

**CURRICULUM ENGAGEMENT: EDUCATORS' EXPERIENCES IN AUDIOLOGY
AND SPEECH-LANGUAGE PATHOLOGY AT A SOUTH AFRICAN UNIVERSITY**

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BY

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DECLARATION

I, **SURAKSHA INARMAN**, declare that the research reported in this thesis, except where otherwise indicated, is my original work. This research has not been submitted to any other university or institute for examination purposes. This research does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons. The information obtained from other sources have been indicated and acknowledged by means of complete references.



Suraksha Inarman

10/11/2020

Date

DEDICATION

for *Veer Inarman*

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Postgraduate research proves to be rather difficult and is not for the faint-hearted. A strong support system plays a major role in the outcome of one's journey, therefore I would like to thank the following beings for their great contributions to my journey:

God - all the hard work and dedication put into this research was provided by the strength, guidance and good health granted by the Supreme. Without God, I am nothing.

My parents, Anash and Radha Inarman, have been nothing but kind, considerate and supportive throughout this journey and in all aspects of my life. I thank you for all that you have done for me.

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To the participants who have taken the time to share their experiences to help us gain a better understanding. Without you, the depth of this study would not be possible.

Thank you.

SCHOLARLY WORK

The researcher had presented this research study at the Decolonial Turn and the Humanities Curriculum: Prospects, Practice and Interventions an International Conference (10/07/2019 – 12/07/2019) at the Future Africa Campus, University of Pretoria. The research study presented was titled: Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African university, by Ms. S. Inarman, Ms. N. B. Khan, and Prof. M. Pillay. This research study was still in progress at the time of the conference; hence the researcher's focus remained on the study rationale, the research design and a brief discussion of the research findings.

ABSTRACT

Educator's experiences have not been awarded due recognition within the curriculum. If educators are key agents in curriculum change then non-recognition of their experiences, power relations, identity construction and its influence on the curriculum leaves a gap in understanding curriculum engagement. Hence, this study aimed to explore educators' experiences on curriculum engagement in the Audiology and Speech-Language Pathology (SLP) Disciplines at the University of KwaZulu-Natal (UKZN). Educators' experiences in relation to students, educators, content, method of engagement and context together with the influence of socio-demographic, socio-emotional and socio-political factors are described. A qualitative study design that was exploratory and descriptive in nature was undertaken. Educators' experiences were explored via a semi-structured interview method and analysed with the use of a qualitative computer software, NVivo as well as through thematic analysis. Five main themes emanated from 59 codes and 15 categories. The results and discussion are presented per theme and the findings suggest that the political environment impacted greatly on the curriculum in terms of its structure, policies, staff and student profiles. Staff identities and emotional engagement further influenced their interaction with the curriculum and facilitated their role as agents of curriculum change. Whilst validating knowledge by experience may be considered a less orthodox approach, this study has demonstrated that providing Audiologists and SLP's with a platform to share their personal experiences through narrative may be a way forward in expanding new knowledge, developing skills and gaining competencies as the professions move progressively towards engaging a contextually relevant curriculum.

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CHAPTER 1: INTRODUCTION

1.1 Overview

This chapter provides a broad introduction to the areas of interest in this study, that being educators' experiences on curriculum engagement. A background of the Audiology and Speech-Language Pathology (SLP) curriculum implemented within the South African context will be explored. Problematic areas within the curriculum will be highlighted. Furthermore, the researcher provides an understanding of the theoretical lens adopted for this study and the study rationale. It closes with a summary of the current chapter and an outline of the chapters that follow.

1.2 Background of the study

Educators at higher education institutions in the Audiology and SLP disciplines have to respond to the fact that they remain "... highly feminised, white, Westernised, English and mostly urban..." (Khoza-Shangase & Mophosho, 2018, p3). The evidence of this statement lies in the bulk of text, assessments, resources and normative data utilized in the Audiology and SLP curriculum that caters for the first language English speaking population. Most assessment materials utilized in South Africa are adopted from American English materials (Panday et al., 2018; Pascoe & Norman, 2011). This is a limitation as the available resources serve the minority of the population and leave the majority of the population at a disadvantage (Norman & Pascoe, 2011). This serves as bias in favour of the minority.

Examples of assessment materials that have been translated and adapted are (but not limited to) the Mullen Scales of Early Learning (Bornman et al., 2018); the Western Aphasia Battery (WAB) test (Barratt et al., 2012), and the South African Low Linguistically Loaded Central Auditory Processing Disorders (CAPD) Test Protocol (Saleh et al., 2003). This proves a mismatch of the curriculum in relation to the context it is implemented in, as well as

being inappropriate to the educators based on unfamiliar grounds to the serviced population (Ramkissoo et al., 2002). Therefore, educators' experiences on curriculum engagement is considered significant in response to addressing issues entrenched in South African history, whilst remaining relevant within context and making way for future developments of the curriculum.

Heleta (2016) articulated the need for drastic change to revolutionize higher education institutions and the way curriculum is engaged to ensure congruence to the African context. This need arises from the understanding that universities have historically embraced Western epistemological dominance as their approach to curriculum (Mbembe, 2016). In the context of this research study, the term 'epistemology' refers to the theory of knowledge in relation to its origin and methods that justify its existence (Yilmaz, 2013). Thus, universities have struggled to eliminate these Western practices to meet the demands of the African context (Msila, 2017; Heleta, 2016; Seabi et al., 2012; Ramkissoo et al., 2002). Hence South African universities, regardless of their historical background, have heavily relied on Western/European countries to inform their teaching practices, research and policies. Western practice or western knowledge emanating from Eurocentric countries has traditionally been considered superior to practices or epistemologies of a different ancestry, such as African epistemology (Connell, 2016; Mbembe, 2016).

Eurocentric practice is laced with traits of colonialism and apartheid (Heleta, 2016; Mbembe, 2016). One such example is the structure of universities and the economic influence on the productivity of such institutions (Mbembe, 2016). This justifies that the political status of the country had influenced the authoritative stance adopted by higher education institutions (Ndlovu-Gatsheni, 2017; Heleta, 2016; Badat, 2010). South Africa's political history and socio-economic influence (Mbembe, 2016) have created inequalities and injustices in these institutions (Moonsamy et al., 2017; Badat, 2010). As a result, institutions

were labelled Eurocentric (Abrahams et al., 2019; Ndlovu-Gatsheni, 2017), that did not meet the needs of the majority of the population (Ramrathan, 2016; Pascoe & Norman, 2011; Pillay et al., 1997). This approach to teaching centralized Western epistemologies and practice whilst disregarding the importance and integration of indigenous knowledge systems (Pillay & Kathard, 2018; Ndlovu-Gatsheni, 2017; Connell, 2016; Heleta 2016).

This entrenched the prejudice that knowledge was vested in the Western world with little or no recognition to indigenous knowledge production and generation in developing African contexts (Pillay & Kathard, 2015). As a result, students have become frustrated by the inequalities faced within the curriculum and slow pace of change post-apartheid. This drove their desire for radical transformation and curriculum redress. In 2015 and 2016 major disruptions occurred as many tertiary level students and a few academics expressed concerns towards the perpetuating presence of dominant colonial characteristics in a pseudo African curriculum (Khoza-Shangase & Mophosho, 2018; Vorster & Quinn, 2017; Kamsteeg, 2016; Mbembe, 2016). Previously, students have pleaded rectification and acknowledgement of a decolonised, fundamentally Afrocentric curriculum but their efforts were in vain. The recent large-scale student protests culminating in the #FeesMustFall and related movements (#RhodesMustFall), garnered widespread national and international support in a bid to make higher education institutions relevant and fit-for-context.

Decolonization is defined as the power reversal of the authoritarian force (Mbembe, 2016) and the dismissal of Western concepts in dominating the understanding of Africa and its position in the world (waThiongo, 2004). Decolonization is linked to the concept of transformation. Lange (2014) offers the understanding that transformation refers to acts of change that are implemented in response to socio-demographic and socio-economic factors that influence the curriculum. A decolonized and transforming curriculum at higher education productive institutions must, as a matter of priority, address the inclusion of African

epistemologies, the removal of gender-based, race-based and, socio-economic inequalities that exist within the curriculum (Ndlovu-Gatsheni, 2017). Curriculum is defined as the “interlinked complex of who is taught, what is taught, how it is taught, who teaches, and within what context we teach” (Gerwel, 1991, as cited in Pillay et al., 1997, p. 115). This understanding of curriculum consists of five components: students, educators, syllabus, method of engagement and context. The relationship shared between each component directly influences the success of a decolonized curriculum, hence this definition is adopted for the purpose of this study. For the scope of the current study, the focus is mainly on “who teaches” and how educators’ experiences incorporate the components of who is taught, what is taught, how it is taught and within what context it is taught. It is by no means an in-depth analysis of a decolonized curriculum but rather an overview perspective of educator’s experiences on the curriculum engagement process at the University of KwaZulu-Natal (UKZN).

Merging of higher education institutions

The merging of higher education institutions took place post-1994 by the democratically elected South African government in a bid to restructure the predominantly apartheid policies and practices of the higher education sector. One of the large-scale merges included the amalgamating of the University of Natal and the University of Durban-Westville (UDW) to form the University of KwaZulu-Natal (UKZN) (Kamsteeg, 2016; Jansen, 2004). UKZN has five main campuses, each with interests in a variety of fields. These campuses include Edgewood, Howard College, Medical School, Pietermaritzburg and Westville campus. This was undertaken to create a unified, sustainable and productive institutions. The university’s vision is to be the Premier University of African scholarship in a bid to generate local knowledge and legitimacy (University of KwaZulu-Natal [UKZN], n.d.). The university has injected huge investments in teaching, learning, research capacity, development, performance

and productivity. UKZN continues to strive towards transformation, diversity, redress; academic excellence, community participation and critical engagement in all facets. The translation of these goals within the disciplines of Audiology and SLP will be obtained through educators' experiences.

Historical overview of the Audiology and SLP professions in South Africa

The Audiology and SLP professions were first introduced to South Africa as a Logopaedics programme in 1938 (Swanepoel, 2006). After much review, this programme was then developed into a diploma and in 1948 it was further developed into a four-year degree programme that led to the registration of graduates as Audiologists and Speech-Language Pathologists (Amosun et al., 2012). These university training programmes were evaluated, and the decision was made to divide the education of Audiologists and Speech-Language Pathologists. The University of Witwatersrand Johannesburg had taken the decision to split the Audiology and SLP training programmes in 2017 (Rutherford, 2017). Each profession comprised of a well-rounded curriculum that required individual attention given the expanding scopes of practice (Swanepoel, 2006). Even though the professions were split to individual curricular, the engagement, practice and handling of the curricular remained similar. Both the Audiology and SLP curriculum were largely influenced by the political status of the country. Apartheid values, such as being in favour of Eurocentric knowledge systems, were inherent in the engagement, development and practice of the curriculum (Pillay et al., 1997). All of which catered mainly for the minority of the population (Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2018).

The curriculum engagement process undertaken by universities generally have been superficial in nature pertaining to the increase in people of colour into the curriculum (Swanepoel, 2006) and the inclusion of community-based clinics (Pillay et al., 1997). These

advancements demonstrated a step in the right direction and a slow progress has been noted but one should not be naive to the realisation that curriculum development delves deeper into the method and factors influencing this development. The process as to how and what factors influenced curriculum outcomes remain relatively unknown. Educator's experiences and perspectives on curriculum engagement are important as they are not passive recipients in the curriculum transformation and development process. Furthermore, their views and perspectives are also shaped by their socio-demographic, socio-political, socio-economic and cultural influences that need to be incorporated based on official recognition to better expand on an African curriculum.

1.3 Problem Statement

Educator's experiences have not been awarded due recognition within the curriculum. This is problematic because educators are key agents in curriculum change. The non-recognition of their experiences, power relations, identity construction and its influence on the curriculum leaves a gap in understanding curriculum engagement. Educators themselves have expressed dissatisfaction towards the curriculum but their experiences remain invisible (Pillay & Kathard, 2015). This may also be viewed as a form of imposing epistemic violence on local knowledge (Pillay & Kathard, 2018; Heleta, 2016; Mbembe, 2016).

Changes to higher education curriculum has thus far been cosmetic in nature, in terms of its enrolment of students and educators, but there is an urgency for transformation in the Audiology and SLP disciplines so that historical legacies are not perpetuated and there is a concerted effort for training programmes to embrace diversity beyond changes in the demographic profile of staff and students (Khoza-Shangase & Mophosho, 2018). The implemented curriculum thus creates a barrier of unfamiliarity, intensifying negative feelings of the educators and students struggling to relate to the profession (Cornell & Kessi, 2016). Students, academics and the general population that require services, have been marginalised

within the curriculum resulting in discrimination and inequality amongst population of different race, gender, language, culture, status, local knowledge and context (Pascoe et al., 2018; Badat, 2010). This created a platform to serve the English-speaking population whilst restricting educational access to Black African students and consequently healthcare access to the Black African population (Khoza-Shangase & Mophosho, 2018). The racial divide was and largely remains in favour of the minority population. This is seen for example in language and culture, as assessment and therapy materials cater predominantly for first language English speakers (Pascoe et al., 2013) delivered mainly in private practice settings which falsely represent the South African context of being more urban than rural. The professions have long been criticised that the training catered for service delivery to elite, minority populations and that the large majority of the population being black African language speakers with communication disorders do not receive health care services in their first language (Khoza-Shangase & Mophosho, 2018). Thus, the curriculum must take cognizance of the multi-linguistic and multicultural context within which it must operate. This calls for training to be relevant in order to make a meaningful, socially responsive and population focussed impact (Kathard et al., 2011). Obtaining educators experiences related to the above as part of the curriculum engagement process would provide useful insights and recommendations for change. Furthermore, academic institutions are heterogeneous in nature and different institutions will have different experiences depending on their context.

1.4 Rationale

There are limited studies published on educator's experiences on curriculum engagement at South African universities therefore understanding how the Audiology and SLP educators have experienced the curriculum and the knowledge gained and practiced remains a gap in literature (Pillay et al, 1997). Hendricks (2018) and Tisani (2004) agree that most knowledge systems implemented within the curriculum are derived from a Western, scientific stance

resulting in discounting local/ indigenous knowledge. According to Maodwa-Taruvunga and Divala (2014) narrativizing experiences arise from the need to document personal stories, with an understanding that these are linked to larger more encompassing issues such as social-political issues (Lander & Santoro, 2017). Furthermore, researchers must embark on this process, acknowledging that the voices are embodied in academics that are historically and contextually located. Whilst these voices are subjective in nature, they can be engaged with empirically (Maodwa-Taruvunga & Divala, 2014).

The position adopted by the researcher in this study has the potential of influencing the way research is conducted (Berger, 2015; Bourke, 2014), thus it is important to declare at the outset to assist the reader in understanding the view of the researcher. The researcher is a South African Indian, female Audiologist that grew up in a democratic country but was aware of the injustices and inequalities present within the Audiology and SLP curriculum, which sparked interests in the area of curriculum development and engagement. The researcher aims to point out social process that are manipulated by complexities as elucidated by Bourke (2014), and du Preez and Simmonds (2014) that are socio-demographic, socio-political and socio-cultural background of the researcher that influences the ontological orientation to the research process. The researcher adopted a critical approach to understanding curriculum engagement – at a historically Black institution – by conducting research that aims to build a platform for the voices of educators that have been marginalised.

It is envisaged that shared past experiences, coping mechanisms and strategies can be utilized to transform and impact future success of the Audiology and SLP profession. Pillay and Kathard (2015) additionally refer to humanising the process of education by adding individual experiences for a more personal approach to becoming appropriate within context. Granting educators' experiences with official recognition places African knowledge at the centre of teaching and learning. Thus educators are not merely portrayed as objects in the

curriculum but according to Maodwa-Taruvunga and Divala (2014) through their reflections, they have an opportunity to engage in an active role in utilizing the lessons of the past to create knowledge that impacts the development of the current and the future curriculum.

1.5 Structure of Dissertation

This dissertation consists of five chapters. The following information provides a brief description to the areas covered in each chapter:

In chapter 1, the researcher provided a brief introduction to the key area of interest that being the exploration of educators' experiences and its potential in moulding the Audiology and SLP curriculum. It then unfolds on the position taken by the researcher, that being from a critical perspective, and the influence of her position on the outcome of the study. It follows with reasons as to why this research study is justified in being conducted and points out the paucity of research available in recognizing experiences as a certified contribution to research, development and knowledge production.

In chapter 2, the researcher provides a detailed review on literature pertaining to curriculum and educators' engagement thereof, particularly within the South African context. It interrogates literature that relates to the elements of practice derived from the conceptual framework selected for this research study. This ultimately leads to the research question which structures the aim and objectives of the study.

In chapter 3, the researcher provides a closer look on the methodological approach that illustrates all the procedures adopted in this research study. As a result, the reader will be introduced to the participants, data collection tools, data analysis tools and methods used to carry out this research study.

In chapter 4, the researcher represents the research findings through main themes that were supported by figures and participant verbatim quotes obtained during the data collection phase. Data was entered into an analysis software programme to assist in processing, analysing, structuring and representing the findings in accordance to the aim and objectives. Thereafter it incorporates a discussion of the current findings to existing literature.

In chapter 5, the researcher provides a synthesis of this study by presenting a response to how Audiology and SLP educators had engaged the curriculum through the exploration of their experiences. A reflection on the limitations of the current study will be discussed and then closing with an offering of recommendations for future research and practice.

