Exploring Multilingualism in a Problem-based Learning Setting: Implications for Classroom and Clinical Practice in the Nursing Discipline

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Abstract

This article reports on work-in-progress as part of a larger research study into issues around multilingualism in clinical and classroom learning settings in a nursing context. Students in the caring professions in South Africa are increasingly faced with language barriers in the clinical setting. In South Africa, English and Afrikaans were previously used for language services in the public arena as well as in the private sector in a country where the majority of citizens speak an indigenous African language as their home language. Today, fifteen years after the advent of democracy, indigenous languages and knowledge are still marginalized in daily living spheres which can seriously affect efficacy in the workplace. This situation pertains in spite of the decree by the South African Constitution (1996) that multilingualism should be perceived as a national resource. In this article we explore the issues of multilingualism and cultural diversity in a nursing context, in both clinical and classroom settings, with a focus on the strategies educators and supervisors may use in the classroom to overcome communication barriers identified in the clinical setting. This exploration is presented and analysed within a problem-based education workshop context. We ask whether the language issues of a diverse community can be solved by practising multilingualism in the classroom. Preliminary findings point to the

possibility of effective use of the indigenous languages in these learning settings.

Keywords: learning environment, experiential learning, multilingualism, problem-based education, nursing, language acquisition, terminology development, medium of instruction

Introduction

This article reports on the insights gained from a workshop on multilingualism for the School of Nursing at a South African University. Recent research has found that students in the B. Nursing degree at a University in KwaZulu-Natal experience serious linguistic challenges when they are working in multicultural communities at clinical sites during their experiential learning and practical sessions (Mtshali (2005) cited in Engelbrecht *et al.* 2008: 171-192). These challenges include attitudes and assumptions around language issues in terms of various themes that emerged from the use of Tesch's (1990: 55-72) method of analysis on data from a focused group interview. These themes included the language of colour, translation and interpretation, and walls of language. Two examples of the first theme, language of colour, were instances where African nurses from Francophone countries were assumed to speak Zulu because they were black, and Zulu patients refused to communicate with white and coloured nurses because they presumed that they could neither understand nor speak their language, all of which had a negative effect on care-giving and receiving. An example of the second theme, translation and interpretation, was the common practice of using Zulu student nurses to act as interpreters between Zulu patients and doctors or other nurses, which distracted them from their own duties. Examples of the third theme, walls of language, are instances where language was used to either exclude or include people from communication. As a result of these research findings, a workshop was arranged in order to probe these issues further and to discuss innovative teaching methods which could address the linguistic and learning needs of the students. This is the focus of this article.

The following sections will describe the background and context of the workshop; a consideration of the various theories underpinning the design and analysis of the workshop experience including the framework within which the data from the workshop were analysed and the workshop itself in terms of its content, the selection of participants and the methodology used. The analysis and interpretation of the themes emerging from the workshop will then be presented. The paper will conclude with a discussion on the implications of these findings for a multilingual approach to learning and teaching.

Background and Context

The workshop was conducted as part of a larger project on multilingualism to promote access, retention and successful professional training funded by the South Africa-Norway Tertiary Education Development initiative (SANTED) (Hlongwa *et al.* 2008). This project was a response to the call from the Constitution of the Republic of South Africa (South Africa 1996) for the promotion of multilingualism in the new democratic dispensation. In a country with the type of legacy that South Africa has inherited—one of serious linguistic inequality and disadvantage—the need for linguistic transformation, as espoused by the Constitution, is paramount. If we, as educators and language specialists, are to develop an environment in which all our languages may be developed as academic/scientific languages, then the major challenges facing us would include the promotion of African languages as media of education (Webb 2004, 2006; Wildsmith-Cromarty & Young 2006); the study of African languages as first languages (Webb 2009; Batibo 2009); the teaching of African languages as second or third languages (Wildsmith-Cromarty 2009); the learning and teaching of English as an additional language (Murray 2002) and the promotion of multilingualism. The SANTED project has addressed these challenges by exploring ways of implementing multilingualism.

The project's lifespan was three years and involved the development of partnerships between Zulu language specialists and specialists in the selected professional disciplines. The main project objectives were to implement and evaluate a model for sustainable acquisition and usage of Zulu for both professional and academic purposes by teaching staff and

students in higher education and training contexts. The running of workshops on various key areas such as language acquisition, terminology development and multilingualism was part of the project, which included the workshop which is the focus of this paper.

Theoretical Framework
African Languages as Media of Instruction
Because of the prevalence of English as a world language and the demand for it in educational contexts (de Kadt 1993; Bamgbose 2000), multilingual approaches to learning and teaching, especially in the South African context, have only recently begun to appear in the literature. Internationally and locally, English is perceived to be the language of power (Phillipson 1992, Pennycook 2002), with many countries following an *assimilationist* rather than an *additive bilingual* model (Luckett 1995).

