or similar frameworks, be tested rigorously to assess their impact on epistemological transformation in Audiology. Such research would provide valuable insights into the feasibility, challenges, and potential improvements required to implement transformation in the discipline. This should ultimately contribute to the development of more effective policies for the Audiology profession.

8.7.2 Recommendations for administrative (governance) aspects of the profession

- A stronger communication loop should be established between the different stakeholders at individual, institutional and government levels, specifically focusing on the implementation of the suggested transformation practices to improve epistemological

access to Audiology. If such strong communication already exists, it is likely that it needs to be better implemented so that it is experienced to be effective.

- A clear, actionable policy framework and policy position are essential for guiding the planning, implementation, and monitoring of transformation within the Audiology profession. Given the social responsibility goals of the post-democracy and post-racial transformation era, it is crucial to prioritise the epistemic transformation, decolonisation, and Africanisation of the profession. Delaying this transformation risks reducing the discourse around it to mere rhetoric, undermining its potential impact.
- A more effective communication strategy should be established between stakeholders at the individual, institutional, and government levels to ensure the successful implementation of the recommended transformation practices. If communication channels already exist, they should be strengthened and more thoroughly documented to improve transparency and clarity of toward accountability. This should foster a clearer, goal-oriented, and accountable approach toward the implementation of transformation.

8.7.3 Recommendations for clinical and undergraduate teaching practice

- This study suggests a need to evaluate whether the Audiology curriculum strikes a sufficient balance between the planned curriculum and the experienced development of critical thinking and creative clinical decision-making skills. It would be valuable to investigate how the curriculum can encourage students to deeply engage with and apply the theoretical knowledge in clinical settings and foster independent problem-solving in a way that all demographics of the patients can relate to.

- Afrocentrism should be incorporated into the research as well as the clinical and theoretical aspects of Audiology training. To ensure its effectiveness, Afrocentrism should be practically defined and evaluated. Once clearly integrated, it should become a central element of the curriculum, rather than being an optional or peripheral addition.
- Power dynamics between students, lecturers, patients, and clinical Audiologists continue to impact clinical practice, often negatively. Students have reported feeling intimidated, particularly when interacting with lecturers of different races or social classes. To address this, institutions should create more regular, open platforms for constructive dialogue, where students and lecturers can discuss and improve their relationship dynamics. While efforts have likely been made to address these issues, student experiences indicate that further action or a new approach may be necessary.
- Transitioning from traditional power structures, where White is perceived as superior to Black, remains a significant challenge. Such transition toward true racial equality will require sustained efforts, including equity-driven affirmative strategies. All races in the profession must be educated on how to unlearn historical power imbalances and engage with each other respectfully, particularly in formal interactions. Institutions should foster a culture of mutual respect and understanding in these spaces.
- Methods should be developed and implemented to enhance understanding of South African values and knowledge systems. This should help Audiologists to better relate to the diverse populations they serve and to provide services in a culturally relevant and sensitive manner.
- The Audiology curriculum should be reviewed and recontextualised to align more closely with the practical demands of the profession. This recontextualisation should ensure that

the modules taught are experienced as relevant to the needs of students and that there is a clear connection between theoretical knowledge and clinical practice. Reconsideration should be given to the inclusion of Speech Language Therapy content, which some former students at the (UoI) perceived as redundant and unnecessary. This discussion should be guided by the scope of practice of Audiologists that the students are trained for, in preparation for their national and international practice of Audiology.

8.8 Conclusion

Audiology in South Africa has undergone some racial transformation, but further progress is needed to ensure that its demographic composition aligns with the broader South African population. While there have been some improvements, achieving a truly epistemologically transformed, decolonised, and Afrocentric Audiology that reflects the local context remains a significant challenge. This is especially important if the experiences shared by participants in this study resonate with the broader profession.

This study focused on the epistemological experiences of Audiologists as they navigated the undergraduate curriculum and entered professional practice. The findings suggest that the undergraduate Audiology curriculum does not fully provide equitable epistemological access for all students, particularly those from BAFLS backgrounds. These students reported a curriculum that prioritised Eurocentric knowledge, which resulted in surface learning and segmented engagement with the content. This approach, often driven by the need to "learn-to-pass," limited the students' ability to engage deeply with the material and left them ill-prepared for the full scope of professional practice.