1.6 Conclusion

The introductory chapter included a brief background to the study, the problems identified within this research area and rationale for conducting this study. Key terminology had been discussed in the context of the current study and lastly, this chapter ends with a brief outline of the following chapters integrated in this thesis. In the next chapter, the researcher explores literature that involves several aspects of curriculum and its influence on educators' experiences.

CHAPTER 2: CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

2.1 Introduction

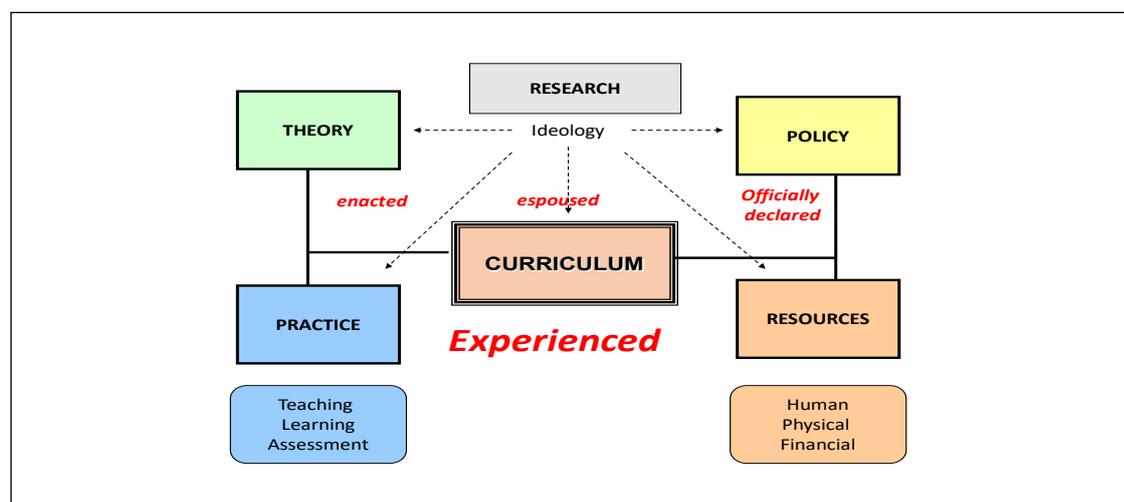
The conceptual framework adopted in this study will be explained followed by the literature review that pertains to the drivers of curriculum engagement and is presented in support of the problem areas discussed in the introductory chapter. A thorough review of components comprising of curriculum will be discussed in relation to the experiences of educators. The literature is deliberately entwined with specific frameworks as it provides essential structure throughout this research study.

2.2. Conceptual Framework

Curriculum is comprised of five factors: students, educators, syllabus, context and method of engagement (Gerwel, 1991 as cited in Pillay et al., 1997). The relationships between each component are significant yet complex and will be explored further. Compromising any aspect of the curriculum may result in breakdowns that lead to a poorly functioning system. One can understand curriculum and professional practice through an organizing framework such as the Curriculum of Practice (CoP) proposed by Pillay et al. (1997) as seen in Figure 1.

Figure 1

Curriculum of practice (Pillay et al., 1997)



The CoP framework investigates elements such as professional policies, professional practice, resources and professional educational curricular. These aspects contribute to the overall functioning of what constitutes a curriculum. The perception of practice may present with a range of interpretations depending on the topic of interest and the perspective adopted. The CoP framework consists of three perspectives: the official perspective in which knowledge of practice is gained through the familiarization of board approved documents; the espoused perspective in which the method to understanding practice is through engaging experiences with the professional (this perspective has been adopted for the current study); and the actual perspective is understanding practice through witnessing practice in real time. These perspectives can be adopted to gauge the elements that inform practice.

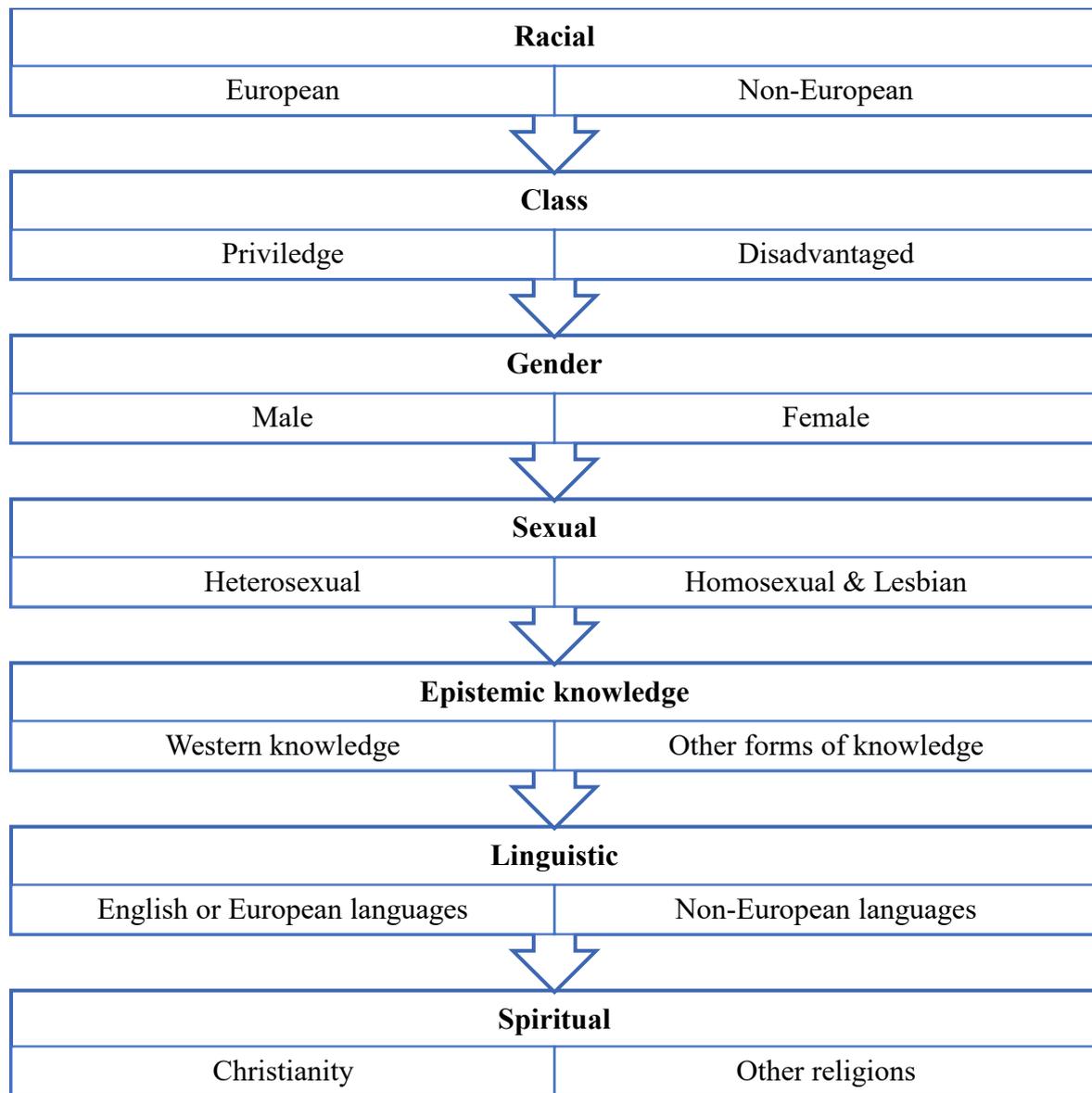
The CoP framework (Pillay et al., 1997) will be discussed alongside (Figure 2, below) a visual representation of “Coloniality of Power as the Power Matrix of the Modern/Colonial World” as discussed by Grosfoguel (2007, p.215). Grosfoguel’s (2007) framework illustrates the power imbalance present between opposing political and demographic aspects that influence the curriculum. Social injustices brought upon educators, students and the majority ‘disadvantaged’ population requiring health care services are well documented (Abrahams et al., 2019; Behari-Leak, 2017; Jansen, 2004; Kamsteeg, 2016; Maodwa-Taruvunga & Divala, 2014; Pascoe et al., 2018; Pascoe & Norman, 2011; Pillay et al., 1997; Seabi et al., 2012). This becomes entangled with a hierarchical response to race, gender, class, language and context (Grosfoguel, 2011; Grosfoguel, 2007) highlighting issues of access, discrimination and exclusion against students and educators.

Grosfoguel (2007) highlights nine hierarchies in which only seven hierarchies are relevant to this research study and will be illustrated in Figure 2. Coloniality of Power as the Power Matrix of the Modern/Colonial World (2007) will be adopted as a foundation for

understanding the effect of power relations and how educators engage the curriculum in response to these power relations.

Figure 2

Coloniality of power as the power matrix of the modern/colonial world (Grosfoguel, 2007)



The espoused perspective is a point of view adopted by an individual supported by the experiences they have lived through. This perspective was derived through interactions and action inspiring events, thus acts upon instinct (Transformation of our profession: An ideological discourse, 2018/10/27 [Conference Session]). However, authors are known to question the objectivity of this perspective (Lather, 1986) due to its “non-scientific” nature. The ideological perspective holds a subjective stance in that it relies on the experiences of an individual hence the questioning of biased responses. This perspective is qualitative in nature and exists individually in terms of the realities experienced; hence the outcome is not standard for all. Educators’ professional identities are woven with their personal identities. Vorster and Quinn (2017) stated that you cannot separate the identities to suit the conditions, either in personal or professional settings, but rather a combination thereof is what informs decisions and developments taken in curriculum change. However, continued questioning towards the nature of this perspective may result in oppressing local knowledge and inflicting epistemic violence. The term epistemic violence refers to violence that is imposed onto knowledge of a different origin or nature, by individuals that exert their dominance (Galvan-Alvarez, 2010). A power matrix between superior published work verses inferior experiences and beliefs may emerge in such instances.

Thus, the ideological perspective is influenced by internal and external factors that once again are intertwined with the individual on a personal and professional level, and so this perspective has a direct influence on curriculum engagement and demonstrated its significance in exploring educators’ experiences to create a platform that produces African narratives (Hendricks, 2018).

2.3. Literature Review

Authors such as Behari-Leak (2017); Pentecost et al. (2018); Voster and Quinn (2017) concur that higher education programmes and curricular implemented in South Africa's tertiary institutions share characteristics of those from the Global North. Curricular drawn from the Global North, refers to its characteristics representing the "White", "Western", "Male" perspective (Grosfoguel, 2007; Jansen, 2004). Adoption of this Eurocentric model of teaching has resulted in academics blindly accepting Western epistemology without inquiry (Vorster & Quinn, 2017). This demonstrates the level of indoctrination occurring at higher education institutions. Educators serve as role models to students when questioning the relevance of the curriculum. Students may demonstrate the same thinking and poses danger to the obliteration of the colonial mindset. Consequently, the misalignment of the Eurocentric curriculum to the local context results in alienation of student and academic connection (Pillay & Kathard, 2015). The effect of colonialism and apartheid continue to remain present, even in higher education institutions (Heleta, 2016; Pascoe & Norman, 2011), perpetuating the unmet needs of the majority of South African population at large.

During apartheid, inequalities at higher education institutions were apparent in the injustice of quality, size, funding and the ability to reach its full potential between advantaged and disadvantaged institutions (Kamsteeg, 2016). While we are in our twenty-sixth year of democracy, South African citizens still grapple with the negative feelings and suffer consequences that remain from the Apartheid era (Pillay & Kathard, 2018; Khoza-Shangase & Mophosho, 2018), with the majority of people still not accessing services or accessing services that are culturally and linguistically inappropriate. Apartheid imposed a hierarchical system on South Africans, resulting in disproportion in the rights of human beings (Penn et al., 2017) and so the need for transformation became stronger. The National Plan for Higher

Education goals were implemented at policy level which represented mainly quantifiable measures and were poorly executed in practice (Department of Education [DoE], 2001).

Decolonised practices were gradually implemented - changing the angle of practice while making context, culture and language relevant (Penn et al., 2017). Some schools of thought argue that “if it cannot be seen, quantified and graphed then it does not exist” (Pillay & Kathard, 2018, p.1374). Implementing curriculum change using decolonial practices does not stick to a specific criterion. Some curriculum changes reported by Beecham (2002) include the implementation of altering student selection procedure into the Audiology and SLP curriculum at UDW. The entry requirements demanded higher passing categories to ensure Black African students could meet the pass criteria along with the Social Redress Policy and improve student throughput rates. Another significant change included the restructuring of the curriculum and motivation and inclusion of a Primary Health Care (PHC) module to increase access and create awareness of various racial, social, cultural and linguistic backgrounds. Beecham (2002) reported that the importance and inclusion of the PHC module was motivated through individual educators within the department and remained noteworthy at a departmental level, even after several attempts to expose it at a national level. The complexities and challenges alluded to thus far are not easy to resolve but educators’ experiences towards the progressive realisation of these goals will provide some perspectives of the attempts, challenges and solutions on the way forward.

There are namely two approaches to decolonizing the curriculum. Inserting new elements, representing Africa into the current curriculum seems to be the more popular approach, however, to completely deconstruct and then reconstruct the curriculum would promote a well-founded transformation (Garuba, 2015). The latter approach is more demanding as authors believe that “fundamental change” will occur (Heleta, 2016, p. 5). Pentecost et al. (2018) proposed frameworks that suggest the integration method (of the marginalised

populations and knowledge sources) in offering a more humanising approach to health care. The health sciences faculty have previously adopted the biomedical approach, in their curriculum, to treating patients. This approach demerits the value of local experience in reducing it to 'other' status and so the same injustice is committed at the level of tertiary education. Pillay & Kathard (2018) propose that the lack of acknowledging experience to inform practice is because of the lack of scientific backing. Experiences are not gained from a textbook, but from real life. Professional development is at its peak when the practitioner can reflect on actions taken during the session (Ng, 2009). Ng (2009) discusses types of reflective practice in a clinical/practical space but this can be adapted to an academic/theoretical space. Reflection refers to thoughts given to a situation that occurred and the outcomes of different acts performed when put in positions. Thus, regular engagements with reflections promote critical thinking that encourages experiences to be recognized on a certified platform. Reflections drawn from an individual's experience are represented in several ways; that is in written form, verbally or cognitively. The verbal method appears dominant and while it is an effective way of preserving information for one's self, it needs to be documented so it can be acknowledged and appreciated moreover not lost to others conducting future investigations (Omeluzor et al., 2014).

Pascoe et al. (2018) conducted a scoping review on policies that incorporate human rights guidelines when dealing with linguistically diverse and culturally diverse populations in the Audiology and SLP disciplines. Ironically these policies were available in the English language (only) which demonstrated the dominance of the English language leading to a mismatch in the language used by clinicians to serve first language 'other' speaking populations. Pascoe and Norman (2011) looked at the implementation of contextually relevant assessment and therapy materials within the South African context. The authors reported that standardised tests such as the CID-W22 wordlist, used in speech discrimination

tests, and the Renfrew Word Finding Scale were developed overseas and don't necessarily reflect an accurate diagnosis as the socio-demographic factors have been excluded as an influence on test results. Clinicians have attempted to translate such resources, though normative data for the South African population is not standardized. Contextually relevant resources are being developed to match the context in which they are implemented (Panday et al., 2018). It is envisaged that this study will provide useful insights in terms of research into resource development, pace of development and challenges based on educators' experiences. Higher education institutions may not be training graduates adequately to cope in providing culturally sensitive services to multi-linguistic populations (Mophosho, 2018). This could be due to the lack of linguistically and culturally appropriate research and resources available within the curriculum. It was reported that Speech-Language Pathologists working in the public sector find it difficult to provide culturally sensitive services due to the therapist's inability to communicate with the patient utilizing the patient's first language. This may negatively impact on the success of assessment or treatment; hence higher education curricular must include the practice of engaging populations of different races, gender, language and culture to gain competence in providing best practice and complying with the scope of practice (Mophosho, 2018). Educators' bear a huge responsibility to ensure that who, what and how they train translates to relevant, appropriate and accessible services.

Students emanating from historically white institutions selected their institution of choice dependent on public image, status and quality of resources available whereas students emanating from historically black institutions selected their institution based on affordability (Seabi et al., 2012). This reveals the power dynamics and entitlement entrenched in mindsets even at a student level. Privileges given to South African White students over the 'other' express the social injustices within the curriculum that need to be disrupted to overcome discrimination. South African universities have demonstrated transformation through the

numerical value of altering demographic educator and student population enrolment, adding a mix of sites available for resource learning, and widening access to the previously disadvantaged (Ramrathan, 2016). Student and educator demographic profiles seem to have jumped the furthest in terms of progress (Akoojee & Nkomo, 2008). Amosun et al. (2012) illustrates the University of Cape Town (UCT) trends of student access (1995 – 2004) in relation to demographics. Even though there was escalation in the number of South African Black Audiology and SLP graduates, there was a mismatch in ratio of Black graduates in relation to the Black population, depicting an uneven distribution of Audiologists and Speech-Language Pathologists amongst private and public healthcare systems (Breetzke & Hedding, 2018; Pascoe & Norman, 2011). The uneven distribution affects service delivery to rural populations requiring health care services as factors such as socio-economic status (affordability of healthcare) and geographical location (location to the nearest service provision) enforce restrictions on access (Moonsamy et al., 2017). This reinforces the findings by Pillay and Kathard (2018); Khoza-Shangase and Mophosho (2018); Penn et al. (2017) and Kamsteeg (2016).