This situation is gradually being contested by scholars who realize the value of education through the mother tongue (Bamgbose 2000; Heugh 2003; Batibo 2009). For example, South African researchers have investigated the effects of the introduction of an African language for learning and teaching purposes at secondary level, including the introduction of a multilingual resource book for understanding key concepts in mathematics and science presented in four languages: Xhosa, Zulu, Afrikaans and English (Young *et al.* 2005). In general, though, the language of instruction at primary and secondary schools remains, *de facto,* English, in most schools, with varying degrees of code-switching into the African language for purposes of clarification, explanation or solidarity (Adendorff 1996; Adler 1998; Setati *et al.* 2002; Setati 2005). However, an increasing number of studies on the use of African languages for instructional purposes at tertiary level are beginning to emerge, the most relevant of which are discussed briefly below.

An early study, pre-dating research into the African languages as instructional languages, was Moji's (1998) investigation into the difficulties experienced by African learners and teachers in learning and understanding physics concepts relating to the discipline of Mechanics. Findings from this study showed, broadly, that many terms within a semantic field that were

differentiated in English, such as *momentum, force, energy, friction and power*, were largely under-differentiated in the African languages. Most of the informants in his study provided only a single term for the *matla/ amandla* related terms ('power/ energy' in Sotho and Zulu respectively) '… presumably because they were seen to mean a single related concept in their mother tongue' (217). Moji further cautions us that unless the development of concepts and terms moves in tandem, African students at tertiary level will either fail, or 'memorise physics concepts and formulae from one level of study to another without understanding' (225). Moji's (1998:224f) main thesis is that much needs to done to improve the conceptualisation of physics for African teachers and learners:

> Not only did the subjects fail to distinguish the differences among several related concepts in the research tasks, but it appeared the research subjects did not even realise that such distinctions existed because they were not named differently in mother tongue. An example of such a group is power, energy, force and momentum.

Moji's position is, however, challenged by Ramani *et al.* (2007), who believe that terminology development can be driven by pedagogy, rather than the other way round. In their study describing the initial conceptualisation and introduction of a dual-medium degree in Northern Sotho and English at the University of Limpopo, they challenge the notion that 'corpus planning should precede acquisition planning' (Ramani *et al.* 2007:207) and make a case for the development of discipline-specific terminology through pedagogic processes which provide students with cognitively challenging tasks for concept development. This study is directly relevant to the current research reported on in this article as it supports the development of resources in the African language through their use as media of instruction. This type of development of terminology was a key activity in the disciplines that took part in the main SANTED project (Hlongwa *et al.* 2008), including the School of Nursing.

A related paper by Modiba (2009) extends Ramani *et al.*'s (2007) study with a specific focus on academic oracy, which, he feels, has been neglected in favour of academic literacy. Modiba finds that the African oracy event is not sufficiently recognised due to the devaluing of African languages

as media of instruction, and the perception that higher order functions of language are only possible in English. He goes on to argue that cognitive academic language proficiency (CALP) (Cummins 2003) is deployed in academic contexts where oracy is required. Working within the framework of Cummins' (1996:57) four quadrants which are created on two separate axes—a communication axis moving from context-embedded to context-reduced communication, and a cognitive axis moving from cognitively undemanding to cognitively demanding language tasks—Modiba locates academic oracy in the quadrant representing context-embedded communication but cognitively demanding tasks. Students used their own linguistic resources in order to discuss a newspaper article which challenged them to draw on previous knowledge (context-embedded) which they had to analyse with reference to a theoretical framework (cognitively-demanding). This is very similar to the situation, presented in this paper, in which the student nurses find themselves when they are asked to report on their clinical experiences in class. Having recourse to their own linguistic resources in order to draw on previous knowledge of their experiences would help them meet the cognitive challenge required by the task more effectively. In turn, using the African language in the classroom oracy event would help drive its further development as an academic tool for learning.

Pare's (2006) study focused on various multilingual initiatives undertaken at a South African tertiary institution to determine the feasibility of using African languages as media of instruction at both secondary schools and in the Foundation Year physics course. The initiatives included the translation of physical science examination papers into Northern Sotho, and the translation of the 'Force Concept Inventory' into six languages to Foundation Year physics students. Pare found that, although tertiary level students favour code-switching practices in the classroom for explanation purposes, they do not favour the use of African languages over English for instructional purposes. A further finding which relates to Moji's (1998) study was that instruction through the mother tongue at school leads to the formation of more accurate concepts in physics. Pare recommends the provision of bilingual educational texts for language-related problems. This supports the findings from the present study.

At Rhodes University, the development of Xhosa for Law and Pharmacy is currently underway (Maseko 2009) using a task-based

methodology, while at the same time integrating indigenous knowledge systems into language learning and teaching. In this way, the needs of both L1 and non-L1 Xhosa speakers will be addressed in relation to their specialist disciplines.

