

FIRST YEAR XHOSA SPEAKING NURSING STUDENTS’ EXPERIENCES OF THEIR EDUCATION IN A LANGUAGE WHICH IS NOT THEIR MOTHER TONGUE

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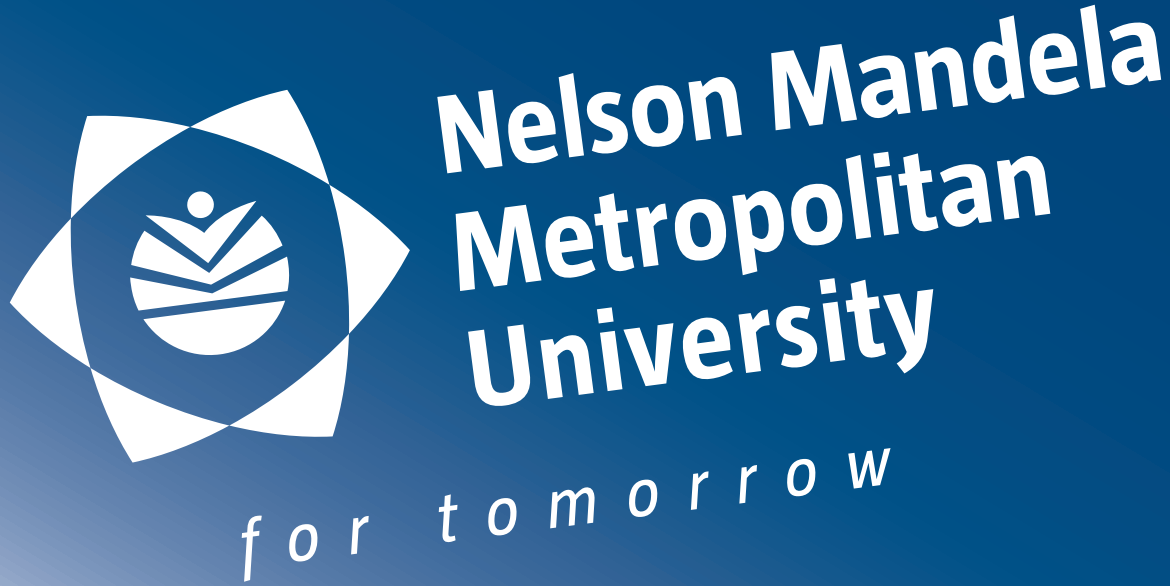
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Introduction & Background

Since 1994 tertiary education institutions in South Africa have experienced an increase in the number of students who have entered a programme of study that is not presented in their mother tongue for example, isiXhosa (Steyn, Harris & Hartell, 2014:1). One of the challenges that nursing students have experienced, is that the programmes are presented exclusively in English. For the student who grew up and attended school in a language other than English, mastering the programme material may be an obstacle due to language difficulties (Crawford & Candlin, 2013:183). The student is expected to listen to lectures presented in English, study from an English textbook and write assignments, tests and examinations in English. The students also need to communicate with class mates, patients and lecturers in English.

Problem Statement and Research Question

Young men and women, who are interested in nursing as a career, often grow up in rural areas of South Africa and receive all their schooling in their mother tongue. In the Eastern Cape the predominant language spoken is isiXhosa. This means that although the students have passed matric and obtained a National Senior Certificate, they may not be proficient in speaking, reading or writing English at the level required at tertiary education institutions (Steyn et. al., 2014:2).

First year isiXhosa-speaking nursing students, attending a private nursing education institution in Port Elizabeth, appeared to encounter difficulties in understanding the course content to which they were exposed. They had difficulty communicating their thoughts in English which sometimes resulted in them failing tests and examinations. This led the researchers to ask the following question: “How do first year isiXhosa-speaking nursing students experience their training, in a language which is not their mother tongue?” The aim of this study was to explore and describe how first year isiXhosa-speaking nursing students experience their nursing training in a language which is not presented in their mother tongue.

Research Design And Methods

A qualitative, exploratory, descriptive and contextual design was utilised in this study (Grove, Burns & Gray, 2013:57). The research population consisted of ten first year isiXhosa-speaking nursing students, between the ages of 18 to 21, who were registered to study at a private nursing education institution in Port Elizabeth. The sample was selected purposively (Polit & Beck, 2008:468). Data were gathered through semi-structured interviews where the participants were asked “Tell me about your experiences of being an isiXhosa speaking student who has to learn how to become a nurse in the English language”. Interviews lasted between 30-60 minutes. The interviews were conducted in English, audio-recorded and transcribed verbatim. Content analysis (Silverman, 2010: 433) was used to analyse the data. All the researchers participated in identifying repeated ideas or patterns of thought. A consensus discussion took place where the final themes and sub-themes were identified. Rigor was ensured by utilising Lincoln and Guba’s evaluative criteria (Polit & Beck, 2012:582).

Ethical principles were ensured by obtaining permission to conduct the study from the NMMU ethics committee, as well as the private nursing education institution where the study was conducted. Written informed consent was obtained from all the participants. They were informed that participation was voluntary and that privacy and confidentiality would be ensured (Polit & Beck, 2012: 153).

Findings

Two main themes with subthemes were identified, namely: participants’ language barriers and problems experienced during training. The following table highlights the themes and sub-themes, and includes participants’ statements to verify the findings.