Initially, the government and institutions attended to the issue of student access through widening the gates of admission by including African students from poorer, rural and disadvantaged communities (Amosun et al., 2012). Akoojee and Nkomo (2008) term this “Access as participation” (p. 390). As the initial phase, this seemed to be a step in the right direction until socio-economic issues such as limited funding and transport negatively affected the academic growth of students resulting in a higher failure rate amongst African students from disadvantaged backgrounds. To overcome this obstacle, “Access with success” (Akoojee & Nkomo, 2008, p.390; Ramrathan, 2016) was applied to cautiously monitor and provide ongoing support to Black students throughout the curriculum to ensure a favourable response of African graduates (Unger & Hanekom, 2014). A study conducted in the Western

Cape revealed similar findings as UCT Health Science students emanating from disadvantaged backgrounds were discounted in the inclusion of the curriculum (Amosun et al., 2012). The study found that additional support was required throughout the curriculum journey to improve the average time taken to complete the course. Techniques adopted in providing such support remain unknown and majority of additional support provided to students are done so by educators. Hence, uncovering techniques on how educators went about providing support would benefit other students, faculties and institutions in trialling these methods for the progress of their success rate.

The additional support was not extended to new Black educators accessing the curriculum (Dominguez—Whitehead & Moosa, 2014). New educators were entered into a staff development programme, but the programme did not suffice to the realities of engaging the curriculum. Behari-Leak (2017) established that newly allocated educators were incapable of coping with the stressors of curriculum engagement with no extended support from the department. Hence, a trial and error method were adopted to learn coping strategies. Dominguez-Whitehead and Moosa (2014) noted that Black educators tend to adopt pedagogical techniques to assist them in engaging a developing curriculum. This includes acknowledging their personal experiences as a method of engagement; however, it becomes increasingly difficult if their experiences are rejected by individuals of different demographic status. The absence of a support system may fester feelings of discomfort, dissociation and ultimately alienation from the department and the curriculum, leading to Black educators leaving academia. Consequently, increasing the level of difficulty institutions require to retain such educators. This renders educators vulnerable to stagnation in growth and limiting fair access to the curriculum. Racial aspects are not the only characteristic that seems to marginalise educators, but gender-based aspects as well.

Gender interaction is considered another factor influencing curriculum. Whilst males dominate the medical profession, this is not the case for the Audiology and SLP disciplines that are female dominated. A study conducted in Limpopo found that male students were not necessarily affected by the gender pull in the Audiology and SLP professions though stereotypes and personal beliefs are affecting their career decisions (du Plessis, 2018). Female educators have endured patriarchal practices from an institutional level. These challenges include higher workloads, underpay and lack of sensitivity of personal life in academia (Dominguez-Whitehead & Moosa, 2014). Should female educators not cope with these enforced working conditions, it shifts the focus to female educator's inability to cope in the working world. These challenges marginalise Black, female educators and show no sensitivity to their realities that shape their engagement with curriculum. This leads to the stereotyping of roles within the curriculum. Maodwa-Taruvunga and Divala (2014) share sentiments of these findings as Black female educators have been silenced in sharing their experiences to enrich the quality and local knowledge production within the curriculum. Effects thereof inflict epistemological violence, inequality and discrimination in their contribution to local knowledge systems. "Epistemic violence is not only about blocking how people know their world, and their worldviews, but also denying the legitimacy of such knowing" (Pillay & Kathard, 2018, p.1376). The stigma attached to UKZN, being a historically black institution, rubs off on those who are employed at the institution. Therefore, these educators are victims of epistemic violence. Similar outcomes are found for Black students as the curriculum does not compliment their being from their realities (Vorster & Quinn, 2017). Cornell and Kessi (2016) highlighted a stereotype perceived by students is the undermining of Black student abilities and doubting their achievement of success based on their demographics. These experiences have negatively affected their self-confidence and self-image. In response to this, students have chosen either to work hard to prove their worth

or blatantly rejected the stereotype. Students of colour have already faced many injustices and so these stereotypes should be eliminated in attempt to level the playing fields.

2.4 Conclusion

The CoP framework (Pillay et al., 1997) highlights five components that constructs curriculum. Alongside these components, an understanding of the existence of power matrix of the modern world is established. These hierarchies are evident in the structure of South African universities and influence curriculum components (Behari-Leak, 2017). Thus, apartheid ruling affected curriculum implemented in higher education institutions resulting in restricted access to the curriculum and health care (Kamsteeg, 2016; Pascoe & Norman, 2011). Curriculum started to develop and transform addressing issues of access (Akoojee & Nkomo, 2008). Many changes, highlighted above, were implemented, evaluated and improved on with the goal of achieving African relevance. Acknowledging educators' experiences that inform practice as part of curriculum engagement remain marginalised. Therefore, this study aimed to explore educators' experiences on curriculum engagement in the Audiology and SLP disciplines at UKZN.

Hence, the research question is: What are educator's experiences with curriculum engagement in the Audiology and SLP disciplines at UKZN?

CHAPTER 3: METHODOLOGY

3.1. Introduction

This chapter illustrates the research design adopted to best answer the research question and meet the aim and objectives discussed below. The nature of this study corresponds with the characteristics of a qualitative study, as detailed participant experiences are explored. The following areas as to how data was collected, analysed and managed; as well as steps taken to ensure the credibility and trustworthiness of the participants' responses, and ethical considerations have been considered.

3.2 Aims and Objectives

This research study aimed to explore educators' experiences on curriculum engagement in the Audiology and Speech-Language Pathology disciplines at the University of KwaZulu-Natal.

To achieve the above-mentioned aim, the following five objectives were formulated:

- 3.2.1 To describe educators' experiences on curriculum engagement in terms of students and the influence of socio-demographic, socio-economic and socio-political factors that influenced student intake and profiles.
- 3.2.2 To describe educators' experiences on curriculum engagement in terms of their socio-demographics, socio-emotional and socio-political influences.
- 3.2.3 To describe educators' experiences on curriculum engagement in terms of the content/syllabus and the socio-political, cultural and linguistic influences.
- 3.2.4 To describe educators' experiences on curriculum engagement in terms of their method of engagement as influenced by socio-political, cultural and linguistic factors.

3.2.5 To describe educators' experiences on curriculum engagement in terms the social, political, economic, cultural and linguistic context.

3.3 Research Design

Based on the problem areas identified, this research study adopted a qualitative approach that is exploratory and descriptive in nature. This design is exploratory because it enabled the researcher to uncover different ontological stances (Atieno, 2009) adopted by participants who have gained personal experiences that informed the way they engaged the curriculum. The design is also descriptive as it provided a detailed account of participants' experiences (Sandelowski, 2000) and various factors that influenced their engagement in curriculum (Knudsen et al., 2012). This research design allowed for a variety of educators' experiences to be uncovered (Phatudi, 2013), signifying the importance of their experiences and involvement in the engagement of the curriculum. This was achieved using open-ended questions that allowed rich data to be discovered (Jooste & Frantz, 2017; Klopper, 2008) via a semi-structured interview method. Hence this study adopted an exploratory-descriptive design that was overall a qualitative design like the design adopted by Litosseliti and Leadbeater (2013) and Seabi et al. (2012).

3.4 Participants

The participants selected refer to key informants that are appropriate for this research study. Klopper (2008) refers to sampling as a technique chosen to select participants in accordance to a research specific criterion. The sampling technique selected for this study is maximum variation purposive sampling as used similarly by Yilmaz (2013); and Ritchie and Lewis (2003). This sampling technique applied a strict selection criterion, created by the researcher, to select informants based on their ability to produce a wide array of significant, valuable data that supports the aim of the study. Hence, participants that portrayed diversity in gender, age, class, and racial aspects (Grosfoguel, 2007) were considered to ensure

inclusion of various perspectives on the topic of curriculum engagement. These participants were deliberately selected based on their involvement in the Audiology and SLP curriculum at UKZN and further filtrated on specific requirements of the inclusion and exclusion criteria.

3.4.1 Inclusion Criteria

The inclusion criteria consisted of the following aspects:

- Educators that currently hold or held the position/s of lecturers or head of department (HOD) as part of the Audiology and SLP professions at UKZN (previously known as University of Durban – Westville). The rank positions selected were to demonstrate if the influence of power had played a role within the curriculum.
- Educators that have been sufficiently involved in the Audiology and SLP curriculum during apartheid and/or post-apartheid; with at least a minimum of five years of experience at UKZN
- Educators that may currently be working at other higher education institutions or in either the public or private healthcare sectors but were previously employed by UKZN.
- Educators that may be retired but were previously employed by UKZN.

3.4.2 Exclusion Criteria

The exclusion criteria consisted of the following aspects:

- Educators not involved in curriculum engagement
- Newer, more currently employed educators with no previous experience with curriculum engagement at UKZN.
- Educators that do not have access to a computer and internet connectivity should they be unable to physically meet with the researcher.

Post-adopting the above-mentioned methods, the researcher selected five participants for the main study. Table 1 illustrates the demographics of the participants involved in the main study.

Table 1

Participant demographics

	Race	Gender	Age	Discipline	Years of Experience working at UKZN
Participant 1	Indian	Female	55	A/SLP	15+
Participant 2	Indian	Female	55	Audiology	25+
Participant 3	White	Female	78	A/SLP	7
Participant 4	Indian	Female	51	Audiology	10
Participant 5	Black	Female	49	SLP	15

The number of participants included in this study allowed for the purpose of the study to be achieved. There is no set rule for the absolute number of participants to include, but there are guidelines to guide such processes (e.g. Etikan et al., 2016; Malterud et al., 2015). The sample pool that met the selection criteria was small in nature. Five participants were included in the main study to ensure a variety of experiences were explored until no new information was obtained (Knudsen et al., 2012).

3.5 Data Collection Tool

A semi-structured interview tool for curriculum engagement (UKZN) (Appendix A) was selected as the data collection instrument. Semi-structured interview tool for curriculum engagement captured rich, complex data in an under-researched area. The questions were open-ended preventing restrictions on participant responses (Jooste & Frantz, 2017; Knudsen et al., 2012; Patton, 1990). The development of this instrument was guided by the CoP framework (Pillay et al., 1997), as well as literature discussed in chapter two. The

development of areas to be explored within the interview was categorized in accordance with the elements of practice (CoP). The framework proved to be appropriate based on:

- The context it was implemented in (i.e. South African context);
- The aspects explored in understanding curriculum through the espoused perspective;
- The appeal of it being developed by individuals within the profession.

Geo-political aspects, as discussed by Grosfoguel (2007) and rationalities influencing curriculum, that is governance and policies, professional bodies and disciplines (Ramrathan, 2016) were probed further to explore the possible influence of these factors on the implementation of curriculum engagement and its development.

Table 2 below illustrated the categories incorporated within the semi-structured interview schedule and the rationale for the inclusion of those categories.

Table 2

Description of and rationale for categories explored in the semi-structured interview

Curriculum Categories	Category Defined	Rationale
1. Students	<ul style="list-style-type: none"> In the context of this research study, a student is defined as an individual enrolled into a specific programme, within a higher education institution, in order to study a profession (Seabi et al., 2012). 	<ul style="list-style-type: none"> Students refer to the reflection of educators on their student days as well as their interaction with their students. Students are taught the curriculum and are responsible in rendering health care services. Their engagement has a ripple effect on the acquiring population (Seabi et al., 2012). Able to provide information on how socio-demographic factors have influenced the curriculum (Jansen, 2004). The inclusion of students enlightened the researcher on the role of socio-economic/cultural and linguistic factors and student involvement within the curriculum.
2. Educators	<ul style="list-style-type: none"> An educator refers to a qualified professional that holds the position of lecturer, professor or HOD and is involved in teaching, learning, training and research activities within the higher education institution (Breetzke & 	<ul style="list-style-type: none"> Educators are the first individuals to engage, portray and implement curriculum. Their input is significant in the improvement and success of an African curriculum. Educators can enlighten the researcher on socio-demographic, socio-political, socio-econometric and cultural and linguistic

	Hedding, 2018; Kanyane, 2016).	factors that influence curriculum development (Lander & Santoro, 2017).
3. Content/ Syllabus	<ul style="list-style-type: none"> Syllabus refers to the modules and materials that make up a course with specific goals to be achieved (Maphosa et al., 2014). 	<ul style="list-style-type: none"> Address issues of modules included within the curriculum and its relevance to the context (Maphosa et al., 2014). Explores the inclusion of African materials within the syllabus.
4. Method of engagement:	<ul style="list-style-type: none"> Theory is defined as the relationship existing between units in relation to the empirical world (Wacker, 1998). It is interpreted as the recognized validation of information that is taught to students, by educators. Practice refers to a course of action justified on knowledge and theoretical foundations (Pillay et al., 1997). 	<ul style="list-style-type: none"> Investigates whether consistency is practiced (or not) in the theory taught and applied to practice. It explores the theoretical approach taken by a South African higher education institution. This category provides information on socio-cultural and linguistic factors and troubleshooting methods adopted by individuals involved in the Audiology and SLP curriculum (Khoza-Shangase & Mophosho, 2018).
5. Context	<ul style="list-style-type: none"> In relation to this research study, context refers to specific (not limited to) parameters that are socially, culturally, linguistically and geographically relevant within that setting (Howell, 2019). 	<ul style="list-style-type: none"> Allows the researcher to gain insight on the broader context to which curriculum is implemented. Explores the relevance of the Audiology and SLP profession within the African context (Khoza-Shangase & Mophosho, 2018).

The researcher included a trigger sheet that formed part of the semi-structured interview tool for curriculum engagement (UKZN) (Appendix A) to ensure structure and successful flow of the interview. Appendix A informs the reader on the structure the interview had followed, the depth of questioning (Devers & Frankel, 2000) asked to participants by the researcher as well as interview techniques adopted. The interview adopted the following structure:

- An introduction of the participant, researcher and area of interest (Kallio et al., 2016; Knudsen et al., 2012);
- The main body included the participant's exploration of curriculum; and
- A conclusion by summarizing the participant's main statement and closing the interview.

The depth of questioning started with the use of open-ended questions and slowly narrowed to close ended questions in order to facilitate direct in the area of interest based on the curriculum category. Finally, the researcher utilized interview techniques (Barriball & While, 1994) such as:

- Use of open-ended question to ensure natural flow of the interview (Klopper, 2008);
- Probing techniques (where indicated) should more detail be required from the participant;
- Troubleshooting techniques to confirm the correct interpretation of the participants' responses (Lichtman, 2006).

3.6 Data Collection Procedure

The researcher began data collection through the use of a deductive strategy by adopting a conceptual framework (i.e. Curriculum of Practice [CoP], Pillay et al., 1997). The deductive strategy was adopted in a top-down manner, in which the CoP framework is further analysed into its' curriculum categories that are explored in depth to arrive at a specific outcome which

symbolises factors influencing curriculum engagement. The data collection procedure commenced once ethical clearance (Appendix B) was obtained (Reference number: BE 400/18). The researcher also submitted a research title amendment based on the suitability of the new title to the focus of the study. The initial title of the research study was “Academic Educators’ Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University”. The research title changed to “Curriculum Engagement: Educators’ Experiences in Audiology and Speech-Language Pathology at a South African University”. The amendment was approved (Appendix C) post data collection and analysis. The amendment did not influence the outcomes of the study; thus, no further action was required by the researcher to modify any procedures. The study met all ethical considerations required to ensure no harm is brought about to the participants or institution involved in this study. The following steps were adopted:

Gatekeeper permission letters were submitted to:

- UKZN Registrar (Appendix D) informing the registrar about the current study and gaining access to participants that are currently employed by UKZN. UKZN Registrar gatekeeper approval was obtained on the 10th August 2018 (Appendix E)
- Head of Departments of Audiology (Appendix F) and SLP (Appendix G) disciplines at UKZN stipulating the purpose of involvement of these departments in this research study and requested access to educators.

Participants with no identified gatekeepers did not require gatekeeper permission as the participant existed independently. In the case of participants with no identified gatekeepers, only informed consent was required and obtained. Once gate keeper permission was obtained, key informants were contacted and provided with participant information document (Appendix H) and participant informed consent form (Appendix I). Participants were

provided with enough time to read through the information document. The researcher extended an invite to any aspects of the participant's role that required clarification.

Thereafter, participants indicated their consent to participate. Once individual consent was obtained, arrangements for physical meetings were made for the data collection to take place.

The following procedure was used:

- Individual interviews were conducted in a quiet room. This minimized distraction allowing the flow of uninterrupted thoughts (Leedy & Ormrod, 2015). Some researchers may be hesitant in accepting informants' word without supporting scientific information however this approach accepted the participant's experiences in engaging the curriculum as their ontological truth (Atieno, 2009).
- The duration of the semi-structured interview was a minimum of an hour (Knudsen et al., 2012) dependent on participants' depths of knowledge derived from their experiences.
- Interviews were conducted in the English language as it is the researcher's first language. Hence, this did not compromise the researcher's ability in adopting troubleshooting methods such as rephrasing questions or paraphrasing responses for the duration of the interview.
- Interviews were audio-recorded for the purposes of accuracy. The audio recordings allowed for participants' response to be transcribed at a later stage. This also allowed the researcher to focus on engaging with the participant instead of writing down responses during the interviews (Barriball & While, 1994). The transcription process proved to be time consuming hence a professional transcriber was consulted in assisting with the transcription.

- Areas explored during the semi-structured interview were aspects assembling curriculum. A less structured interview offered a more natural approach (Klopper, 2008) to conversation around curriculum engagement. This allowed the research to engage with the participant in a more natural manner which established rapport.

The data collection procedure was finalised post conducting the pilot study. A pilot study was then conducted to test the efficiency of the procedure. Details of the pilot study are to follow.