Finally, Wildsmith-Cromarty's (2010) study of the implementation of a bilingual approach to learning and teaching at tertiary level, using both Zulu and English in an organic and natural way, aimed to examine the effects of such an approach on student understanding and learning of key disciplinary concepts, and on their performance, both oral and written. The study revealed that students, when free to interact in either language in class, chose the African language to challenge prevailing definitions and understandings of key concepts, thereby extending them to include semantic features derived from an essentially African experience, i.e. the extension of the definition of *mother tongue* to include the language of the Ancestors. In terms of written performance on tasks, findings showed that the use of paraphrase for defining key terms in Zulu in the absence of the relevant terminology in that language, sometimes revealed a deeper understanding of the concepts in question because of the need for greater contextualisation. This may well be a step towards providing greater facilitation for the conceptual understanding alluded to by Moji (1998). The implications of the findings from this study are very relevant to the present one, especially in providing support for the argument that students engage better with disciplinary content when they have access to their own language and can use it for higher order functions such as argumentation, hypothesis-formation and testing, inference, comparison and contrast.

The findings from Wildsmith-Cromarty's (2010) study have resonance with those from an earlier study by Inglis (1993), who recommends the prior articulation of scientific ideas in the mother tongue in order to develop them further into comprehensible English. This idea is directly relevant to the present study which proposes the use of the mother tongue for articulating ideas when reporting on clinical experiences during the reflective activity of the problem based learning cycle.

The above projects all focus on the increasing need for a systematic approach to the use of African languages for instructional purposes. In turn, this will affect teacher education programmes which would benefit from bilingual and multilingual language learning and teaching models.

Problem-based Educational Model

Various overviews of the chronological development of learning/teaching models exist in the literature (Conway 1997; Bastable 2008). They generally move from a description of a behavioural orientation where learning is essentially seen as a stimulus-response type of activity which characterized more 'traditional' teaching methodologies, through a consideration of more cognitive learning models where knowledge input is accommodated within the student' schemata, to the more social learning theories (Vygotsky 1978) which acknowledges the role the social environment plays in the learning process. This is important for practice-focused training in the nursing profession. For example, the use of learning materials such as multi-media software and the clinical laboratory where simulated clinical situations and scenarios are developed, is influenced by social learning theory. The more traditional behaviourist and cognitive models were essentially teacher-focused, whereas social learning theory focused more on the student. However, with what has been termed the 'explosion' of information in the 21st century, greater attention began to be paid to the role of the student in managing this information. This trend led to what has become known as problem-based learning (PBL). This is the model used by the School of Nursing at UKZN.

With reference to theories underpinning this particular educational model, the UKZN School of Nursing subscribes to a progressive, student-centred teaching and learning paradigm. Within this model, the importance of the development of problem solving and critical thinking by experiential, self-directed learning is emphasised (Rossi, 2002). The assumption that students are constructing knowledge by interacting with the environment (Zemelman *et al.* 2005: 10-11) and with each other not only underpins teaching and learning strategies, but is evidenced in the various community–based, problem-based and reflective learning strategies used at various levels in the Basic Nursing degree. Lublin (2003: 3) describes the characteristics of lifelong learners as learners who present with inquiring minds, have the skill of rising above the surrounds to see the bigger picture, are information literate, have a sense of personal agency, take responsibility for themselves and their learning and have a repertoire of learning skills and attitudes that facilitates lifelong learning. These are the types of learners that the School of Nursing wants to develop.

The importance of the clinical environment where students are placed to do their clinical experience cannot be emphasised enough as this is where nursing students are trained and developed to serve the community both locally and in the broader South African context. The clinical placement setting thus becomes the source of information for the student in her/his daily experiential learning. In turn, the content of the group discussions in the classroom is then derived from these experiences (Mtshali (2005) in Uys and Gwele 2005: 171-192). Students in this programme are actively learning from and about the local Zulu and English-speaking communities and they need the language to facilitate this (Engelbrecht *et al.* 2008). This type of process follows Kolb's model of experiential learning developed in 1984 (Miettinen 2000:57) (Figure 1). While the student is observing the clinical environment, she/he is expected to reflect on various aspects of this environment which are then discussed and debated in the classroom. In this manner, the formation of abstract concepts and generalizations are facilitated and the discourse of the discipline is gradually constructed. When the students return to the clinical or community areas, they will be empowered by new knowledge and attitudes, enabling them to experiment with new skills under the supervision of clinical staff and supervisors. At this point, the cycle of experience and reflection begins again (Robinson 2002; Miettinen 2000; Zï Orga 2002).
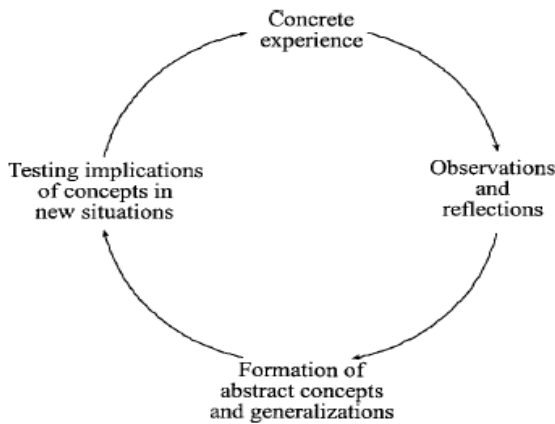
Figure 1. The Lewinian experiential learning model according to Kolb (1984: 21).
(As viewed in Miettinen 2000: 57).