Once in professional practice, the newly graduated BAFLS Audiologists encountered further challenges due to their limited knowledge base, a consequence of the surface learning strategy they adopted during their studies. While Audiology does provide supportive measures, such as CPD workshops, journal clubs, and informal mentorship, these are not always sufficient to overcome the foundational gaps in knowledge and skills that many BAFLS graduates experience.

Moreover, issues such as racism, culturalism, linguisticism, and classism further hinder epistemological access to Audiology. The profession has yet to meaningfully adopt Afrocentric approaches to care, an oversight that calls for urgent epistemological transformation. Embracing African philosophies, such as uBuntu, could have a significant impact on both student learning and professional development, ensuring that Audiology is not dominated by Western, Eurocentric paradigms.

Despite the existence of multiple frameworks for transformation in Audiology, none have prioritised accountability in the implementation of epistemological reforms. Therefore, a robust framework such as the RIFT framework should be considered for implementation to ensure stakeholder accountability and support the real-world application of transformation. By critically engaging with this or similar frameworks, the Audiology profession could move toward a more inclusive, decolonised, and Afrocentric model of care and practice, ultimately benefiting both students and patients in the South African context.

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APPENDICES

Appendix A : Letter of support (gatekeeper permission to conduct this study at KZN DoH Sites)



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: NON COMMUNICABLE DISEASES

12 Chief Albert Luthuli Street
Pietermaritzburg, 3200
Tel: 033 846 7247 Fax: 033 846 7273 Email: daniel.simbeye@kznhealth.gov.za
www.kznhealth.gov.za

DISABILITY AND REHABILITATION

Date: 04 December 2018

Mr. Musa Makhoba
University of KwaZulu-Natal
Westville Campus
Durban

Dear Mr. Musa Makhoba

RE: PERMISSION TO CONDUCT RESEARCH AT THE FOLLOWING PROVINCIAL HEALTH FACILITIES: MADADENI, STANGER, PORT SHEPSTONE, EDANDALE, APPELSBOSCH, DORIS GOODWIN, MANGUZI, BETHESDA, CHURCH OF SCOTLAND, ESTCOURT, LADYSMITH, NGWELEZANA, VRYHIED, NKONJENI, HLABISA HOSPITALS AND KWADABEKA CHC

I have pleasure in informing you that permission has been granted to you by the Disability and Rehabilitation Programme to conduct research on "Accessing Audiology: Epistemological experiences of newly qualified Audiologists" in the above stated health districts of KwaZulu-Natal.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received approval of your study from the Provincial Health Research and Ethics Committee (PHREC) in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The Disability and Rehabilitation Programme will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the Disability and Rehabilitation Programme in the Department of Health KwaZulu-Natal
6. You are required to contact this office regarding dates for providing feedback when the research has been completed.

~~Thank you;~~

MR. D. SIMBEYE
ASSISTANT DIRECTOR: DISABILITY AND REHABILITATION

Fighting Disease, Fighting Poverty, Giving Hope

04/12/2018

Appendix B : Provincial Department of Health Ethics Approval to conduct the study with DoH Staff



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

Ref: KZ_201812_003

Dear Mr M Makhoba
(UKZN)

Subject: Approval of a Research Proposal:

1. The research proposal titled '**Accessing Audiology: Epistemological experiences of newly qualified Audiologists**' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at the selected facilities at KZN-DoH.

2. You are requested to take note of the following:
 - a. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
 - b. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
 - c. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete.*
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date: 12/12/18

Fighting Disease, Fighting Poverty, Giving Hope

Appendix C : Gatekeeper permission to conduct the study with UKZN Audiology graduates



14 January 2019

Mr Musa Makhoba (SN 211506044)
School of Health Sciences
College of Health Sciences
Westville Campus
UKZN
Email: makhobamu@ukzn.ac.za

Dear Mr Makhoba

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Accessing Audiology: Epistemological experience of newly qualified Audiologists."

It is noted that you will be constituting your sample by conducting interviews with recently qualified black Audiologists from UKZN.

Please ensure that the following appears on your notice/questionnaire:

- 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


MR SS MOKOENA
REGISTRAR






Office of the Registrar

Postal Address: Private Bag X64001, 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 D : Ethics Approval by the UKZN Human and Social Science Ethics Committee



06 February 2019

Mr Musa Makhoba 211506044
School of Education
Edgewood Campus

Dear Mr Makhoba

Protocol reference number: HSS/2026/018M

Project title: Accessing Audiology: Epistemological experiences of newly qualified Audiologists.