3.7 Pilot Study

The purpose of this pilot study was to determine if the data collection instrument and data collection procedure allowed for suitable results to be obtained in relation to curriculum engagement. Hence, the design and administration of the semi-structured interview tool was critiqued and fine-tuned, by the pilot study participants, to ensure reliable responses based on curriculum categories investigated. This would result in increasing the research quality as mentioned by Malmqvist et al. (2019). The pilot study also served as the researcher's platform in gaining experience in conducting a semi-structured interview in preparation for the main study, similar to Pratt and Yeziarski's (2018) study.

The pilot study commenced once ethical clearance had been obtained from the Biomedical Research Ethics Committee (BREC). The pilot study analysis tool (Appendix J) developed was formulated to assist in the scrutiny of the semi-structured interview tool (Appendix A). Data from McIntosh and Morse (2015); Alshenqeeti (2014); the Center for Evaluation and Research (2014) and Hassan et al. (2006) was used to formulate Appendix J (Pilot study analysis tool for semi-structured interview tool). Parameters influencing the administration of the interview tool were evaluated. These parameters included the environmental setting of the interview, the flow of the interview, the content covered, and the time taken to administer the interview. In doing so, areas that had direct influence on the outcomes of the main study were

evaluated and improved on where indicated. The pilot study consisted of three participants that were not included in the main study. The reasoning behind excluding pilot study participants from the main study were that due to the limited number of participants that did meet the selection criteria, participants included in the pilot study did not meet all the criteria aspects for the main study. The pilot study participants were provided with a different participant information document (Appendix K) and informed consent form (Appendix L). This is because the aim and outcome of the pilot study differed to the main study, hence the roles of the participants differed. The following feedback (see Table 3) was provided by the participants once the data collection procedure was carried out.

Table 3

Pilot study outcomes

Parameters Influencing the Interview Schedule	Parameters Defined	Feedback
Environmental Setting	Refers to the physical set-up adopted to conduct an interview.	The overall setting was appealing, in terms of lighting, minimal noise levels and close distance between the participant and the researcher. There were minimal distractions.
Flow of Interview Schedule	Refers to the order of structure of the interview (introduction-body-conclusion) (Majid et al., 2017).	The interview demonstrated structure, clarity and sequence. The interview came across as a natural conversation and no further recommendations were made.

Content of Interview	Refers to all aspects (have been clearly understood) probed within the curriculum categories that are relevant to curriculum engagement, hence ensuring a substantial amount of information is obtained (Majid et al., 2017).	<p>The content of the interview allowed participants to speak freely; hence incorporating close-ended questions were not seen to be beneficial. One participant suggested further probing of questions should be introduced.</p> <p>Two thirds of the participants found that the questions were easy to comprehend however one participant did require context in which questions were asked to be provided.</p> <p>A participant suggested that the introduction of the areas explored should be established at the beginning to assist in their thought process.</p>
Time Management	Refers to the time allocated to explore each curriculum category as well as the overall time taken to complete the interview (Dikko, 2016).	Participants felt that they were provided with sufficient time in exploring each aspect of the interview.
General Feedback		One participant suggested that the researcher adopt the tendency to sum up what the participant has stated to ensure the accurate interpretation.

The outcomes of the pilot study were taken into consideration when conducting the main study. The analysis revealed the need for an inclusion of a trigger sheet in Appendix A. This ensured identical administration and structural techniques were utilized in the main study that

promotes consistency. Participants' responses were analysed to warrant the analysis method used by the researcher in this study. The analysis method adopted by the researcher is discussed in detail in the following section. Pilot study participants' responses were not included in the analysis of the main study as the purpose of the pilot was to determine if the data collection instrument and procedure allowed for suitable responses to be obtained in relation to curriculum engagement.

3.8 Data Analysis

A framework was adopted to inform how data was analysed and understood by the researcher. The framework adopted for analysis is the Braun and Clarke (2019) thematic analysis framework. This framework informed the analysis process and assisted in categorizing data that was automatically grouped into further grouping to form a set of main themes that correspond to the research objectives of this study. This method allowed for a large quantity of data to be analysed at varying levels of depth (Knudsen et al., 2012). The following protocol was used for data analysis:

- The main study participant interviews were professionally transcribed by a South African transcription company. Once a confidentiality contract (Appendix M) was completed by the professional transcriber, audio recordings were uploaded via their website that was securely transmitted to the appointed transcriber. Completed transcripts were sent to the researcher. The researcher played back the audio recordings against the transcript to ensure accuracy of the transcript (verification).
- Once the transcripts were verified, a portable document format (PDF) version of the transcript was sent to the respective participants for the purpose of member checking, to ensure the accuracy of the text transcribed. After individual follow-ups were carried out by the researcher, four (of the five) participants had agreed on the

accuracy of transcript provided to them. One participant was non-responsive after numerous follow up emails to enquire the accuracy of the transcript.

- Once member checking was complete, the researcher consulted a qualitative research data analyst that assisted the researcher in the organization and representation of the data. Information pertaining to each curriculum category was grouped into individual documents with all five participant responses.
- The raw data entered onto the Microsoft excel spreadsheet was then imported into a computer assisted qualitative data analysis (QDA) computer software called NVivo. The latest version, released 18/03/2020, of NVivo was used for this research study. This software programme was designed for the assistance in coding, analysis, management and representation of qualitative data (Creswell, 2007). NVivo auto coded and analysed the data and generated codes, categories and themes. This is reflected in detail in chapter four. The automated codes were analysed and further grouped to form categories which later resulted in main themes based on the guidance of Braun and Clarke (2019; 2006) thematic analysis framework.
- Braun and Clarke (2019; 2006) provide guidelines on steps to take when conducting a thematic analysis. The latter part of those steps was adopted for the completion of the analysis, as the initial steps were automatically conducted through NVivo software. Phase 5 (defining and naming themes) and phase 6 (producing the report) are the phases (Braun & Clarke, 2006, p.35) adopted by the researcher post NVivo analysis. Categories generated by NVivo were further categorised based on their similar relationships. The final set of themes was selected based on the ability to provide information pertaining to the research objectives and the research aim. These themes were discussed in relation to existing literature and in response to the research

question. Similar methods were adopted by Braun and Clarke (2019; 2006), Jooste and Frantz (2017), and Sloan and Bowe (2014).

- Data was represented in the form of figures as well as accompanied by participant extracts as supporting evidence.

3.9 Data Management

Data was managed within the means of the researcher. Management of data took place in the following ways. Hard copy documents and transcribed texts are reserved with the researcher and the research supervisors for access and protection. A hard drive stored research-based information, data and the final dissertation. Data stored on the laptop was password protected as a safety measure. Voice recordings were copied to a universal serial bus (USB) flash drive for backup purposes to ensure data collected is not lost in unforeseen circumstances. Data is stored at the UKZN Audiology department, for five years, post research completion. Thereafter all data will be destroyed, and the USB and hard drive will be formatted. This is in accordance with the UKZN BREC guidelines.

3.10 Research Trustworthiness

Trustworthiness is known as the correspondent to validity and reliability in quantitative research (Knudsen et al., 2012). Trustworthiness' intent is to illustrate the correlation of research results to the area of interest and to ensure it has been accurately illustrated (Klopper, 2008; Graneheim & Lundman, 2003). The following areas have been considered for this study:

3.10.1 Credibility

The experiences and perspectives obtained from the participants were taken as their incontestable truth as their lived experiences had warranted them credibility, like so by Guion et al. (2002) and Krefling (1991). Codes, categories, sub-themes and themes were revealed in

the final dissertation to assist in providing support to arguments to increase the credibility and trustworthiness of the study. The results were articulated in a precise manner that reflected the outcomes of the interview and the researcher ensured this by implementing bracketing of the researcher's subjective views. Pre-conceived notions did not persuade the interpretation but were reported from a more objective stance (Tufford & Newman, 2010).

3.10.2 Transparency & Transferability

Validity, from a qualitative research point, as described by Guion et al. (2002) refers to the accuracy of the information presented in the final dissertation. Transcripts of the audio recording of the interviews were used for analysis and interpretation. Transcripts contain verbal and non-verbal responses to how data was handled (Rubin & Rubin, 1995) and ensured accuracy of meaning within context. One way of practicing validity was to maintain transparent throughout the research process. Transparency refers to the researcher declaring crucial elements that form all stages of the research study, so that the audience can follow closely. All stages of the data collection process were declared as well as the research discussion contained participant verbatim quotes to demonstrate that the final outcome represented a link to the raw data presenting a close correlation. Being transparent throughout the study allowed for dependability of the study to be gained. Detailed steps done in Lourens (2015) on research design, procedures, data collection and data analysis have been openly provided to allow readers the opportunity to replicate the methodology of the study in a different context. Hence, the supervisors had access to the raw data to ensure validity follows through in the outcomes of this study. Transferability of the research methodology may succeed when implemented in a different context however, the research findings may differ.

3.10.3 Consistency

“A credible final report should show that the researcher checked out ideas and responses that appeared to be inconsistent” (Rubin & Rubin, 1995, p.87). A cross comparison of themes derived from extracts of each participant were compared to each other. Differences, similarities and justification of each participant’s results were investigated demonstrating a steady approach to data analysis. Although the researcher’s positionality has been declared, the researcher was aware of consistencies and discrepancies in response to questions around the experiences obtained during the interview. For example, one participant’s experience with regards to academic staff relations demonstrated a different outlook as to the rest of the participants. This outlook was then put forward to other participants to investigate whether similar truths were experienced by others. This allowed for differences within experiences to be explored, ultimately resulting in a diverse outcome. The researcher remained consistent by adopting the same approach to data collection, analysis and interpretation for each participant involved. The same methods were carried out when collecting data – that being the data collection instrument, the same method of analysis was adopted across participants – as pointed out earlier in this chapter. Each curriculum category was interpreted individually, without the influence of the next curriculum category. Individual codes were formulated and combined based on the similarities and differences between experiences.

3.10.4 Confirmability

Confirmability refers to the accuracy and confirmation of data collected and analysed (Ravitch & Carl, 2015). Such data should not be influenced by the researcher’s viewpoint but represent the participants’ perspectives (Moser & Korstjens, 2018). Confirmability was achieved through member checking. Transcribed data sets were sent back to respective participants to ensure the accuracy of the transcript.

3.11 Ethical Considerations

The Health Professions Council of South Africa (HPCSA) has outlined ethical principles that each health care professional, must abide by (HPCSA, 2008). This section pertains to the morals, values and considerations that were taken into account in addressing issues that surface during the course of this study. Similarly, the researcher must abide by ethical standards laid by the associated higher education institution. The Training and Resources in Research Ethics Evaluation (TRREE) courses were completed by the researcher. TRREE certificates were issued upon completion (Appendix N).

All ethical principles were met, and no harm (i.e. physical harm or emotional harm) was brought to any participants in this study (Leedy & Ormrod, 2015). This research study was submitted and reviewed by BREC for ethical clearance prior to the start of this study (BREC Reference No.: BE 400/18). Gatekeeper permission letters, information documents and informed consent forms were submitted to relevant institutions, departments and participants involved in this study. All documents included necessary information that the involved individuals were required to know and understand prior to the start of data collection. The researcher's contact details, supervisor's contact details and research office contact details were displayed on information documents should enquiries transpire. The researcher submitted an amendment for the research study title change. The recommended amendment best suited the nature of the results as 'discovered'. It aligned with the language used in the professional field of curriculum studies so that the study focus on curriculum is maintained but refined with the word change. The researcher was within the proposed data collection and analysis had been completed, so alterations to those procedures were not required. The amendment was approved by BREC on the 18th June 2020.

The informed consent form stated that the individual's participation was voluntary and had the right to withdraw from the study at any point without experiencing any repercussions. Participants were made aware of the purpose of this study; therefore, data sets were transcribed, coded, analysed, interpreted and discussed (Ritchie & Lewis, 2003). Participants were made aware of the methods of dissemination in the final dissertation. A copy of the completed informed consent form was provided to the respective participant. This indicated the participant's voluntary willingness to participate in the research study. This also served as a document that indicated the role the participant is required to carry out in the study and informing the participant of his/her rights (Nijhawan et al., 2013). No incentives were provided to participants, eliminating any ethical concerns with regards to the nature of the participants' involvement.

Due to the limited number of educators it was likely that they would know each other. As such, complete anonymity would not be possible. This study provided opportunity for participants to express their perspectives through their experience. It was intended to derive an understanding of their experiences on curriculum engagement and not audit the institution *per se*. However, the researcher ensured that personal identification was removed and substituted with participant codes and aliases to protect the identity of the participant (Creswell, 2007). Confidentiality and anonymity of participants were therefore maintained within the researcher's capacity.

The researcher and respective supervisors were the only individuals to access data collected after the completion of the study, thereby protecting the interests of the study (Creswell, 2007). Data was stored on a password protected computer ensuring restricted access. Data represented in this study is of a qualitative nature therefore more than one interpretation may exist as seen in qualitative studies by Magilvy and Thomas (2009);

Graneheim and Lundman (2003); however, the research study presented the perspectives and experiences of the participants' truths, providing official recognition to their realities. These experiences were explored in relation to other research studies and the nature of the experiences, reported in this research study, remained accurate to the participants' truth. This is justified in the declared detailed analysis process that demonstrated transparency.

Appropriate acknowledgements were given to authors' findings that were represented in this research study. Thus, discussion of literature in relation to the current study was appropriately referenced where indicated and to the best of the researcher's knowledge.

3.12 Conclusion

This chapter discussed the details of the research design in the form of steps which included the participants involved, the outcomes of the pilot study, data collection and analysis process, including the tools to analyse such processes. Measures to enhance research credibility were explored as well as the consideration of ethical requirements to ensure the researcher acts within the ethical scope.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the qualitative data collected. The results are presented according to themes in relation to the study objectives. The themes are presented in figures. For each theme the results are followed by a discussion.

4.2 Overview of Results

The Braun and Clarke (2019) thematic analysis was adopted to cluster the codes into categories and finally into themes. As a result, 59 codes were grouped to form 15 categories. This technique, adopted similarly by Lander and Santoro (2017), was to group categories based on their similarities and differences. A total of five main themes were produced for this study and will be discussed.

Each finding was supported by participants' verbatim quotes to demonstrate the richness and the uniqueness of the results to the context, a representation technique also used by Lander and Santoro (2017); Kanyane (2016); Litosseliti and Leadbeater (2013). This method justifies the authentic experience shared by participants and adds value to the findings. Transparency was exercised to ensure validity on the claims made. Appendix O tabulates the additional cluster of codes and categories to demonstrate how assigned codes were further categorised to produce the sub-themes and themes of this study. Lastly, figure 3 below illustrates the main themes produced for this study and will be explored in further detail.

Figure 3

Summarized cluster of concept mapping into five main themes



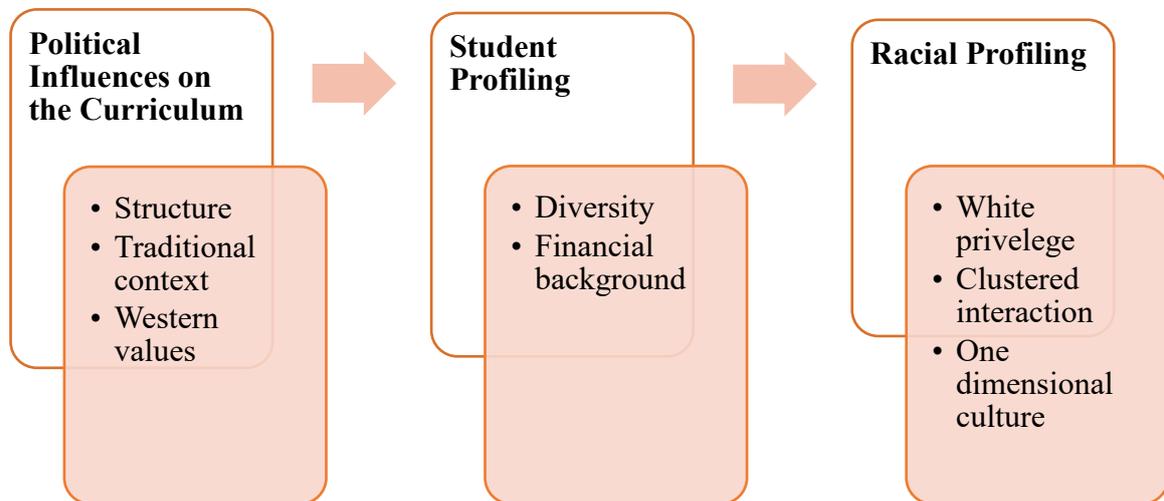
4.3 Discussion of findings

Theme 1: Political environment impacted greatly on the curriculum

All themes demonstrated a connection as the domino effect pattern was evident starting with the theme: *Political environment impacted greatly on the curriculum*. This theme includes political influences on the curriculum, student and educator racial profiling, see Figure 4 below for the sub-themes discussed.

Figure 4

Sub-themes generated in political environment impacted greatly on the curriculum



The participants experienced a strong influence of apartheid on the structure and interaction that took place at UKZN. Educators and students that were enrolled at UKZN were historically, predominantly Indian and White. *“We’ve seen a total reversal. So, the white lecturers are a minority, still here but a minority and because this was an Indian institution, we had the student body mainly Indian and the lecturing staff tended to be Indian”* (TE #1). The Audiology and SLP staff profiles were also White dominated with the partial inclusion of Indian educators fitting the profile of a Black University. The student and staff racial profiles demonstrated similarities in the demographic privileged into the curriculum. All participants reported an absence of Black African students in the combined (Audiology and SLP) curriculum. This demonstrated the limited access extended towards Black African students. With progression, post-apartheid, towards a democratic dispensation and change in national politics and policies positively influenced the intake of student diversity. Thus, a change was seen in the racial profile post – 1994.