Given that the gradual use of Zulu as a medium of instruction in the nursing partnership discipline is a major goal of the project, the question arises as to how it can be integrated into the classroom context in order to facilitate effective learning and teaching, and how any benefits gained from this experience can transfer to clinical settings. One of the ways this can be achieved is through the particular methodology currently used by the School of Nursing for classroom teaching. The operational model used is problem-based education, a dominant feature of which is that learning in the classroom takes place by conversations which refers to engagement with ideas, theories, opinions and beliefs of others (Dooley 2009: 498). These conversations are fed by the concrete experiences students have been exposed to in the clinical setting. The facilitator's role is to stimulate the students' thinking by teaching them how to ask relevant questions about a given situation or experience and to reflect on practices they have observed, and their responses to these (Mtshali 2005 in Uys and Gwele 2005: 171-192). This conversation is essential for learning to take place (Dooley 2009). However, this interaction can only be truly effective where a common language is used and the balance of power in the classroom is established and maintained. For example, in a teaching setting where English was the medium of instruction within a multilingual group, Dooley (2009) observed that monolingual English speakers did not necessarily engage with second language speakers. She comments as follows:

> Rather, they sometimes arbitrate what counts as 'good' English, and reject speakers of so-called 'accented' English as conversational partners (Dooley 2009: 498).

In the current project, it has been observed that in classes consisting of student nurses from various language backgrounds, the English-speaking students tend to take the lead in the conversation, thus not necessarily allowing the non-English speakers to make a contribution. In both the above cases, the non-English language speakers felt marginalised and limited in terms of the contributions they could make. Possible reasons for this could be due to feelings of inhibition and opting not to offer their ideas in the discussion although they might be better prepared for it than their English-speaking peers. With this in mind, facilitating a group bilingually might be a

way of equalising the power relations in the classroom and affording the student nurses an opportunity to share their caring experiences in the most effective way.

In the nursing context, the caring experience itself contains cognitive, emotional, technical and physical aspects which would be best expressed through the mother tongue or primary language (Batibo 2009). When the medium of instruction is only English, first language (L1) speakers tend to have an advantage in reporting on the care-giving experience in the clinical setting, whereas non-English speakers are often silent and withdrawn, feeling constantly disempowered in the classroom setting. However, these are the nurses who probably enjoy the most authentic relationships with their Zulu-speaking patients in the clinical setting as they share both language and cultural richness in their communication. Having access to Zulu to report on and share these clinical experiences in the classroom setting, within the framework of a reflective exercise, lends authenticity to the activity as the experiences are shared through the language in which they occurred. This avoids the problem of translation and the constant mediation of the experience through another language, i.e. English. It also opens up the opportunity for meaningful, interesting, enthusiastic and interactive conversations between the students of both language groups. This, in turn, creates the need for the non -Zulu speakers and nursing educators to learn Zulu. Without knowledge of the language, the care- giving experiences narrated by the Zulu nurses will be lost to them and there will be no meaningful engagement in the conversation cross-culturally.

This brings us to the question of multilingualism in the classroom and the facilitation of a process that will allow a safe environment for language to be used and learnt in the conversations. This is especially important given that nursing educators might not have been prepared for multilingual teaching in their training. Problem- based learning and teaching requires a certain level of CALP in the language for reflection, interpretation of sensory data, deduction and critical engagement. This type of language proficiency can only be built up gradually through repeated exposure to, and use of the language for various tasks. The task that lends itself most readily to this goal is the reflection and reporting activity on student nurses' experiences in the clinical setting. It opens up an opportunity for nursing educators to focus on cross-cultural ways of describing illness (traditional ways of ex-

pressing illness *versus* western, biomedical descriptions) and thus to provide translations of the more common conditions that nurses will encounter and to teach the appropriate terminology for medical conditions in *both* languages (assuming the terms exist). In this way, useful phrases for 'framing' the care-giving experience in both languages can gradually be developed and embedded in the discourse. Thus, nurturing the development of thought and knowledge in multiple languages engages both educators and students as constructors of this knowledge and as joint designers of more relevant curricula. This exercise increases their capacity for problem-solving especially through the medium of a familiar language and further brings to light challenges related to the understanding and interpretation of medical discourse.