Full Approval – Full Committee Reviewed Application

With regards to your response received 24 January 2019 to our letter of 26 November 2018, the Humanities and Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.


Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shamila Naidoo

/px

cc Supervisor: Dr S Reddy and Prof M Pillay

cc Academic Leader Research: Dr SB Khoza

cc School Administrator: Ms S Jeenarain, Ms M Ngcobo and Mr SN Mthembu

Humanities & Social Sciences Research Ethics Committee

Dr Shamila Naidoo (Deputy Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 **Facsimile:** +27 (0) 31 260 4609 **Email:** ximbao@ukzn.ac.za / snymnm@ukzn.ac.za / mohung@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

Appendix E : Revised Ethics Approval by the UKZN Human and Social Science Ethics Committee



20 January 2020

Mr Musa Makhoba (211506044)
School of Education
Edgewood Campus

Dear Mr Makhoba,
Protocol reference number: HSS/2026/018M
Project title: Accessing Audiology: Epistemological experiences of newly qualified Audiologists.

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 17 January 2020 has now been approved as follows:

- Change in Research Methodology

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.






Best wishes for the successful completion of your research protocol.

Yours faithfully


.....
Professor Urmilla Bob
University Dean of Research

/ss

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

Appendix F : Invitation to participate in the study

Discipline of Curriculum and Education Studies

School of Education, College of Humanities

Tel: 031 260 7309

Researcher's email: makhobamu@ukzn.ac.za

Supervisors' emails: Reddys15@ukzn.ac.za ; PILLAYM1@ukzn.ac.za



Date: December 10, 2018

Re: Invitation to participate in a study.

Greetings

I am Musa Makhoba conducting this study in partial fulfilment of the requirements for the degree PhD in Higher Education with the UKZN. I am in a process of conducting a research study entitled “Accessing Audiology: Epistemological experiences of newly qualified (2 to 5 years post-graduation) Audiologists” in partial fulfilment of a PhD study. I would greatly appreciate and kindly invite you to participate in this study. You were carefully selected among a number of Audiologists as you seem to fit the criteria of Audiologists I am looking for (Someone who can have a deep reflection on their experiences of being an Audiology student and of being a professional Audiologist).

If you agree to take part, your voluntary participation would involve an in-depth interview about your experiences as a relatively newly qualified Audiologist with myself (researcher), in a location comfortable to you. The interview would be very open and flexible with necessary breaks, if necessary, to ensure you are very comfortable. The length of the interview would be judged by how much information we have covered. However, you would have the authority to stop the interview even within a very short time should you feel you no longer want to participate.

You will not be exposed to any risk, and all information shared with me (the researcher) will be treated with respect and regarded as confidential (only accessible to the researcher and project

supervisors). You would kindly be expected to be as honest and as expressive as possible during the interview.

Your participation will add valuable information that will improve the understanding of experiences of Audiologists at an undergraduate and professional level. This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number).

In the event of any problems, concerns or questions, you may contact the researcher on makhobamu@ukzn.ac.za, the supervisors on Reddys15@ukzn.ac.za and PILLAYM1@ukzn.ac.za or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban 4000, KwaZulu-Natal, South Africa, Tel: 27 31 2604557- Fax: 27 31 2604609,
Email: HSSREC@ukzn.ac.za

Yours Sincerely

Signed: _____

M. Makhoba (Researcher)

Date: _____

Signed: _____

M. Pillay (Supervisor)

Date: _____

Signed: _____

S. Reddy (Supervisor)

Date: _____

Appendix G : Information letter for participants

Discipline of Curriculum and Education Studies

School of Education, College of Humanities

Tel: 031 260 7309

Researcher's email: makhobamu@ukzn.ac.za

Supervisors' emails: Reddys15@ukzn.ac.za ; PILLAYM1@ukzn.ac.za

Date: December 1, 2018



Re: Information for participants

Greetings

Thank you for accepting the invitation to participate in this study. The purpose of this study and this interview is to understand how relatively newly qualified Audiologists experience accessing knowledge within the field and how their experiences are related to clinical practice.

Your participation will involve an in-depth interview of a length comfortable to you. Your participation will be voluntary and you could withdraw at any point in time should it be necessary without any negative consequences. There are no risks or costs involved in your participation. There will also be no incentives for participating.