With the national political changes, a need arose for the inclusion of Black African educators and so UKZN began recruiting Black African staff thus the emergence of the racial profile shift. *“African staff were being recruited. They bring in the richness of their experiences and training. We’ve had our graduates come through the ranks, who are now staff. We’ve had African staff from other universities who bring in their language diversity. It’s evolving”* (TE #2).

The participants highlighted the influence of apartheid on their interactions with racial and cultural groups. Prior to the exposure of a tertiary institution, the participants had clustered their interactions with the same race and culture group whereas UKZN had exposed them to the interaction between different race groups. At the time of being students, participants drew attention to their experience of secondary level education in comparison to tertiary level education. *“We came from apartheid education, so this was the first time we met White lecturers in an Indian institution, and it was difficult because the practice that you were learning was disassociated from your everyday life”* (TE #3). Challenges arose in the interaction with individuals outside of the participants own demographic profile which required some modification to a new political reality. *“Our frame of reference is pretty much Western, monolingual, English and then anything else outside of that is an adjustment.”* (TE #4). These interactions initially took place in a very traditional classroom setting, reflecting a strong political stance in favour of a Eurocentric structure as to how the curriculum should be engaged with. All participants concurred that the context in which the curriculum was initially implemented in was the traditional lecture room. *“Before we went out into the community and before the community studies module, it was all traditional, lecture room”* (TE #5).

This again, demonstrated the Eurocentric roots entrenched in the curriculum that

ultimately traced back to the impact of the political environment on the Audiology and SLP curriculum. Ultimately, South African White students were engaged within a traditional classroom setting, by South African White educators, thus the setting favored the minority of the population and created difficulties and disadvantages imposed on the majority of the population (i.e. indigenous population). The participants disclosed that the curriculum implemented within the South African context was of a European nature (Hugo, 1998). *“The contents of the profession are also linked to our historical background. It is very Western in terms of the theories but also in terms of the curriculum”* (TE #6). Curriculum change began its journey during volatile periods in the South African political history. Similar to the consequences of apartheid; injustice and inequality were rife in all forms. Such inequalities and injustices included restricting access to higher education institutions based on socio-political status. Initially, apartheid era curriculum had favoured White, upper-middle class as they were privileged and discriminated against non-white, lower or middle-class individuals that were restricted access due to the financial value put into higher education (Ramathan, 2016; Pillay & Kathard, 2015). Le Grange (2011) expressed thoughts of similar nature, that apartheid forced its dominant political status on the policies and curriculum implemented at an institutional level, while Pityana (2012) puts across the idea of a transforming curriculum to disengage the apartheid driven policies and develop and expand on an independent curriculum that represents South Africa’s constitution.

The Western nature of the curriculum demonstrates the extent of the irrelevance the curriculum had to the South African context. Participants expressed their efforts in acknowledging and attempts in stepping forward in to rectify the curriculum of its Western standards, however one participant expressed that *“...the higher education system was very slow to accommodate change”* (#TE 7). Heleta (2016) and Ramathan (2016) both share the idea that 26 years after the end of the apartheid era, issues of colonialism and dependency on

European content remain entrenched within the curriculum. This justifies the malevolence traits of apartheid were the impetus to curriculum change. Apartheid fused with colonial characteristics had brought upon inequalities that present themselves in the curriculum and so participants discussed the curriculum as having marginalized the African philosophy. These perspectives concur with existing literature by Breetzke and Hedding (2018); and Kathard and Pillay (2018) as the respective authors have found that the curriculum focal point is European dominated by the privileged whilst belittling the perspectives of the indigenous population. The apartheid ruling manipulated the acceptance of diverse demographic profiles of students and educators. Black students were restricted access into South African higher education institutions (Heleta, 2016; Govinder et al., 2013) especially institutions of historical white background.

South African higher education institutions call for demographic transformation (referring specifically to race within this theme) of academic staff and student populations. One participant (in the current study) had expressed her frustration in the snail pace adopted by higher education institutions in response to transforming the demographics. Her outlook shared similar standings in an article written by Govinder et al. (2013), however a study conducted by Breetzke and Hedding (2018) prove otherwise. These authors justify their opinion based on statistical data collected between the years 2005 – 2015. Their findings indicate that demographic transformation is in process at several South African higher education institutions and the climb to represent national demographics is upwards, steady in nature, so much to embrace black African educators at historically white institutions.

The racial profiling of educators is not only a matter experienced within the South African context, but also abroad. A study conducted by Lander and Santoro (2017) demonstrated white dominance amongst academic staff in two majority countries. The authors alluded to the idea that white privilege had only reflected a one-dimensional culture. Black and minority

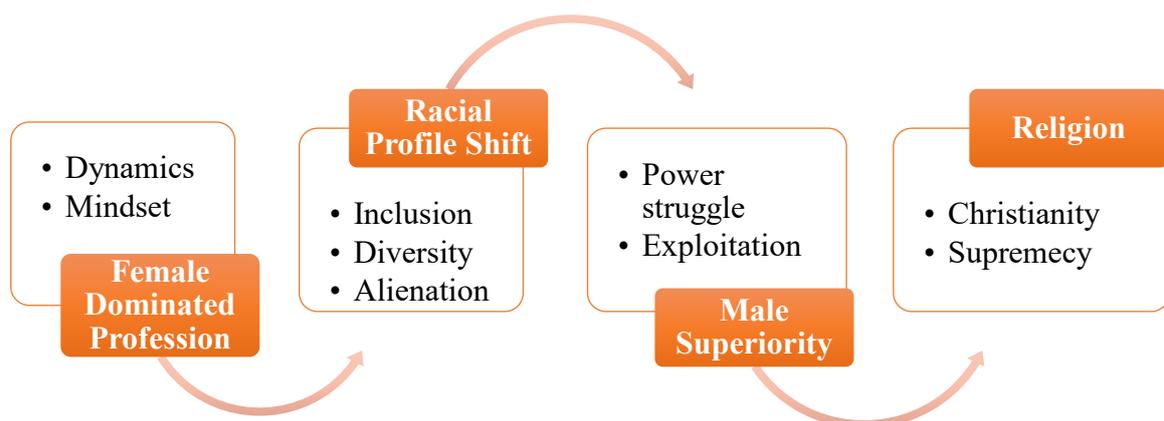
ethnic (BME) cultures were marginalized, which was reflective of the South African context, resulting in negative implications such as ‘dis-othering’ (Pillay & Kathard, 2015) and marginalizing populations of other backgrounds (Miller, 2016). Lander and Santoro (2017) found that educators of BME status felt inferior in their curriculum and experienced subtle forms of racism. This finding was not explored by the current research participants, hence has not been excluded because of racial profiling. In studying more in-depth factors that are influencing the engagement of curriculum, staff identities have become a topic of interest that is explored in the next theme.

Theme 2: Staff identities influenced their interaction in curriculum engagement

Educators’ own identities, specifically gender, race and religion influenced their interaction with students and other educators. These findings are summarized in Figure 5.

Figure 5

Sub-themes generated in staff identities influenced their interaction



The biggest factor amongst educators’ identities was the female gender pull. All participants agreed that the profession was a female dominated profession, with the inclusion

of a few male educators. One participant did mention her experience of being at the unfavourable end of female dynamics that caused conflict due to her different perspective on engaging a developing curriculum. This participant had experienced the presence of cliques that alienated her from the rest of the educators. *“It was traumatic. There are cliques among the staff. I am dual and was part-time. Part-time is good, because you don’t get involved. You come in, you lecture, and you are out. No drama. It is when you are full-time that you are compelled to be part of that environment”* (TE #8). Despite being a part-time educator with limited interaction, the participant sensed tension and described the environment as toxic.

Most participants expressed their positive experiences around the staffing team and did not experience cliques per se. This positive relationship was based on the mutual interest of implementing an African curriculum. The participants had identified a commonality that drove their interest in curriculum change. The foundation of the relationship was built on mutual interest. *“When I joined as a lecturer these were people that I already knew, and I think the vision came from the fact that we had almost walked this path together”* (TE #9).

Two participants, holding the title of head of department (HOD), expressed that no hierarchical power relations existed between different educator rankings at the time of being HODs respectively. *“It was an absolute joint endeavour. If you look at the curriculum that was approved in the 1990’s, we owned the curriculum as a discipline. It was always negotiated and discussed. It didn’t lie in the hands of one individual”* (TE #10). In this study, rankings refer to the educators’ position held at the university, example: tutor, junior lecturer, senior lecturer, HOD. Therefore, the educators had equal power in curriculum engagement, within their respective disciplines. This was not always experienced outside the disciplines. One participant did share her experience of male superiority that existed at an institutional level and within other health sciences departments. *“I don’t think it was so much in our space*

but if you went one step out, you will feel the institutional power when you went to meetings and senate meetings. Men would talk” (TE #11). This experience demonstrated power relations that were not explored previously as these experiences were not engaged with. The exertion of male dominance had made the participant aware of her supposed place in society, that being inferior to male educators. This illustrated the imbalance and exploitation of power to control the “other” being the female. This is not a unique concept as Grosfoguel (2011; 2007) demonstrates the male authority that exists internationally as part of his decolonial power matrix. She further expressed that she was aware of the male dominance, however it did not affect her interaction with the rest of the academic staff in other departments. Within the Audiology and SLP department, racial power struggles remained a strain on the interaction between staff members.

The apartheid law restricted students of colour access to the curriculum resulting in the lack of Black students enrolled in the curriculum. Initially, the Audiology and SLP disciplines reflected a predominantly White department as access was restricted for educators of colour. This power struggle may not have been implemented at a departmental level, but rather at a national and institutional level. Recently, UKZN had gradually begun to change their mindset. Now, undergoing transformation, students and population requiring services, with varying demographics, are able to gain access to the curriculum reflecting diversity in the racial aspect (Vorster & Quinn, 2017; Seabi et al., 2012) as resonated with the participants of the current study. The racial profiling was explored in the first theme and evidently demonstrated connections to staff identities. The recent involvement of black academic staff introduces richness in incorporating experience, diversity and language, another reality that requires uncovering to enlighten students on diverse realities.

Unlike racial aspects, all participants reflected uniformity with regards to gender aspects.

The absence of a significant shift was noted in gender aspects as it remains a female dominated profession then - and still is. This finding concurs with findings of Abrahams et al. (2019); du Plessis (2018); Litosseliti and Leadbeater (2013). Although Breetzke and Hedding (2018) report that male academics are the majority gender (in percentage) enrolled in South African higher education institutions, this is contrasted to the truth of the Audiology and SLP professions locally and internationally. Even though the profession is gender skewed, reasons as to why this occurred were not explored by the participants but rather confirmed as female governed. Litosseliti and Leadbeater (2013) provide possible reasons as to why there is such a strong gender pull in the Audiology and SLP profession. Some reasons include the lack of awareness of the profession, influences on career decisions from relatives, personal interest and salary status. A study by du Plessis (2018) attributed to the above-mentioned aspects and other reasons for the gender pull, however majority of male participants did not perceive the professions to be appropriate for females only.

Amongst other socio-demographic factors discussed, religion is brought up when exploring the estrangement that exists between people of different social strata. The limited interaction between people of different race yields an unfavorable response in unfamiliar situations leaving feelings of dissociation amongst people of different religious backgrounds. Participants had engaged the curriculum from an ex-student perspective - allowing the exploration to yield a continuance response. *"I experienced social class problems in my university where I felt very uncomfortable, not because of race or language but because of social class"* (TE #12). The interaction with people of different social strata began at university level for most of the participants. Schools and communities to which participants belong to were of familiar backgrounds however one participant had the experience of engaging with individuals of different social strata through her religion.

Christianity was considered superior to that of other religions which created uniformity and dominance amongst those that belonged to the Christian realm but shunned individuals who belong to different religions. *“I think some of my personal history would have assisted me because my religious background exposed me to people of other races, including white people”* (TE #13). This shows that religion played a role in isolating those that did not belong to Christianity. This factor can be considered secondary to the influence on the curriculum because it is not something that is directly implemented but influences the relationships and interactions of those directly involved in the curriculum.

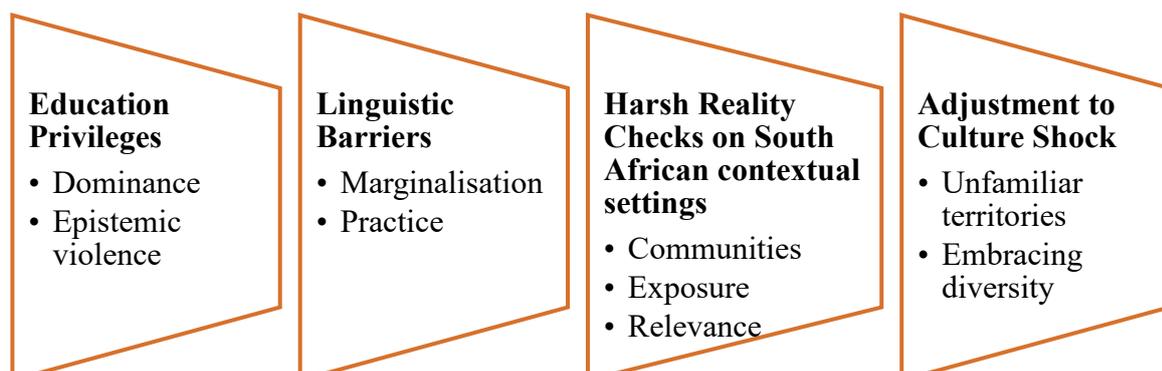
It is hoped that this discussion around engaging curriculum serves to strengthen future dialogue and action within the higher education context. A limited amount of studies has been published to demonstrate the influence of religion on staff identities and interaction, hence this research finding poses a new outlook on religion interaction. This leads to the next aspect of engaging curriculum through emotions.

Theme 3: Emotional engagement with the curriculum

Race, privilege (social class), language and culture demonstrated an emotional influence on how the curriculum was engaged. These sub-themes are represented in Figure 6 below, along with supporting concepts.

Figure 6

Sub-themes generated in emotional engagement with the curriculum



One participant, reflected from a student perspective, reported feelings of dissociation in the student-lecturer relationship due to the difference in racial profile. The political ruling at the time, apartheid, insisted on racial segregation which marginalised individuals that were grouped in the Black category. Hence, Indian students were exposed to Indian teachers at secondary institutions but did not know how to interact with White Lecturers at tertiary institutions. *“People who are therapists but who were students at the time spoke about how you had to change who you are in order to fit in with what was expected”* (TE #14).

Language was another aspect that shared feelings of dissociation and marginalisation within the curriculum. Most participants reported a resistance towards including African languages. The Audiology and SLP curriculum adopted English as its dominant language and had discounted the idea of providing services and conversing in the other South African languages. *“There is bias, towards white students and English mother-tongue speakers that are given preferential treatment”* (TE #15). This demonstrates a hierarchical relationship on language being directly proportional to the minority of the South African population whilst dis-othering (Pillay & Kathard, 2015) the majority of the South African population. Four participants also reported that exposure to different contexts resulted in unfamiliar territories and culture shock to students that were not exposed to interacting and engaging with communities outside their racial, cultural and linguistic background. The adjustment to culture shock proved to be difficult due to the unfamiliar environments. One participant reported resistance to engaging with different population profiles as feelings of uncertainty arose. Three participants reflected from the position of educators and expanded on the alienation felt between therapist and clientele of the same cultural background. *“The things that we observed then was like for me the worst was when an African language speaker was working with an African language client and thought they had to work in English”* (TE #16). These participants described that the services provided were done under the misconception

that it had to be provided in the English language regardless of the client's background. This created a barrier between the therapist and the client/patient/community. *"I think what we were learning in the curriculum and it was like we were missing the people. You are learning the pathology, the impairment but actually the people in their lives were really not part of that curriculum"* (TE #17). Pillay and Kathard (2018) refer to this process as reductionism which means reducing the patient to the disability.

The adoption of the Western model had imposed its obtrusive nature on race, language and culture (discussed above). This negatively affected educators' emotional engagement with the curriculum. Awareness of negative outcomes on imposing a Western curriculum were realised and the journey of curriculum engagement began to correspond to the African context. Through this, participants experienced that practice had exposed the curriculum, students and educators to various African languages as the need arose for health care services to be provided in languages other than the dominant English language. *"The introduction of African languages has played a very pivotal role in compelling students to have more understanding, not just understand but to be able to implement the theoretical strategies, procedures and development"* (TE #18). Participants viewed eradicating linguistic barriers as a method to connecting with their clientele, resulting in engaging with a more emotionally enriched curriculum.

The researcher defines culture as customs of a society and so the curriculum initially took on a very Western culture in terms of practice methods. Western customs imposed on professional culture. This is inappropriate to the South African setting and had left the feeling of discomfort and declared dis-othering of contexts and cultures that are not considered traditional in that sense. The concept of dis-othering as explained by Pillay and Kathard (2018) refers to disrespect of what is considered the Other – although adopted to consider the

Other as individuals with communication disabilities in previous literature, in this case it refers to context.

As previously mentioned, the university took on a traditional sense of institution-based learning in which classroom-based learning was adopted, but as the change in the political status of the country became apparent, so did the contextual learning at higher education institutions. The context now includes being community based. Therefore, the Audiology and SLP curriculum, in its development, allowed for the exploration of different contexts – incorporating the rural communities and expanding access to services. This attempts to rectify the spatial configuration of the power matrix that previously favored traditional contexts. It led to delivering culturally and contextually appropriate, and relevant practice but with shortfalls in the methods adopted to implement services as it links back to apartheid and colonialism and the fact that we are within African context but adopting Eurocentric methods.