To return to the classroom context, it is assumed that the learner will only make sense of an experience if it is followed by reflection, which enhances the learner's sensitivity to observation. This is called *noticing* in the field of language acquisition (Robinson & Ellis 2008). This type of learning is *de facto* more process- than content-based, and requires a high level of proficiency in the language of instruction, which, in the present context, is English. The home languages of the students, however, are diverse, with very few having the instructional language as a home or even primary language (Batibo 2009). This makes it challenging for students to engage in the type of learning processes required by the experiential learning model employed by the School of Nursing. This type of learning would be best facilitated through the use of a language that is familiar to the students, i.e. the home language. For this reason, the focus of the current project is to introduce other languages alongside English for the purposes of learning and teaching in order to better prepare students for the multilingual environments in which they learn and practise. Bilingual facilitation in the classroom can further be used as an opportunity to teach appropriate terminology for medical conditions in both languages.

The workshop to be described in this paper simulated problem-based learning through a case approach by constructing scenarios of possible clinical experiences in order to assist nursing educators to facilitate the reflecting process on the linguistic and cultural issues at play in such settings. Furthermore, it was an initial attempt at raising educators' awareness of multilingual issues within a progressive educational model which encompasses both clinical and classroom contexts.

The Workshop

The aim of the workshop was to raise awareness of the challenges of multilingualism in the clinical setting and to examine the implications of this for the use of language in the problem-based education classroom.

Selection of Participants

There were twenty participants in the workshop, including the facilitators. The participants were drawn from the following groups:

- Nursing educators from the School of Nursing, especially those involved in teaching the B. Nursing students who are the target group in the SANTED project
- Postgraduate students enrolled for a Masters degree specialising in nursing education. These students have a basic certificate in nursing education
- Educators from the Schools of Medicine and Education with specific interests in multilingualism and problem-based education
- Nursing educators from other tertiary institutions

Methodology

The methodology used in the workshop was informed by the same problem-based, experiential learning model used by the School of Nursing, the principles of which are engagement with ideas, theories, opinions and beliefs through conversations which are fed by the concrete experiences of the educators in the classroom which are informed, in turn, by the students' experiences in the clinical setting (see Figure 1). The facilitators' role was to stimulate reflection on the experiences of the participants in the classroom. The methodology of the workshop thus consisted of a group process in which participants engaged in various activities as part of a group. There were four basic activities. The first activity was designed to raise awareness of the nature of the learners and teachers in the nursing education classroom and whether the language of instruction and methods used (a) facilitated their learning, and (b) prepared them for the clinical experience. It required

participants to reflect on language use in the classroom in terms of the following: participant profiles in relation to the nature of the learners in class, their average age and background languages; the educators and their background languages; challenges regarding the effective use of languages for instructional purposes and solutions to these challenges. This activity was designed to create an understanding of the linguistic and cultural context of the nursing education classroom. Participants were asked to consider the complexities inherent in differences in age, language background and cultural background between lecturers and/or supervisors, and students, and between students themselves. Data showing the kinds of problems that were identified by the participants is presented in the discussion below.

The second activity, using a case approach, presented various workplace scenarios for participants to reflect on and analyse. The scenarios illustrated situations found in the clinical practice areas. Although they simulated real situations, they were compiled by the facilitators and were not taken from the clinical areas directly. The scenarios focused on challenges in language and communication that students could be faced with in nursing practice. Participants worked in groups and each group was given one scenario to analyse in terms of the nature of the participants in the scenario (their age, gender, language and cultural background and education level); the languages used in the scenario, by whom and for which purposes; whether real communication was achieved among the various participants in the scenario; identification of the problems in communication and possible solutions. This process is a method used in the problem-based education model with the students in this specific programme. The data derived from the group discussions were then organised into frameworks of understanding which will be discussed below.

Activity three consisted of an input session on language, discourse and communication in which a communication model was presented; cultural, translation and terminological issues were raised in relation to the use of language and discourse, and the distinction between basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP) was raised in relation to the language of instruction. Activity 3 was thus a summary session which provided a theoretical framework for the interpretation of the data derived from the previous discussions.

The fourth and final activity required participants to reflect on what they could learn from the clinical experience regarding language and communication which could have an impact on the language used in the classroom. This included their perceptions of the effectiveness of the language of instruction for learning, the use of more than one language for different purposes, and creative ideas for fostering multilingual and multicultural practices in both classroom and worksite. The implications that multilingualism might have on future nursing education practices both in the classroom and in the clinical setting were reflected on and explored. Most of the workshop sessions were video-taped, transcribed and analysed. The phase of the cycle *action based on data* was omitted as this would need to be carried out in the classroom itself, with further reflection on its effect on learning. This part of the cycle is the next step in the process but is beyond the scope of the present article.