Based on your permission (on the consent form), the interview will be video and audio-recorded and written in the form to ensure not to miss your responses. Confidentiality will be ensured at all times as only the researcher and supervisors of this study identifying details such as your name and other identifying information. Instead, your participant number will be used to further ensure confidentiality and anonymity. Only the researcher (myself) and the research supervisors will know your identity.

All data on paper, computer and external memory stick, about our interview will be kept in the office of the researcher and or supervisors and no one else, except the examiners of this research project may have access to it. Please proceed to signing the consent form in the next page.

Appendix H : **Consent form for participants.**

Discipline of Curriculum and Education Studies

School of Education, College of Humanities

Tel: 031 260 7309

Researcher's email: makhobamu@ukzn.ac.za

Supervisors' emails: Reddys15@ukzn.ac.za ; PILLAYM1@ukzn.ac.za



Informed consent for participants

I (Name & surname) _____ have been informed about this study entitled Accessing Audiology: Epistemological experiences of newly graduated Audiologists, conducted by Musa Makhoba.

I understand the purpose and procedures of this study as stated in the information letter.

I have been given an opportunity to ask questions about this study and have had answers to my satisfaction.

I have been made aware that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at makhobamu@ukzn.ac.za of research supervisors at Reddys15@ukzn.ac.za and PILLAYM1@ukzn.ac.za

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION, Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604557 - Fax: 27 31 2604609, Email: HSSREC@ukzn.ac.za

(Additional consent: Please circulate “Yes” if you consent to the additional requests, or “No” if you do not.

I hereby provide consent to:

Audio-record my interview YES / NO

Video-record my interview YES / NO

Use of my photographs for research purposes YES / NO

Signature of Participant

Date

Appendix I : Interview schedule

Discipline of Higher Education Studies
School of Education, College of Humanities

Tel: 031 260 7309

Researcher's email: makhobamu@ukzn.ac.za

Supervisors' emails: Reddys15@ukzn.ac.za ; PILLAYM1@ukzn.ac.za



A: Opening/Introductions

Interview 1: Establishing the context

Hi. How are you?

Thank you for accepting the invite to participate in the study. (Shake hands)

Expectations: I will be interviewing you and 14 other Audiologists to obtain their views and experiences of accessing professional knowledge in the field. The interest is more on your views on your own experience thus far and what those experiences mean to you. So, there is nothing forbidden and feel free to say things how you feel like without fear of being judged. The more open we are with each other, the more I can come to know about your experiences within Audiology. Feel free to speak even more than me as you may have more to share than I do. The only few questions I have will only just guide our discussion if there is a need to redirect it.

I am hoping we will at least spend no less than half an hour per section, especially with the 2nd and last aspects of this interview. The longer we take, the more likely we will share more information about your experiences, which would be ideal.

Are you ready to start with the interview?

Yes	No
-----	----

Part one

1. Interview part-one (brief background of the interviewee)

Tell me about your social background and upbringing, that contributed to the person you are today.

- Social background upbringing background

- Cultural background
- 2. Please tell me about your educational and training background leading to becoming an audiologist).
- Primary, secondary education
- Other tertiary education prior-audiology undergraduate training
- Any further education following audiology undergraduate training
- How did high school prepare you for university experiences (teaching, learning, assessment)?

Part-Two (lived experiences relating to the curriculum)

Audiologists' current experiences of epistemologically accessing the profession through the undergraduate curriculum.

3. Talk to me about your experiences of being an Audiology student

Probing:

3.1.

- Length of registration in the programme
- Experiences of failing any module (s)/or exceptional success, and related reasons
- Any challenges with studies (and related reasons)

3.2. Please share your experiences of learning

- How were the learning experiences (negatively or positively)
- What factors affected your learning experiences?
- Any challenges with learning (specify)?
- Did learning experiences contribute in any way to what you know and use today as an Audiologist? How?
- Could you relate to the learning you had to do, or were expected to do as a BAFLS Audiology student?

3.3. Please share your experiences of being taught (of teaching)

- How were your experiences of being taught (the teaching experiences)

- What factors affected your experiences of being tough?
- Any challenges with what and how you were taught? (specify)?
- Did the undergraduate teaching contribute in any way to the knowledge you have and use now as an Audiologist? (explain)
- Could you relate to the teaching you were exposed to as a BAFLS Audiology student?