The attention around language, culture and context has significantly increased, creating change to contribute to the development and foregrounding African characteristics in the Audiology and SLP curriculum. However, scholars like Khoza-Shangase and Mophosho (2018) are of the view that this remains at policy level and does not filter down into the curriculum, hence enduring this development instead of “embracing” it. Pascoe et al. (2018) acknowledge the English and Afrikaans languages have control over the profession whilst rejecting the role of the other African languages. This may be due to the previous oppression of the thinking that expressed that services can only be provided in English and Afrikaans leading to health care providers being accustomed to providing the services in a one-dimensional manner, disabling them to think beyond what research dictates. It is evident that colonial thinking is entrenched in the mindset of individuals imposing epistemic violence and their ability to think contextually and remain relevant to the profession.

Participants reported that lectures were given by English speaking educators to English speaking students; therefore, the mindset of service provision was English based painting a distorted picture of South African reality - creating discomfort when new experiences and exposure were found with Black African First Language (BAFL) speakers.

Policies did not stop at the interaction to which the curriculum is implemented but runs deeper in terms of the assessment of the population that requires services. Assessments, texts, and references are mainly U.S and UK based (Pascoe et al., 2013), leaving a gap in standardized tools for African languages therefore the accuracy or relevancy of these tools in assessing individuals that are not first language English speakers are questionable (Fouche-Copley et al., 2016). This leaves room for misdiagnosis, inaccuracy, mismanagement of not only the individual acquiring the service but their families as well. Likewise, Joseph (n.d.) discusses a similar condition looking at the medium of instruction at higher education institution being English whose outcome is essentially the same, as it positions African language speakers at a disadvantage.

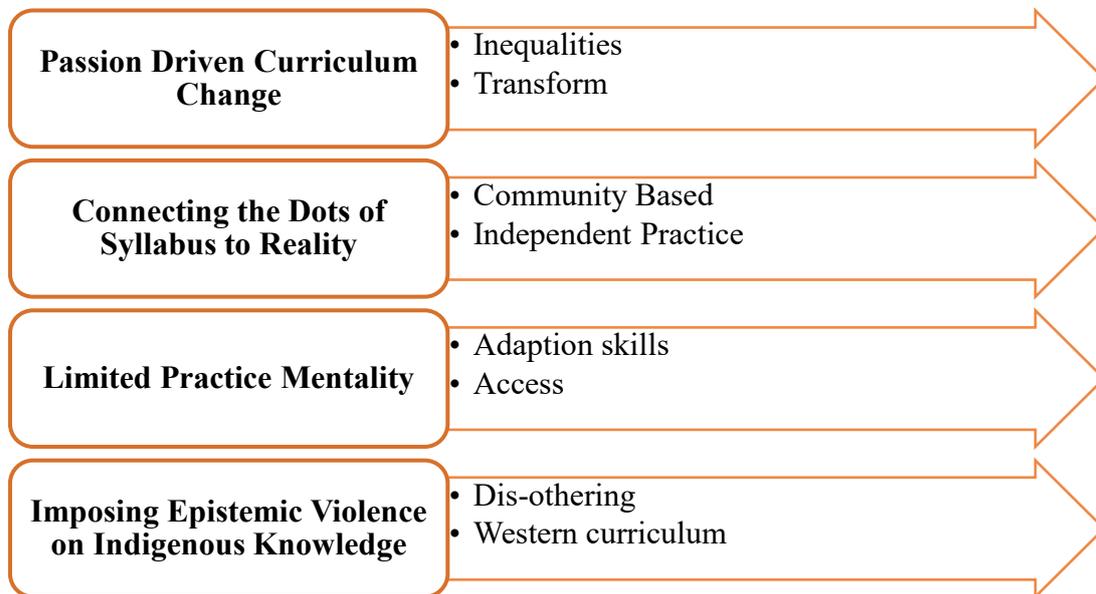
The current study reflects and concurs with the concept of socio-cultural alienation of Black individuals from the curriculum (Vorster & Quinn, 2017) and it is acknowledged that these issues still remain at large, however participants reflected on African traits now becoming visible to the curriculum, contributing to our transformation.

Theme 4: Educators as agents of curriculum change

Educators played a pivotal role in developing an African curriculum. Figure 7 provides a summary of the sub-themes that support this finding.

Figure 7

Sub-themes generated in educators as agents of curriculum change



Curriculum change was driven by known obstacles within the curriculum that hindered its growth into becoming African. These issues raised by participants' experiences are explored next. One participant mentioned the attempt made by the discipline in aligning the syllabus to the university guidelines. However, due to time constraints, diluted contents of modules and concerns of students thinking in silos raised concernment on educators' confidence in students making appropriate decisions as future health care professionals. Three participants provided examples of unsuitable decisions made by students. *"We tried our best and we fit in with university guidelines but I think we still, it's a different way of teaching and I'm not so sure that it lends itself more to critical thinking and the integration in terms of clinical application"* (TE #19). These participants had vocally recognized the existence of a hierarchical relationship imposed by the curriculum. Two participants reported the belittling of local knowledge in the absence of theoretical teachings and the dis-othering inflicted on local communities. *"The disrespect that comes with it is because we actually don't think that*

African people have the knowledge, have the wisdom, have ways of moving that can keep themselves healthy” (TE #20). This demonstrated colonial knowledge power exertion on African knowledge, hence the outcome being imposing epistemic violence on indigenous knowledge. This is expected of a Western curriculum and is also seen in the context to which Audiology and SLP services are implemented in. One participant experienced bias of the SLP curriculum towards a private practice setting. “I think the audio program was more brown than white. I think we were not clinging onto that colonial, upper, middle-class white mentality. The private practice mentality is what drove the speech program. As far as I’m concerned, the speech program trained you to be in private practice, nothing else” (TE #21). This did not demonstrate the acknowledgement of various contextual settings within South Africa, thus limiting practice mentality to being more privately accessible, which hindered its growth in providing equal access of services to all South African communities.

These experiences indicated the lack of independent, critical thinking when engaging the syllabus. In response to this, two participants recognized their role in encouraging joint decision making, amongst staff members, was made to align theory to context and this was achieved by dividing modules – ensuring both a theoretical and corresponding practical component was included in the curriculum. Embracing diversity and cultural relevance was put into motion. Educators became active agents of curriculum change as their beliefs in collective action and correcting the wrong doings of politics drove their passion into becoming agents of change. In addition, socio-political and contextual elements included in the syllabus proved to be successful in correcting the lack of independent thinking.

As the curriculum developed, the contextual settings of curriculum implementation had expanded. The participants reported that this contextual expansion was possible through the Community Based Rehabilitation (CBR) module. This module, as described by two

participants, exposed students to different realities that existed outside the classroom. Students now had an assortment on the types of settings Audiology and SLP services were provided in. Settings included community clinics, schools, hospitals and private practice. These contexts acted as harsh reality checks to students that were of a one-track mindset into private practice. Educators contributed to nurturing holistic health care professionals that were able to think and act independently, acknowledge the significance of indigenous knowledge and practice appropriately. Although higher education was slow in adopting curriculum changes, it did begin to sever ties with a Western mindset and continues to move in the direction of becoming relevant to the African context. This was initiated by educators.

Heleta (2016) expressed that little has been done to explore and acknowledge new ways of deriving local knowledge. Khoza–Shangase and Mophosho (2018) and, Vorster and Quinn (2017) convey the reliance of the Audiology and SLP professions on Western/European curriculum. One participant pointed out the reality of the methodology to African based research still portraying traits of colonialism. *“They wanted research and even that research didn’t necessarily look at African. It looked at doing research but in the tradition that we already knew, so we are reproducing that knowledge... just because it’s happening in Africa doesn’t mean it’s African”* (TE #22). Not only is teaching and learning being neglected by paying more attention to research, but the research generated presents traits of Western characteristics, as the bulk of what curriculum dictates, stems from the North.

A local study looks at the priorities within a South African open distance learning institution and concludes that there is failure in prioritising decoloniality. Despite efforts to create awareness on this matter – individuals lacked the driving force needed and became lethargic to the process of transformation (Joseph, n.d.). The commonalities that exist between literature and the current study are the aspects being prioritised which may be doing

more harm than good, and evidence of an imbalanced power relation exists on an epistemological perspective (Vorster & Quinn, 2017; Grosfoguel, 2011; Grosfoguel, 2007).

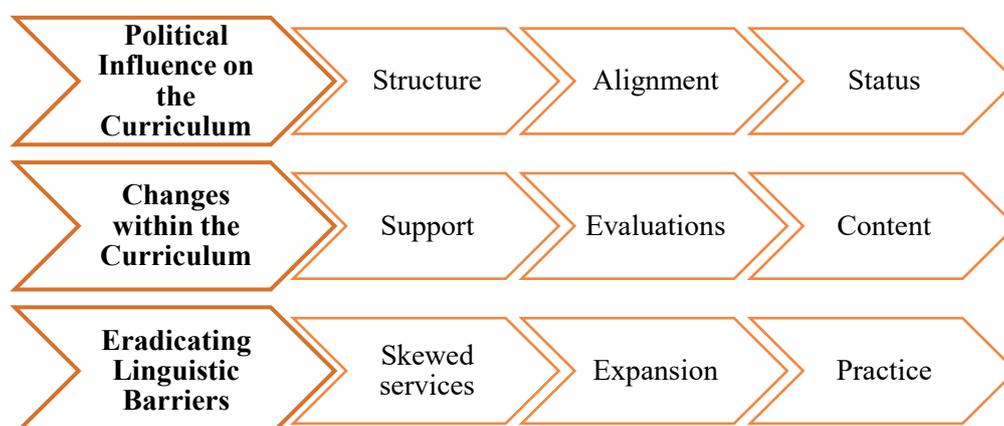
There are similarities in this research's findings and within other higher education institutions and so the profession has become attentive of the geo-political stance that Audiology and SLP profession are taking. The dominance of Western knowledge imposes on the rights of African knowledge, representing epistemic violence. Unfortunately, the outcome has shown that epistemic violence existed then, Pillay & Kathard (2015), and still exists now. It is evident that educators drive the process of curriculum change, however due to the paucity in literature that focuses on the significant role played by educators and their experiences – little exists to compare and discuss in depth.

Theme 5: University policies enabling curriculum access

There are three aspects that have contributed to the theme: University policies enabling curriculum access. These aspects include political influence on the curriculum, changes within the curriculum and eradicating linguistic barriers, which are illustrated in Figure 8.

Figure 8

Sub-themes generated in university policies enabling curriculum access



The Audiology and SLP curriculum had catered for majority Indian and White students. As the curriculum developed, participants reported that updated university policies called for a change in structure which resulted in an increase in the number of student intake as well as the inclusion of Black African students. It was noted that throughput rates were not explored by participants, but participants discussed the presence of academic development support that was extended to students in the hopes that the additional support provided by the department enabled students, of disadvantaged backgrounds, to engage with the curriculum optimally. Along with student support, students were also given the opportunity to fine tune other aspects of the curriculum through individual module evaluations. One participant had viewed this to improve the curriculum through student perspectives. The participant emphasized that consideration of students' perspectives was considered as direct engagers of the curriculum. Consequently, policies were altered to meet the needs of the university identity, educators, students and the community.

Structurally, UKZN has increased its numbers in terms of lecturer and student intake to meet demographics of the country, literature has shown that smaller size classes build positive social support (Seabi et al., 2012). Therefore, weighing the pros and cons should be evaluated prior to taking such steps. Issues of socio-political status may be re-introduced if the situation is not preceded with caution.

Evidence of development with regards to student access has developed over time to move closer to that of the university identity. This should be proceeded with caution as it should not be seen only through a racial lens as Grosfoguel's (2011) indicates the existence of other complexities such as (but not limited to) gender, language, media and age. Therefore, race inclusion and the resultant increase in numbers is not the only definition of transformation. Ramrathan (2016) expresses his frustration in the concept of transformation being reduced to a numerical change in the intake of students. Furthermore, academic support is required to

assist in the permanence and success of curriculum engagement and transformation. It is of no use implementing change in the increase of racial numbers should there be no support provided. It is only one aspect in a large group of complexities and should not be identified in isolation but rather in existence amongst other complexities.

Participants have reported various changes within the curriculum in terms of the structure of the syllabus being directly influenced by the political changes of the country. *“Immediately when I joined the decision to split the Degree and to offer speech therapy and audiology separately, all those discussions were happening and whilst I was there, we started the training of the students in audiology and speech separately”* (TE #23). As a result of this change, all participants reported on the split of the dual degree into two separate degrees, being Audiology and SLP. Shortly after the split of the dual degree, the separate disciplines shared a joint syllabus for the first two academic years, thereafter, split to specialize in either SLP or Audiology. As the syllabus developed, so did the interests of the university.

Research output was given a considerable amount of attention. Three participants expressed their concerns on UKZN valuing research output more than teaching and learning. *“Now because academics are challenged all the time, they have to produce the research output and then that curriculum change in teaching just takes time for things that I don’t think institutions value”* (TE #24). These participants have identified commercialised value of higher education because it is now focussing on the benefits of individual success, by that, rewarding increased research output. *“University is imposing that everybody be a researcher, almost rewarding it more than teaching...I worry that universities... maybe encouraging a certain kind of teacher and rewarding certain kinds of teaching and research, that may negatively impact on the training of audiologists and speech therapists”* (TE #25).

As a consequence of the curriculum priority shift, a participant had posed the idea of curriculum development stagnating as the desired amount of energy to undergo constant reviewing if curriculum changes were not met. This is due to the university's policies requiring educators to be credentialed up to PhD level, resulting in research becoming UKZN's priority and so bias was placed towards research whilst diminishing the value of teaching and learning. This may manipulate the job descriptions of educators, imposing PhD qualifications to financially benefit the university. The risk of producing graduates who are not skilled may become a reality. This has a ripple effect on services and the communities that graduates practice in. This forced educators to choose between individual success and the growth of the Audiology and SLP community creating an unhealthy environment of 'survival of the fittest'. Many issues are identified in this research and it is hoped that the findings are convincing enough for an alternative approach.

Econometric factors influencing the outcome of the curriculum pose a negative connotation and are not done for the right reasons. This demonstrates another power matrix in terms of the privileged versus the disadvantaged. Similarly, Ramrathan (2016) expressed concerns around higher education institutions being marginalised regarding funding, as research output may not meet the expected standard. Emphasis is placed on the lack of recognition given to years of clinical experience an Audiologist/Speech-Language Pathologist has obtained. This poses a view on clinical professionals as having nothing valuable to offer to the growth of the profession (despite their active involvement clinically).

Policies and the influences dictate majority say in the curriculum and it normally favours wealthy individuals and those with high socio-political status. As mentioned previously, individuals of a higher class dictated the outcomes of the curriculum as the heavy pockets of society had tipped the scale. "Universities no longer formally exclude on the basis of gender or race, but inequalities in school systems and family money are still main determinants of

entry” (Connell, 2016, p. 6). Policies passed and implemented have a direct effect on practices, resources and the services provided, and so econometric factors share a bittersweet relation with regards to what higher education institutions hold as valuable. These points back to the curriculum and the image it is creating of the profession. A trend in the skewedness of the services provided to the populations in need has been acknowledged. Apartheid indoctrinated the services to becoming more associated with private practice, stigmatizing the professions to being associated to one type of financial status (Khoza-Shangase & Mophosho, 2018) which is unrealistic. It draws the conclusion that policies, socio-economic status and research value have shown influence on how educators have engaged the curriculum.

4.4 Conclusion

The researcher revealed the key themes that emerged from the interviews. These themes were: political environment impacted greatly on the curriculum; staff identities influenced their interaction in curriculum engagement; emotional engagement with the curriculum; educators as agents of curriculum change and university policies enabling curriculum access. These themes were presented as data substantiated by the comments of the participants and discussed in relation to existing literature. Politics, economics, demographics, policies, agents of change and Western knowledge are factors that influence the way the Audiology and SLP curriculum has been implemented. The research findings demonstrate links to existing literature and create a new platform in demonstrating the significance of educators’ experiences.

CHAPTER 5: CONCLUSION, LIMITATIONS, AND IMPLICATIONS

5.1 Introduction

In the concluding chapter, the researcher focuses attention on answering the research question. A summary of the information offered in previous chapters will be presented as a conclusion in light the aim and objectives of this study. The researcher then explores the study limitations along with research and clinical implications.

5.2 Concluding summary

This research study aimed to explore educators' experiences on curriculum engagement in the Audiology and SLP professions at UKZN. It was found that due to educators' experiences being overlooked as an integral part of curriculum engagement (Pillay & Kathard, 2015), limited studies exist on the impact of such experiences on the curriculum. Marginalising educators' experiences have led to difficulties in relating to the profession (Cornelle & Kessi, 2016). Acknowledging such experiences values educators as being an essential part of the curriculum; creating African knowledge in response to curriculum development and facilitates transformation that leads to the curriculum becoming relevant to the local context. Thus, experiences should be explored in a meaningful way, deriving local indigenous knowledge systems that should reflect its impact in texts, assessment and therapy material. In this way the research agenda of staff credentialing, up to PhD level, can be merged into the teaching and learning aspect of the curriculum.