Results and Discussion

A dialogue corpus was created through video and audio recordings of the interactions among the various workshop participants for each activity. The collected data was then subjected to a thematic analysis using the programme NVivo (Richards 2005). The findings from the data analysis will be presented according to the following three themes: cross-cultural issues including multilingualism and cultural perceptions; language of instruction, including language proficiency, language capacity and instrumental motivation, and discourse of power encompassing language of caring, translation/interpreting and language of inclusion/exclusion.

Cross-cultural Issues

Cross-cultural challenges arising in the clinical setting were sometimes embedded in the constructed scenarios for activity 2. The following is an example.

It's a busy Friday night in the emergency unit. An old man was found in Point Road, bleeding from his head. He is restless and disoriented. Student nurse Obambo is on night duty. She feels worried because where she comes

from in Rwanda she has seen the effects of assaults on elderly people. Dr Naidoo is on night duty and asks Sister Gwala to help translate as the patient is speaking Zulu. Gwala gives Obambo a sharp look and shakes her head disapprovingly.

For the group activity, the participants were asked to identify the kinds of professional, social and cultural problems they could foresee arising out of the scenario. In their reflections, participants identified educational levels, age, colour and language as the crucial issues underlying the communication in the scenario. Their comments included the following:

> *We saw that the patient is illiterate. He could not communicate in English with the nurse …. There is a language barrier because an old man was seeing this black girl talking in English … it was weird for him to see a black nurse only communicating in English ….*

The above comment then led to a fairly heated discussion about foreign Africans working in South African contexts and not being able to speak the local language/s:

> *You're black-skinned and you should be able to speak Zulu if you are in KwaZulu-Natal, and it never occurred to them (old man and sister) that actually this person is not from South Africa therefore they don't speak Zulu …. I've come across other Zulu speakers who say that 'she's here … she needs to learn it (Zulu) because she's black' … and that is a given … its like there is no other option for you ….*

The workshop participants have identified the relevant issues arising out of the scenario which is intended to highlight cross-cultural miscommunication. The patient is an elderly Zulu-speaking male who is being attended to by a nurse from a francophone country who does not know Zulu, and a non-Zulu speaking doctor. Although the patient may not necessarily be illiterate, for the participants, the fact that he does not respond to English reflects his educational level. Only the sister speaks Zulu and she resents the fact that she has been asked to intervene in a situation which should have been the

responsibility of the nurse and the doctor. The nurse, being African, could be assumed to have knowledge of the language of her patients. The fact that the sister disapproves of the nurse highlights the issue of cross-cultural perceptions or *language of colour* as identified by Engelbrecht *et al.* (2008). The participants referred to this as a negative *attitude* on the part of the sister, who, they felt '… is supposed to assist the student nurse in translating'.

It would appear that multilingual competence for all the professional parties involved would be one solution to the problems inherent in the scenario, especially when working with patients who speak a majority language of the country.

Moving now from the clinical to the classroom setting, participants revealed awareness of the diversity inherent in the linguistic and cultural composition of the classroom in response to activity 1. One group reported as follows:

> *In our discussion of the student profile, we felt that the classroom was a sort of 'African Calabash'[1]… which included predominantly Zulu students, and we also have Anglo/Francophone international students … and a small minority of Afrikaans-speaking students ….*

This analysis also extended to the educators whose profile resembled that of the students, i.e. predominantly Zulu with a small minority of speakers of other languages from Europe, South Africa and other parts of Africa. In such a multilingual context, the question of the effective use of language for instructional purposes needs closer examination.

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[1] In a typical nursing classroom students are selected in such a way as to reflect the multicultural society the university serves which includes Zulu, Afrikaans and English speaking students, and students from other language groups such as Xhosa, Sotho, Portuguese and French. Furthermore, in an urban setting, we would also be dealing with varieties of these languages. In turn, the educators are also from multilingual backgrounds but use English as primary language of communication. They reflect the official languages of the province they work in, i.e. English, Afrikaans and Zulu.

Language of Instruction

Language Proficiency

Participants agreed that, although English was the main language of instruction, if the educator was Zulu-speaking then explanations of key concepts would normally be in Zulu. However, there was a strong feeling that all students and educators should be able to use Zulu for both explanation and general communication. In addition, groups felt that the students also needed to learn Zulu in order to communicate with the general public. However, doubts were expressed regarding the way Zulu is included in the teaching and learning programme for non-Zulu speakers:

> *I'm not sure about offering a six-month thing that says you will learn isiZulu—what we should be saying is from 1st year we introduce the language and learn the basic concepts ….*

Participants also felt that language proficiency is 'diluted' as Zulu students do not know their mother tongue (Zulu) well enough to use it for higher cognitive functions, but at the same time they do not necessarily understand English well, which has implications for use in the classroom. The students are thus compromised linguistically when trying to access discipline content. One of the participants remarked as follows:

> *Students don't necessarily understand English but how sure are we that if they are taught in their home language they will understand?*

Participants also felt that it would be helpful to have oral exams in Zulu as a supplement if students experience difficulty in expressing themselves. Participants also voiced a concern that academic writing is a problem for all nurses irrespective of the language used.