THEME 1: Language barriers made it difficult to understand study material and reproduce it in assessment situations.		
1	They could understand simple English terms but struggled to understand textbooks and lectures.	<i>“The way you have to put things in the nursing terminology not like normal English that you use every day” / “Ja, so it was like ok fine, we understand, we understand. Then the lecturer will go away, and you will completely [loose] the lecture.”</i>
2	The students found that some of the modules were more difficult than others, often due to terminology or content that was difficult to understand e.g. anatomy and physiology.	<i>“ The thing is you can read the book, and you find that hey I do not understand it, even if you read it again you find you do not understand it, but once the lecturer explains it, in her own terms, in their own way, it gets easier and then you go back to the book and you reflect on it and say, oh I did read something like this, but now she put it in a simplest way... the difficult part for me was when we had to write it down.”</i>
3	Students felt more comfortable with visual learning styles but had difficulty understanding abstract terms or instructions such as “list”, “describe, and “differentiate”.	<i>“For me as a learner I am very visual. I need to see things in order to understand and so it is very difficult [for me to follow] a lecture... I look at them and half of these things she said, I don’t understand. So it is better if someone who spoke my language can actually say them but I know it is not possible to change everything to Xhosa. [So it is better if] I see it and then I can know exactly what is going on”</i>
4	Some of the students received most of their schooling in isiXhosa and had difficulty following a lecture in English.	<i>“Because when I explain things to her in Xhosa, she would understand and then she doesn’t know how to put those things in English words. So she struggled with English because she comes from one of those villages whereby the teacher also teaches in Xhosa”</i>
5	The students had difficulty expressing themselves in English	<i>“ You have the idea but you are struggling to put it in words for the others to know your idea”</i>
6	The students had difficulty with English pronunciation.	<i>“Words [were] without meaning we [didn’t] understand it”. / “It had big words, and the words were difficult to pronounce”</i>
7	As English is the mode of instruction in the nursing education institution, the students did not become proficient in the language.	<i>“I don’t go home and communicate with my people in English. I speak everything in Xhosa. I don’t use it.”</i>
8	The students had difficulty coping with OSCE’s as they were expected to speak English.	<i>“Yes, the OSCE’s was the most challenging to me. It’s the talking because I had to do it in English”</i>
9	Question papers were difficult to understand due to the English terminology used.	<i>“Yes, sister [examinations were very difficult]. Let’s say I don’t not know the word distinguish, and they are asking to distinguish between arteries and veins. Then I think... what they are actually asking. I read it five times. I am trying to think.”</i>
THEME 2: Students were exposed to problems in their lifestyle that made studying even more difficult.		
1	Sometimes students had to travel long distances or had families that needed care; this put constraints on the time they had available for studying.	<i>“It’s not easy for me because I wake up at 4:30 to catch a 5:30 bus. It takes me two hours to come to the college and I am here and sometimes I leave at 16:30 or three o’clock. I wait for a four o’clock bus and it still takes me two hours to get home. So sometimes I’m tired.”/ “I did not go to extra classes, because you know mos that when we [are] coming from school the workload becomes too much... and when you do practicals we come back home late.”</i>
2	Most of the lecturers could not speak isiXhosa.	<i>“...you actually want someone to communicate with you in the language that you understand best.”</i>
3	Life is a roller coaster of emotions leading to stress and interfering with the ability to learn.	<i>“You think everything you do is just wrong” / “you don’t feel happy sometimes, you are the only one who can’t speak it”/ “I was scared to ask because in class we are many students, I don’t trust myself” / “I felt so alone.”</i>

Discussion & Conclusion

Nursing students from an isiXhosa-speaking background encountered significant language challenges during theoretical and work based learning experiences. These students were intelligent and were able to meet the institution’s selection criteria but struggled to cope with the language in which the programme was presented. They had difficulty coping with the information discussed in class as they did not understand terminology or at times lost track of discussions or arguments. When they tried to review their notes or the textbook, they could not understand the content under discussion. They were unable to attend extra classes or review material at home as they needed a lot of time to travel. They found it difficult to learn and produce the information required in assessment situations. Not being able to understand the content meant that they failed tests, assignments and examinations. Failure impacted negatively on the students’ self-esteem. Another problem identified by the students was that they were unable to understand the spoken language used by staff and patients when doing practica in the hospitals. All of these problems contributed to failing and the high attrition rates among isiXhosa speaking students (Manson, 2014:61).

Recommendations

Students developed and identified various strategies in an attempt to cope with the language demands. Some of these strategies included the regular use of dictionaries, self-translating the content of the lectures, becoming part of a study group, use of technology (Google), use of visual learning aids and asking isiXhosa speaking fellow students or lecturers to assist them to understand the course content. The strategies used by students seemed to be successful in some cases and should be encouraged by lecturers. Lecturers should be sensitive to language barriers experienced by students and should try teaching strategies that accommodate visual learning styles. Lecturers should ensure that the students are aware of what is expected of them and understand the instructions given to them. In assessment situations, lecturers must ensure the students understand the differences in terminology, such as “evaluate”, “discuss”, “list” or “analyse”. Additional language support strategies should be implemented by the nursing education institution to strengthen the language ability of students. In conclusion, it is imperative that nursing educators adopt a student centred approach when facilitating a programme of study (Shukri, 2014:201).

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