Results of this study revealed that political influences impacted the way educators engaged the curriculum. During the apartheid ruling, students and educators of colour were marginalised resulting in limited access to the curriculum (Govinder et al., 2013). University structure portrayed a Western/Eurocentric approach in engaging curriculum which gave preference to Western materials that involved teaching, learning, research and practice

(Panday et al., 2018; Heleta, 2016; Pascoe & Norman, 2011). The change in political ruling (post-apartheid) yielded more access to students and educators of colour and diverse backgrounds as university policies were altered. Literature documented demographic profile changes (Breetzke & Hedding, 2018) that remain superficial even though more encompassing factors such as religion, sexuality, language and socio-economic background influences curriculum. Knowledge on these aspects have been limited, hence educators should be consulted on such aspects to gain a more in-depth look at curriculum. Another area to improve on is a closer monitoring of throughput rates to ensure student and educator support have been provided optimally. This can be done through regular reviews at a departmental, institutional and national body level. The HPCSA and the Board for Speech-Language and Hearing Professions have also been monitoring student intake in terms of demography and throughput rates. This allows the curriculum to be reviewed constantly as an ongoing development. Constant curriculum review increases the pace adopted for development and transformation. Curriculum reviews are to be conducted by both students and educators concurrently to offer a more holistic picture on areas within the curriculum that require change. UKZN has made significant strides on the numerical value of staff and student intake, however reflection and engagement of the curriculum are still in the novel stages and require on-going exploration to revolutionize the curriculum.

Another finding highlighted in this study is the disciplines being female dominated. Participants reported that female dynamics did not pose a threat amongst educators, but rather racial issues were more pervasive within the disciplines. Black African staff elaborated on feelings of alienation in response to cliques formed within the discipline. Although gender dynamics was not an issue inter-disciplinary, male superiority was exerted within the School of Health Sciences. These issues affect staff identities and need to be explored further to engage whether such issues persist within the curriculum. By engaging educators on the

matters addressed above, awareness is created on the concerns raised. Simultaneously, a platform is provided to educators that have been marginalised to share their experiences and address racial issues so that a solution is provided, strengthening the relationships of educators as a team.

Emotional engagements revealed strained relationships due to differences in racial profiles, language profiles and unfamiliar contexts. This created barriers between students and educators as well as student-clinicians and patients. It resulted in resistance to engage with diverse populations as a consequence of adopting Western methods. Educators became aware of the feelings of dissociation, alienation and dis-othering (Pillay & Kathard, 2015) and decided to act on it. Furthermore, educators identified students' lack of critical thinking. The epistemic violence inflicted on indigenous knowledge within the curriculum (Pillay & Kathard, 2018; Heleta, 2016; Mbembe, 2016) as well as the unsuitable nature of the Western curriculum in an African context. For these reasons, educators engaged an emotional response to eradicating Western methods and embracing diversity and culture, thus being agents of curriculum change. Emotion is the foundation of teaching and learning but it is largely ignored in the curriculum. Educators, as role models to students, must express passion when engaging the curriculum. This may stimulate conversations on emotions felt towards the curriculum creating a sense of belonging and ownership and eradicating feelings of alienation. It may also encourage educators and students in setting goals to becoming relevant within context. It embraces the current curriculum and promotes critical thinking for future development and success of an African curriculum. However, if there are still feelings of dis-association, discomfort and underlying resentment then this must be addressed. Le Grange (2011) argues that the apartheid has resulted in a recipe for disaster regarding humanism. Pillay and Kathard (2015), state that both positive and negative emotions play a role in personal experiences. Human beings are not robots that can divorce their emotions from the

rest of themselves. Hence, incorporating emotions into the experience allow for a more real, human approach. Le Grange (2011) herself had confessed that writing style has been influenced by her experiences. Hence, one cannot fully detach one's self from a phenomenon that he/she has personally experienced; therefore, it is valuable to document one's experience as it is their own.

5.3 Research strengths and limitations

Research strengths are described as aspects that facilitate and support the quality of the research study. The strengths of this research study are:

- Rich data was collected to confront issues that created discomfort in engaging an African curriculum. As a result,
- This contributed to the uncovering of a body of knowledge in a research area that lacked exploration, that being curriculum engagement.
- This study had also created a voice for educators that were marginalised and stimulates empowering dialogues to contribute to the progression and transformation of the Audiology and SLP curriculum.

Research limitations are described as factors that may hinder the quality of the research study. Limitations that existed for this study are acknowledged to ensure that future research studies are aware of the shortcomings and attempt to eliminate these limitations. The limitations of this research study are:

- This research study focussed on a single South African university despite the professions being offered at seven other South African institutions. Although the outcomes were specific to context and shared similar perceptions with authors of other universities, the research findings cannot be generalised. This limitation is

typical of a qualitative study which sought richness of data to bring to light the unique experiences of educators.

- The absence of a male perspective was considered another limitation. Every attempt was made to include a male perspective however this was not possible. Limitations existed in the comparison of the male and female perspective on how curriculum was engaged, resulting in a one-dimensional gender perspective. Additional findings may have emerged should there have been inclusion of male perspectives.
- This study focussed on the perspectives of experienced educators. Research into newly appointed educators may embrace different views and embrace a fresh outlook on how the curriculum is engaged.
- Educators were asked to engage their personal experiences on the curriculum. Consequently, information shared with the researcher was of a sensitive nature. Individual interviews were conducted with participants and this limited the interaction and result of a focal group discussion.
- To the best of my knowledge, some studies (globally, in other fields of expertise) published tend to focus educators' views on curriculum engagement however, a limited amount of published research within the Audiology and SLP professions exists. This limitation placed constraints on comparisons of the current research findings with previous research within the profession.

5.4 Implications

5.4.1 Research Implications

Studies of this nature should be conducted at other South African universities to provide a more holistic picture on curriculum engagement within the Audiology and SLP profession.

This will allow access to a continuum of educators' experiences being explored in

anticipation of adding knowledge to inform curriculum development. This would pave the way as to which areas require further support in adopting an African stance within the African context and essentially placing African knowledge at the centre of teaching, learning, research and practice.

The current study has adopted an espoused perspective to investigating curriculum. It is recommended that future studies should include all three perspectives, that being the official, espoused and actual perspectives (Pillay et al., 1997) to ensure data triangulation. A three-dimensional approach can then be investigated, providing a more in-depth look at curriculum engagement. This will determine if correlation does or does not exist between each perspective and assist in applying consistency to methods of practice and those informing practice.

Educators of different experience levels should be included in future studies to allow for comparison in terms of the thought process behind engaging curriculum. This provides an array of perspectives comparing individuals of different age categories and experience rankings that emanate from diverse backgrounds. Different outlooks may prove to be beneficial in decisions made to transform the Audiology and SLP curriculum.

It is recommended that the inclusion of students' voice should be explored as students play a significant role as part of curriculum redress. Previous literature has demonstrated their involvement (du Plessis, 2018; Cornell & Kessi, 2016; Seabi et al., 2012) and so their perspectives would prove to be beneficial in decision making of curriculum.

Given the time taken to evaluate curriculum transformation, a longitudinal study proves to be beneficial in tracking curriculum change in a chronological manner. It will assist in illustrating the time taken to reach individual goals and replacing achieved goals with new ones. This method will illustrate the nature of goals implemented and the focus of

development. Previously, changes implemented within the curriculum were of a numerical nature (Amuson et al., 2012; Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017; Ramrathan, 2016; and Seabi et al., 2012). New objectives can be developed based on deeper transformational challenges. Furthermore, the exploration of content and how it shapes individuals engaging the curriculum may provide another angle to exploring experiences. The above-mentioned research implications are suggested to close the gap of paucity in the literature.

5.4.2 Clinical Implications

The nature of this study invites various interpretations of the findings; hence more than one interpretation may exist. The inclusion of both students and educators' experiences on curriculum engagement allows for a balanced approach to altering the curriculum and this needs to be done regularly within the disciplines.

To eliminate feelings of alienation (Lander & Santoro, 2017) the curriculum should also be made available and engaged in African languages that appeal to the majority of the population. Issues of cultural diversity should also be addressed.

Clinical settings need to be better resourced in terms of contextually appropriate texts, assessment materials, normative data and rehabilitative materials available. Disciplines need to actively engage in driving attempts to develop or adapt material that is culturally and linguistically appropriate and relevant. This will build a stronger curriculum foundation for more accurate assessment and management.

5.5 Conclusion

The Audiology and SLP professions have begun its journey of development within an African context. However, continuing curriculum development and engagement is essential to keep up to date on relevant practices. For this reason, awareness was brought to socio-

political, socio-demographic, socio-economic, cultural and linguistic factors that influence educators' methods in engaging such development. The research findings have identified areas that require improvement in order to progress towards contextual relevance. The acknowledgment of educators' personal experiences in contributing to an African curriculum is a start for the Audiology and SLP professions who still have much to do to attain African relevance.

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APPENDICES

Appendix A: Semi-structured interview tool for curriculum engagement (UKZN)
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**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

Tel: 031 260 7438/8986

Fax: 031 260 7622

E-mail: naidoor1@ukzn.ac.za



**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

Date:

Time:

Venue:

Participant's Information:

Participant Assigned Code	Biographical Details	Qualification(s)	Discipline (tick)	Position at UD-W / UKZN	Years of Experience
	Age: Gender: Race: Ethnicity:		Audiology <input type="checkbox"/> SLP <input type="checkbox"/> Both <input type="checkbox"/>		

Academic Educator's Experiences: Curriculum

Interview Schedule

Item No.	Curriculum Categories	Reflections/Answers
1.	Students	
2.	Educators	
3.	Content/Syllabus	
4.	Method of Engagement	
5.	Context	

Semi-Structured Interview Schedule Trigger Sheet		
Interview Schedule Structure	Qualitative Interview Questioning	Interview Techniques
<p>1. Introduction</p> <ul style="list-style-type: none"> - Greetings - General outline of study and participant's purpose - Participant's Information <p>2. Main</p> <ul style="list-style-type: none"> - Questions put forward based on curriculum categories in interview schedule - Engage in critical conversation <p>3. Conclusion</p> <ul style="list-style-type: none"> - Inquire for concluding statements from participant - Show gratitude for participant's contribution - Conclude interview 	<p>1. Level of questioning begins with open-ended (to extract unstructured responses) and moves towards close-ended questions.</p> <p>2. Use of open-ended strategies will be utilized such as:</p> <ul style="list-style-type: none"> - "Tell me about" - "How would you describe" - "Reflect on" - "Discuss" <p>3. Open-ended questions will be:</p> <ul style="list-style-type: none"> - Clear - Singular meaning (to avoid confusion) - Non-Influential 	<p>1. Interview Schedule will be conducted in:</p> <ul style="list-style-type: none"> - Quiet room - Good lighting - Minimal distractions <p>2. Flow of interview will be natural to extract natural responses.</p> <p>3. Probing techniques will be utilized, such as:</p> <ul style="list-style-type: none"> - "Elaborate" - "Why do you say so" - "Provide examples" <p>4. Troubleshooting techniques will be utilized, such as:</p> <ul style="list-style-type: none"> - Paraphrasing participant's responses (to ensure accuracy in meaning) - Re-stating - Steer back into direction of focus

Appendix B: Biomedical Research Ethics Committee (BREC) approval letter
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Ms S Inarman (213506859)
School of Health Sciences
College of Health Sciences
surakshainarman@gmail.com

Protocol: Academic educator's experiences on Curriculum development in the Audiology and Speech-Language Pathology professionals at a South African University.
Degree: MSc BREC Ref No: BE400/18

EXPEDITED APPLICATION: APPROVAL LETTER

A sub-committee of the Biomedical Research Ethics Committee has considered and noted your application received on 09 July 2018.

The study was provisionally approved pending appropriate responses to queries raised. Your response received on 30 August 2018 to BREC letter dated 15 August 2018 have been noted by a sub-committee of the Biomedical Research Ethics Committee. The conditions have now been met and the study is given full ethics approval and may begin as from 14 September 2018. Please ensure that site permissions are obtained and forwarded to BREC for approval before commencing research at a site.

This approval is valid for one year from 14 September 2018. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

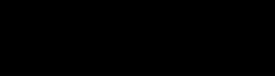
Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2015), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at <http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx>.

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

The sub-committee's decision will be noted by a full Committee at its next meeting taking place on 09 October 2018.

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely



Prof V Rambiritch
Chair: Biomedical Research Ethics Committee

cc postgraduate administrator:
Supervisor:

nene1@ukzn.ac.za
shannsg@ukzn.ac.za

Co-Supervisor: Pi@ym1@ukzn.ac.za

Biomedical Research Ethics Committee
Professor V Rambiritch (Chair)
Westville Campus, Govan Mbeki Building
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Telephone: +27 (0) 31 280 2486 Facsimile: +27 (0) 31 280 4609 Email: brec@ukzn.ac.za

Website: <http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx>

Appendix C: Biomedical Research Ethics Committee (BREC) amendment approval letter



18 June 2020

Ms S Inarman (213506859)
 School of Health Sciences
 College of Health Sciences
surakshainarman@gmail.com

Protocol: Academic educator's experiences on Curriculum development in the Audiology and Speech-Language Pathology professionals at a South African University.
Degree: MSc
BREC Ref No: BE400/18
New Title: Curriculum engagement: Educators' experiences in audiology and speech-language pathology at a South African University

We wish to advise you that your application for amendments received on 08 June 2020 including a change of title to the new title above for the above study has been **noted and approved** by a subcommittee of the Biomedical Research Ethics Committee.

The committee will be notified of the above at its next meeting to be held on 14 July 2020.

Yours sincerely



Ms A Marimuthu
 (for) Prof D Wassenaar
 Chair: Biomedical Research Ethics Committee

Biomedical Research Ethics Committee
 Chair: Professor D R Wassenaar
 UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
 Postal Address: Private Bag X54001, Durban 4000
 Email: BREC@ukzn.ac.za
 Website: <http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

Appendix D: Gate keeper permission letter to UKZN Registrar

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**
Tel: 031 260 7438/8986
Fax: 031 260 7622
E-mail: naidoor1@ukzn.ac.za



Date: 2018-08-10

University of KwaZulu-Natal Registrar

Re: Access to educators in a postgraduate research study

Greetings,

I am a postgraduate research student conducting a qualitative study as requirements to complete Masters of Audiology degree. The research topic is: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University.**

In order to conduct this study, I require access to educators that are employed at the Audiology and Speech-Language Pathology disciplines at the University of KwaZulu-Natal. I kindly request permission to have access to these participants. The participation of these individuals would not result in any intentional harm as the educators will be involved as participants that are required to share their personal experiences on engaging curriculum at UKZN in the form of a semi-structured interview. As the UKZN Registrar, your permission is required in order for the study to be conducted. Informed consent and voluntary participation is required from the participants and they have the right to withdraw at any stage. No repercussions will occur against the participants. Participants' personal identification will be kept confidential. All data collected will be stored for 5 years at the University of KwaZulu-Natal for archiving purposes and thereafter be destroyed.

Your authority will sincerely be appreciated. Should you agree or disagree to provide gate keeper permission, please sign below. If you have any queries, please contact the researcher or research supervisor.

I, _____, UKZN registrar (do / do not grant) gate keeper permission to the participants.

Signature

Date

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Kind Regards,

Ms. Suraksha Inarman

(Researcher)



Signature

Ms, Nasim Khan

(Research Supervisor)

Signature

Contact details:

Email: surakshainarman@gmail.com

Cell no.: 081 344 5474

Contact details:

Email: Khanna@ukzn.ac.za

Prof. Mershen Pillay

(Research Co -Supervisor)

Signature

Contact details:

Email: PILLAYM1@ukzn.ac.za

Appendix E: UKZN Registrar approval letter



10 August 2018

Ms Suraksha Inarman (SN 213506859)
 School of Health Sciences
 College of Health Sciences
 Westville Campus
 UKZN
 Email: surakshainarman@gmail.com Khanna@ukzn.ac.za

Dear Ms Inarman

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:

"Academic educators' Experiences on Curriculum Development in the Audiology and Speech Language Pathology professions at a South African University."

It is noted that you will be constituting your sample by conducting interviews with academic staff members in the disciplines of Audiology and Speech-Language Pathology on the Westville Campus.

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

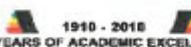
MR SS MOKOENA
REGISTRAR

Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

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Website: www.ukzn.ac.za

 1910 - 2018
 100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

Appendix F: Gate keeper permission letter to UKZN Audiology department

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

Tel: 031 260 7438/8986

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**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

Date: 2018-08-16

The Head of Department (HOD) of Audiology (UKZN),

Re: Access to educators in a postgraduate research study

Greetings Ms. Seema Panday,

I am a postgraduate research student conducting a qualitative study as requirements to complete the Master of Audiology degree. The research topic is: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University.**

I kindly request permission to have access to the educators employed at the Audiology discipline (UKZN) to participate in this study. I am exploring the elements of practice (Pillay et al., 1997) as these elements: policy; professional education curriculum; practice and resources form part of and influence professional practice and development. This study will adopt a semi-structured interview method in collecting data thereafter data will be transcribed, analysed and represented through themes (Braun & Clarke, 2006). This research study will be beneficial in terms of providing clarity as to how issues of transformation were addressed in the Audiology curriculum, at a South African university.

For this study, one educator is required to participate in the pilot study and a minimum of three educators are required to participate in the main study. Individuals that occupy the position of an educator and/or the head of department that have been sufficiently involved in curriculum engagement in the Audiology discipline will be included in the main study. The participation of these individuals would not result in any intentional harm as the educators

will be involved as participants that are required to share their personal experiences on curriculum engagement at UKZN.

As the HOD of UKZN Audiology discipline, your permission is required in order for the study to be conducted.

Informed consent and voluntary participation are required from the participants and they have the right to withdraw at any stage without experiencing any repercussions. Participants' personal identification will be kept confidential and all data collected will be stored for 5 years at the University of KwaZulu-Natal and thereafter be destroyed.