Language Capacity

Participants problematised the use of the African languages for instructional purposes. For example, they felt that there was a lack of specialized terminology in the African languages for the purposes of instruction, and also

a lack of material available in those languages. One solution proposed was to continue the use of English as the language of learning and teaching (LoLT), with some explanation provided in Zulu, assuming bilingual competence in both English and Zulu on the part of the lecturer. This is in accordance with the language policy of the University of KwaZulu-Natal.

> *Especially if my home language is Zulu or Xhosa, my language is not wrong, but I'm thinking differently in my language, my language is a strong language and I love my language. We need to take that responsibility ourselves. I see our Indian people are also developing their home languages, children are doing Hindi in schools these days and that was not there not so long ago. We like our languages and it's ok if we help each other to learn the concepts but I don't know how we can get that into academic language.*

On the other hand, one group reported a perception that students wished to be educated in English:

> *… because it gives them more opportunities ... for employment, perhaps accessibility(sic) to the international market in terms of jobs and so on ….*

Thus we have the need for English as an official and international language on one hand, and the need for the use of an African language in local contexts on the other. Ways in which these seemingly contradictory needs can be reconciled are suggested below.

Discourse of Power
Language of Caring
In the hospital settings in South Africa it seems that there are still many challenges regarding the use of the eleven official languages in South Africa and the implementation of this in practice (Ndabezitha 2005). For example, in many medical environments it seems that the language of communication is mainly English, especially in urban contexts. This practice could lead to a

variety of challenges, some of which were highlighted in activity 2 which presented the following scenario for analysis and reflection:

Student Nurse Bhengu was called in by the director of nursing, Mrs McMillan. There was a complaint that she had been speaking Zulu with Mr Moll (a patient) the day before. The nurse explained that she had replied to Mr Moll in Zulu after he started to speak to her in Zulu as they both come from Tugela Ferry. Mrs McMillan warned her that the language policy of the hospital expects all staff to speak to patients in English.

Participants confirmed that this scenario was indeed realistic:

> *It's a reality, it used to be like that .… It is still like that!*

One of the participants continued:

> *The sister is more experienced with her clinical practice and the nurse is less experienced so the intervention can be compromised if there is something the sister is not getting*

Another participant added:

> *They came from the same area so that might have made him feel a little more comfortable*

Here we see a tension set up between professional practices and caring practices. From a medical point of view, communication between health care specialists and their patients needs to be clear and unambiguous. However, a patient also has the right to feel at ease in the medical setting even if it means using a language that is more familiar and appropriate for that particular context. Another participant attempted to find a solution to this:

> *The sister needs to explain to ALL nurses why there is a particular policy ... so if people working in the hospital know to differentiate between personal and medical and the reason why there are policies .…*

> *If you are speaking in isiZulu ... I need to know what is going on ... I need to know what you are talking about, so that is why the policy is there .… it is a way of controlling people .…*

Thus, in terms of the clinical setting, the language of power and control is manifested through the organizational policies of the hospitals. This can conflict with patient-centred caring models and, in the classroom setting, with learner-centred, experiential PBL models.

Translation and Interpreting

An example of one of the themes from Engelbrecht *et al.* (2008), translation and interpreting, was highlighted again by the participants in the workshop. When Zulu nursing students are used as translators, ethical questions are raised about the effective and accurate communication of medical caring practices. Culturally embedded dilemmas develop that might lead to cultural conflict, for example, where a nurse is asked to translate for a Zulu patient who has to go home for a ritual for the ancestors and a western-trained doctor who cannot understand why the patient ignores medical instructions. The nurse sees both sides of the issue and may well modify the message in order to appease both the patient and the doctor, in the process compromising the accuracy of the original message (Engelbrecht *et al.* 2008). In addition to this, it is not necessarily appropriate to ask a first-year nursing student to translate instructions on medical conditions. One of the ethical questions that this situation raises is illustrated by the following:

- *I was concerned the other day because some of the first year nurses had to interpret for a doctor and what does a first year know about medical science? It's a risk! Who takes the responsibility if the nurse cannot interpret correctly—the doctor or the student?*

- *It's the fault of the sister in charge!*

This type of problem could be avoided if all medical personnel have at least some competence in the African language.

Language of Inclusion/ Exclusion

The participants commented on the fact that non-English speaking students tend to keep quiet in a class with native speakers because they may feel inhibited in expressing themselves in English and do not have the confidence to take part in the discussion. They might also fear that native English speakers would tend to correct them:

> *This addresses the fundamental problem for all students no matter which language you speak—when you are a student, you don't wish to be seen as a stupid one so you don't ask questions even if you don't understand the concept…. you keep quiet, so we need to encourage our students to talk …. and explain (the subject matter) in isiZulu*

This comment echoes that of what Dooley (2009) described in an earlier section of this paper. It highlights the need for competence in the languages of communication in medical settings (both clinical and classroom) by both educators and students so that the latter are free to express themselves in a manner that is conducive to learning and practising professionally.