3.4. Please share your experiences of being assessed as a student

- How were your experiences of being assessed as an Audiology student
- What factors affected your assessment, and performance with assessment tasks/activities
 - Tests, exams, clinical assessments, oral exams
- Any challenges with how you were assessed? (specify)?
- Did the undergraduate assessment contribute in any way to the knowledge you have and use now as an Audiologist? (explain)
- Could you relate to assessments you were exposed to as a BAFLS Audiology student?

Part three

4. How did your undergraduate training prepare you for your current professional and clinical practice?
5. Did your undergraduate teaching, learning and assessment allow you to access the knowledge you need for your current clinical and overall professional practice as an Audiologist? Explain.
6. How do you translate you're the knowledge you obtained through your undergraduate training into your professional and clinical practice?

Part four

7. Do you learn anything from your professional practice (specify)
8. How does your professional and clinical practice provide you with knowledge you need and use in your clinical and professional practice as an Audiologist? Scenario.
9. How do you translate the knowledge you access in your clinical and professional practice, into your clinical practice?

Part five

10. Do you think there is any need for change in the undergraduate curriculum that would prepare Audiologists better for service provision to BAFLS Clients/patients?
11. Do you think there is any need for change in the field of practice that would improve how we provide services to BAFLS clients/patients?

Summary, confirming important points and Closure.

Thank you for all information you have shared with me thus far. I will quickly just summarize the main points of our discussion to see if I covered all-important aspects. Feel free to add any important information that you think we left out.

Lastly: I will now go and analyze all our discussion. However, I kindly request that you would be open to another interview with me should there be any further information on the same topic that I think we can cover in more depth.

Appendix J: Data analysis form (full meaning units) (Erlingsson & Brysiewicz, 2017).

Unit number	Full meaning unit
1	
2	
3	
4	
5	

Unit number	Condensed meaning units	Code	Category	Theme

Mvelase & Associates

[REDACTED]
Ashley
Pinetown
3610

23 January 2023

To whom it may concern

This is to certify that I Bheki Mthembu translated the transcribed interviews for the study “Accessing audiology: epistemological experiences of newly qualified audiologists” conducted by Musa Makhoba (student: 211506044).

Should you require any further information, do not hesitate to contact me.

Regards

[REDACTED]
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Appendix L: Editor's certificates

[REDACTED]
Glenwood
DURBAN 4001
[REDACTED]

Email: deanne.collins30@gmail.com

22 March 2023

This serves to confirm that I have edited the thesis, "Accessing Audiology: Epistemological Experiences of Newly-Qualified Audiologists", by Musa Makhoba, excluding the appendices.

DISCLAIMER: The editor cannot be held responsible for any errors introduced due to changes being made to the document after the editing is complete.

Yours sincerely,

[REDACTED]

(Ms) Deanne Collins (MA)

Angela Bryan & Associates

Westville
3639

Date: 18 July 2024

To whom it may concern

This is to certify that the thesis:

ACCESSING AUDIOLOGY: EPISTEMOLOGICAL EXPERIENCES OF NEWLY
QUALIFIED AUDIOLOGISTS

Written by Musawenkosi Makhoba has been edited by me for language.

Please contact me should you require any further information.

Kind Regards

Angela Bryan

E [REDACTED] | [REDACTED]



**MPHINYI LANGUAGE
EDITING SERVICES**
YOUR IDEAS IN A SIMPLE WAY

11 Jameson Avenue, Rhodesdene,

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Date: 14/08/2025

TO WHOM IT MAY CONCERN

This letter serves as proof the PhD Thesis titled ***ACCESSING AUDIOLOGY:
EPISTEMOLOGICAL EXPERIENCES OF NEWLY QUALIFIED AUDIOLOGISTS*** by
Musa Makhoba has been thoroughly edited by a professional editor.

Regards,



Appendix M : Turnitin report

ACCESSING AUDIOLOGY EPISTEMOLOGICAL EXPERIENCES OF NEWLY QUALIFIED AUDIOLOGISTS

ORIGINALITY REPORT

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9	"The Education Systems of Africa", Springer Science and Business Media LLC, 2021	<1 %

Appendix M: Certificate of Transcription



CERTIFICATE OF VERACITY

We, hereby certify that in as far as it is audible the foregoing is a true and correct transcript of the recording provided by you in the matter:

Client: Musa Makhoba

Student no: 211506044

Title of the study: Accessing Audiology: Epistemological experiences of newly qualified Audiologists

Ph.D. level.