Your consent will sincerely be appreciated. Should you agree or disagree to provide gatekeeper permission, please sign below. Kindly see attached provisional ethical approval from the UKZN Biomedical Research Ethics Committee and permission from the UKZN Registrar. If you have any queries, please contact the researcher or research supervisor.

I, Seema Panday, Head of Department (Audiology) (do / ~~do not~~) grant gatekeeper permission to access potential participants.



Signature

21-08-2018

Date

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Kind Regards,

Ms. Suraksha Inarman

(Researcher)



Contact details:

Email: surakshainarman@gmail.com

Cell no.: 081 344 5474

Ms, Nasim Khan

(Research Supervisor)

Signature

Contact details:

Email: Khanna@ukzn.ac.za

Prof. Mershen Pillay

(Research Co -Supervisor)

Signature

Contact details:

Email: PILLAYM1@ukzn.ac.za

Appendix G: Gate keeper permission letter to UKZN Speech-Language Pathology department

DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES
Tel: 031 260 7438/8986
Fax: 031 260 7622
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UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

Date: 2018-08-16

The Head of Department (HOD) of Speech-Language Pathology (UKZN),

Re: Access to educators in a postgraduate research study

Greetings Ms. Zandile Peter,

I am a postgraduate research student conducting a qualitative study as requirements to complete Master of Audiology degree. The research topic is: **Academic Educators'**

Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University.

I kindly request permission to have access to the educators employed at the Speech-Language Pathology discipline (UKZN) to participate in this study. I am exploring the elements of practice (Pillay et al., 1997) as these elements: policy; professional education curriculum; practice and resources form part of and influence professional practice and development. This study will adopt a semi-structured interview method in collecting data thereafter data will be transcribed, analysed and represented through themes (Braun & Clarke, 2006). This research study will be beneficial in terms of providing clarity as to how issues of transformation were addressed in the Speech-Language Pathology curriculum, at a South African university.

For this study, one educator is required to participate in the pilot study and a minimum of three educators are required to participate in the main study. Individuals that occupy the position of an educator and/or the head of department that have been sufficiently involved in curriculum development and review in the Speech-Language Pathology discipline will be

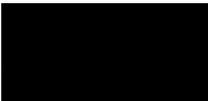
included in the main study. The participation of these individuals would not result in any intentional harm as the educators will be involved as participants that are required to share their personal experiences on curriculum engagement at UKZN.

As the HOD of UKZN Speech-Language Pathology discipline, your permission is required in order for the study to be conducted.

Informed consent and voluntary participation are required from the participants and they have the right to withdraw at any stage without experiencing any repercussions. Participants' personal identification will be kept confidential and all data collected will be stored for 5 years at the University of KwaZulu-Natal and thereafter be destroyed.

Your consent will sincerely be appreciated. Should you agree or disagree to provide gatekeeper permission, please sign below. Kindly see attached provisional ethical approval from the UKZN Biomedical Research Ethics Committee and permission from the UKZN Registrar. If you have any queries, please contact the researcher or research supervisor.

I, Zandile Peter, Head of Department (Speech-Language Pathology) (do / ~~do not~~) grant gatekeeper permission to access potential participants.

_____  _____

Signature

21 August 2018

Date

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

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Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Kind Regards,

Ms. Suraksha Inarman

(Researcher)



Signature

Contact details:

Email: surakshainarman@gmail.com

Cell no.: 081 344 5474

Ms, Nasim Khan

(Research Supervisor)

Signature

Contact details:

Email: Khanna@ukzn.ac.za

Prof. Mershen Pillay

(Research Co -Supervisor)

Signature

Contact details:

Email: PILLAYM1@ukzn.ac.za

Appendix H: Participant information document

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

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**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

Date: 2018-10-21

Greetings,

My name is Suraksha Inarman and I am a postgraduate research student conducting a qualitative study from the College of Health Sciences: Audiology discipline at UKZN. The research title is: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University.**

You have been invited to consider participating in a study that involves qualitative research looking at curriculum engagement in higher education. The aim of this study is to understand educators' experiences on engaging the curriculum in the Audiology and Speech-Language Pathology disciplines at UKZN. These experiences have not been documented and will provide clarification on how issues of curriculum engagement were addressed, in turn; this will contribute to discipline specific literature.

Should you choose to participate in this study, you are required to share your personal experiences with the researcher to gain a deeper understanding on the process of curriculum engagement at a historically black higher education institution (i.e. UKZN). The elements of practice (Pillay et al., 1997) will be explored by adopting a semi-structured interview method.

A semi-structured interview schedule will be conducted to guide the interview to warrant adequate, relevant responses. Your responses to guided questions will be recorded for the purpose of accuracy when analyzing the data. The data will be represented in the form of themes. Your personal identification exchanged between you and the researcher will remain

confidential during and after the study is complete. Your reports will be assigned a participant code hence; no personal identifying information will be documented. Findings will be analysed, interpreted and presented to UKZN Audiology and Speech-Language Pathology departments. Information provided by you may present as extracts in the final dissertation. The duration of your participation, should you choose to participate, is expected to be at least 60 minutes – 90 minutes. Should you agree to participate; arrangements will be made to conduct the interview, at your availability.

I hope that the study will create awareness and recognition of your experience, as a key informant, amongst professionals in this field and at the University of KwaZulu-Natal. You have the right to withdraw from the study at any stage and will not be held accountable. No negative consequences will arise at any stage in the research study.

Your consent will be sincerely appreciated. If you agree to participate, please sign the attached informed consent form.

Should you have any queries or concerns that require clarification, please contact the researcher, the research supervisor or the biomedical research ethics committee. Details stated below.

This study has been ethically reviewed and approved by the UKZN Biomedical Research Ethics Committee (approval number BE400/18). The UKZN Registrar gatekeeper permission has been granted.

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

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Email: BREC@ukzn.ac.za

Kind Regards,

Ms. Suraksha Inarman

(Researcher)



Signature

Contact details:

Email: surakshainarman@gmail.com

Cell no.: 081 344 5474

Ms, Nasim Khan

(Research Supervisor)

Signature

Contact details:

Email: Khanna@ukzn.ac.za

Prof. Mershen Pillay

(Research Co -Supervisor)

Signature

Contact details:

Email: PILLAYM1@ukzn.ac.za

Appendix I: Participant informed consent

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

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**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

Date: 2018-10-21

PARTICIPANT INFORMED CONSENT

I (participant), _____ have been informed about the study: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University** by researcher: Suraksha Inarman.

I understand my role in this study as stated in the information document provided to me. I have been given an opportunity to raise queries about the study and have had answers to my satisfaction. I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without incurring any repercussions.

If I have any further queries or concerns related to the study, I understand that I may contact the researcher through email: surakshainarman@gmail.com or phone: 081 344 5474. If I have any questions or concerns about my rights as a participant, or if I am concerned about an aspect of the study or the researcher then I may contact:

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KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Please tick the following:

<input type="checkbox"/>	Consent to participate in this research study
<input type="checkbox"/>	Consent to be recorded during the interview

Signature of Participant



Signature of Researcher

Date

Date

Appendix J: Pilot study analysis tool for semi-structured interview tool

Parameters Influencing the Interview Schedule	Feedback	
	YES	NO
Environmental Setting		
1. Was the overall setting appealing?		
2. Are distractions at a minimum?		
3. Recommendations		
Flow		
4. Was the direction of conversational flow clear in terms of, introduction, main body and conclusion?		
5. Do the questions follow a sequence?		
6. Recommendations		
Content		
7. Do the open-ended questions allow the participant to answer freely?		
8. Would it be beneficial to incorporate close ended questions?		
9. Should more probing be introduced?		
10. Do you find the questions relatively easy to understand what is required as a participant?		
11. Are there any questions that require re-wording?		
12. Recommendations		
Time		
13. Is the time taken in conducting the full interview sufficient?		
14. Is there enough time granted to the participant to respond to questions?		
15. Recommendations		
Other		
16. General feedback		

Appendix K: Pilot study participant information document

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

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**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

Date: 2018-08-31

Greetings,

My name is Suraksha Inarman and I am a postgraduate research student conducting a qualitative study from the College of Health Sciences: Audiology discipline at UKZN. The research title is: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University.**

You have been invited to consider participating in a pilot study that involves the critiquing of the data collection instrument that is reviewing curriculum engagement in higher education. The data collection instrument for this study is a semi-structured interview schedule. The semi-structured interview schedule has been designed in relation to the elements of practice from the Curriculum of Practice framework (Pillay et al., 1997). These elements of practice form part of and influence professional practice and development. The aim of this study is to explore educators' experiences on curriculum engagement in the Audiology and Speech-Language Pathology disciplines at the University of KwaZulu-Natal. Therefore, these experiences will be obtained using a semi-structured interview method and will provide clarification on how issues of curriculum engagement were addressed, in turn; this will contribute to discipline specific literature.

Should you choose to participate in the pilot study the following actions will be conducted:

1. A mock interview schedule (using the data collection instrument designed for the main study) will be conducted by the researcher to you. The mock interview will consist of a traditional conversation and thereafter move to engaging in a critical conversation.

2. The researcher will then administer the interview schedule trigger sheet that is designed to take into consideration your professional opinion on the data collection instrument. The trigger sheet consists of a criterion, specific interview techniques and indices for engaging a critical conversation. You will be given the opportunity to provide feedback regarding any aspect of the semi-structured interview that may require fine-tuning to ensure desired responses are elicited prior to starting the main study (Johanson & Brooks, 2010).

Your responses to the guided questions asked in the mock interview (using the main study data collection instrument) will not be used as data in the main study as your role in the pilot study is to critique the design, administration, content and engagement of the semi-structured interview tool (data collection instrument). Your personal identification exchanged between you and the researcher will remain confidential during and after the study is complete.

Feedback provided by you will be considered when modifying the data collection instrument. The duration of your participation, should you choose to participate, is expected to be 1 hour. Should you agree to participate; arrangements will be made at your availability.

Your participation is voluntary, and you have the right to withdraw from the study at any stage and will not be held accountable. No negative consequences will arise at any stage in the research study.

Your consent will be sincerely appreciated. If you agree to participate, please sign the attached informed consent form. Should you have any queries or concerns that require clarification, please contact the researcher, the research supervisor or the biomedical research ethics committee. This study has been ethically reviewed and approved by the UKZN Biomedical research Ethics Committee (approval number BE400/18). The UKZN Registrar gatekeeper permission has been granted.

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Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Kind Regards,

Ms. Suraksha Inarman

(Researcher)



Signature

Ms, Nasim Khan

(Research Supervisor)

Signature

Contact details:

Email: surakshainarman@gmail.com

Cell no.: 081 344 5474

Contact details:

Email: Khanna@ukzn.ac.za

Prof. Mershen Pillay

(Research Co -Supervisor)

Signature

Contact details:

Email: PILLAYM1@ukzn.ac.za

Appendix L: Pilot study participant informed consent

**DISCIPLINE OF AUDIOLOGY
SCHOOL OF HEALTH SCIENCES**

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**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

INFORMED CONSENT

I (pilot participant), _____ have been informed about the study: **Academic Educators' Experiences on Curriculum Development in the Audiology and Speech-Language Pathology professions at a South African University** by Suraksha Inarman.

I understand my role in this study as stated in the information document provided to me. I have been given an opportunity to raise queries about the study and have had answers to my satisfaction. I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without incurring any repercussions.

If I have any further queries or concerns related to the study, I understand that I may contact the researcher through email: surakshainarman@gmail.com or phone: 081 344 5474. If I have any questions or concerns about my rights as a participant, or if I am concerned about an aspect of the study or the researcher then I may contact:

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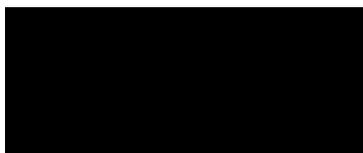
Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

Please tick the following:

Consent to participate in this research study

Signature of Participant



Signature of Researcher

Date

Date

Appendix M: Transcription company confidentiality agreement
--

DISCIPLINE OF AUDIOLOGY
 SCHOOL OF HEALTH SCIENCES
 Tel: 031 260 7438/8986
 Fax: 031 260 7622
 E-mail: naidoor1@ukzn.ac.za



05/11/2018

CONFIDENTIALITY AGREEMENT

This document serves the purpose of a confidentiality agreement between two parties:

1. Parties

1.1 The Parties to the agreement are:

1.1.1 Suraksha Inarman (“*First Party*”)

1.1.2 Top Transcriptions - Transcription Services South Africa (“*Second Party*”)

2. Preamble

The purpose of this agreement is to ensure that all information shared by the *First Party* will remain confidential in the hands of the *Second Party* and their employees thereof.

3. Non-disclosure

The parties agree that:

3.1 Information disclosed by the First Party is valuable and property of the First Party.

3.2 The information disclosed by the First Party will be acknowledged and treated with the strictest confidentiality by the Second Party. There shall be no use of the confidential information unless in accordance with this agreement.

3.3 Information disclosed by the First Party is required to be transcribed by the Second Party, hence the employees (of the Second Party), that have access to the information, shall bind themselves to the terms of this agreement and not disclose the information to any third parties.

3.4 Upon lapse of this agreement, the Second Party is to return the confidential information to the First Party within 5 working days. The Second Party is required to destroy all formats of the confidential information.

3.5 No amendments will be of effect unless it has been written, agreed and signed by both Parties, thereafter attached to this agreement.

3.6 Non-legal documents or communication between parties may be of electronic nature and acknowledged by both parties.

4. Signatories

The First Party:


Signature

Suraksha Inarman

Full Name

05/11/2018
Date

The Second Party:


Signature

Kerri Goold

Full Name

06/11/2018
Date

Appendix N: Training and Resources in Research Ethics Evaluation (TRREE) Certificates



Zertifikat **Certificado**
Certificat **Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate
Ce document atteste que - this document certifies that

Suraksha Inarman
a complété avec succès - has successfully completed
Introduction to Research Ethics
du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

May 28, 2018
CID: 169070vX

Professeur Dominique Sprumont
Coordinateur TRREE Coordinator

FMH Continuing Education Program (CEP) / Programme de Formation Continue (PFC) **FPH** Federatio Pharmaceutica Helvetica / Programme de formation continue

Ce programme est soutenu par - This program is supported by :
European and Developing Countries Clinical Trials Partnership (EDCTP) (www.edctp.org) - Swiss National Science Foundation (www.snf.ch) - Canadian Institutes of Health Research (<http://www.cihr-irac.gc.ca/w2091.html>) - Swiss Academy of Medical Science (SAMS/ASMS/AMF) (www.sams.ch) - Commission for Research Partnerships with Developing Countries (www.kfpe.ch)

REV: 20170310



Zertifikat **Certificado**
Certificat **Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate
Ce document atteste que - this document certifies that

Suraksha Inarman
a complété avec succès - has successfully completed
South Africa
du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

May 28, 2018
CID: 169070vX

Professeur Dominique Sprumont
Coordinateur TRREE Coordinator

FMH Continuing Education Program (CEP) / Programme de Formation Continue (PFC) **FPH** Federatio Pharmaceutica Helvetica / Programme de formation continue

Ce programme est soutenu par - This program is supported by :
European and Developing Countries Clinical Trials Partnership (EDCTP) (www.edctp.org) - Swiss National Science Foundation (www.snf.ch) - Canadian Institutes of Health Research (<http://www.cihr-irac.gc.ca/w2091.html>) - Swiss Academy of Medical Science (SAMS/ASMS/AMF) (www.sams.ch) - Commission for Research Partnerships with Developing Countries (www.kfpe.ch)

REV: 20170310

Appendix O: Additional cluster of codes and categories

Table 4*Additional cluster of codes and categories*

Key Aspects	Codes		Categories
Students	1. Apartheid education	8. Student perspective	1. Political Influence on the Curriculum
	2. Apartheid institution	9. Students numbers	2. Education Privileges
	3. Apartheid times	10. White students	3. Linguistic Barriers
	4. Education privilege	11. Student support	4. Student Profiling
	5. Education system	12. African language speakers	
	6. Black students	13. English language	
	7. Indian students	14. Language barriers	
Educators	15. Governing bodies	21. African lecturers	5. Racial Profile Shift
	16. Student body	22. Excellent staff compliment	6. Female Dominated Profession
	17. Curriculum change	23. Lecturing staff	7. Passion Driven Curriculum Change
	18. Profile change	24. Senior lecturer	8. Male Superiority
	19. Indian institution	25. White lecturers	
	20. Institutional level	26. Anatomy department	

Syllabus	27. Curriculum change 28. Research focus 29. Research output 30. Political changes 31. Syllabus content change	32. Clinical application 33. Different approach 34. English medium environment 35. Paediatric clinic	9. Changes within the Curriculum 10. Connecting the dots of Syllabus to Reality
Theory vs Practice	36. Clinical context 37. Clinical training context 38. African language speakers	39. African people 40. Alienating people 41. Audio program 42. Drove speech program	11. Limited Practice Mentality 12. Imposing Epistemic Violence on Indigenous Knowledge. 13. Eradicating Linguistic Barriers
Context	43. Cultural and linguistic background 44. Religious background 45. Clinical teaching 46. Clinical tutors 47. Community leaders 48. Different communities 49. Hospital context 50. Multi-cultural context	51. Resistant model 52. Culture shock 53. Indian culture 54. Cultural differences 55. African language client 56. Language barrier 57. Private practice 58. Real life 59. Reality check	14. Harsh Reality Checks on South African Contextual Settings 15. Adjustment to Culture Shock 16. Linguistic Barriers