Reflections on Multilingualism

In the final activity, the implications of multilingualism for future practices in nursing education whether in the class room or in the clinical setting were reflected on and explored. The participants suggested interesting possibilities for methods to facilitate multilingualism in the curriculum. Suggestions included the following:

1. The use of technology and media to facilitate multilingual learning in the form of a clinical lab where pre-recorded material is available in a number of languages, i.e. English, Zulu, Afrikaans or French.

2. The use of peer support for multilingual teaching:

> *(For example), allow students to go outside to discuss in the language of choice and come back to present (their findings) in the common language that is used in class.*

> *Maybe we could use students who spoke different languages to address perhaps some queries or use the students within the class if another student did (sic.) not understand the English language ... then perhaps you could use other Zulu-speaking students in the class to explain that in the Zulu language .... and you would need to workshop the teachers to effectively use peer education in multilingual teaching.*

3. Cooperation among lecturers from different schools to share terminology and standardize it to avoid confusion:

> *... lecturers (could) share vocabulary between disciplines and even within the same school ... sometimes the language might be used in a different way with a different meaning (by different lecturers) and that might confuse students ... (so there is) a need maybe to sort of standardize similar meanings ... maybe something like a booklet of terms or on-line facility that people can add words to ....*

> *We spoke about having a wordbook or phrase book in all the different languages .... that will help the student understand all the basic concepts .... maybe for the students in first year (who are) learning basic concepts but then what about our fourth year students who now have to do community service? So a nice phrasebook for them in English, isiZulu, isiXhosa and a bit of French so ... when they do community service, they can actually do basic assessments in whatever language is needed ....*

4. Other language speakers need to learn Zulu to communicate in the classroom and with the public:

> *there were concerns that many of our clients in nursing and medical education are mainly Zulu-speaking people and yet the language that is used in the classrooms is not Zulu, (so) we thought that there should be classes for English speakers to do Zulu and learn Zulu so they can be able to communicate with their clients when they complete their courses.*

5. A *threshold* level of language proficiency in Zulu and English should be expected of facilitators, and if a facilitator is not proficient in Zulu, such as a visiting professor, interpretation facilities should be available.

6. Positive attitudes toward multilingualism and the preserving of the indigenous languages should be encouraged. It was important for the participants that people should have respect for people in other language groups and that people should try to learn and use the indigenous languages.

7. It was also important to encourage students to speak their own languages especially when reporting on clinical experiences and to acknowledge when they do not understand a specific meaning or concept as it is all part of learning.

Conclusion

The above analysis of the themes that emerged from the discussions arising from the various activities and the ensuing summary of solutions to some of these issues demonstrate that the educators appeared to be well aware of the linguistic, cultural, age and gender -related complexities inherent in both the clinical setting and the nursing classroom. In sum, they felt that the use of Zulu as an instructional language would present 'a *challenge for the lecturers who cannot speak any of the African languages*' but that we should be moving towards encouraging professional people to learn them so that they may become alternative instructional languages in the classroom.

Finally, the methodology used in the workshop (which is part of PBL) was successful in stimulating reflection, engaging the participants in abstracting ideas and getting them to articulate their understanding of the complexity of language and cultural issues at play in the workplace and in the classroom.

Recommendations

The authors experienced an interesting process of reflection upon layers of

reflection every time we engaged with the workshop, from the planning stage to its facilitation with the nursing educators, to the presentation of a paper at a conference and, finally, to the writing of this paper. These reflections enriched and developed our own understandings of the phenomena, thus our recommendations do not derive solely from the workshop itself but also from our reflective engagement with the process as well as from our involvement with the SANTED project. The authors would thus like to suggest the following strategies that might be implemented by the School of Nursing:

1. Terminology and material development
The availability of terminology in subject materials is very important and should be one of the activities the School of Nursing should continue to develop for the use of students in the school. An interactive website has already been developed as a result of the SANTED project and students and staff should participate in activities to keep this resource dynamic and useful.

2. Acquisition of Zulu
Zulu should become a compulsory course for all students in the B.Nursing degree instead of an elective, which is currently the case. Another strategy would be to implement task-based courses into the experiential learning environment of the students. The School of Nursing could use their well-developed clinical skills lab to facilitate not only clinical competencies, but also the promotion of the use of Zulu at the bedside. This can be done through task-based (Murphy, 2003) Zulu tutorials once or twice a week. The students will learn Zulu using the procedures at the bedside as simulated in the lab. A Zulu language facilitator should be working side by side with the clinical facilitator. This can be done from the first to the fourth year.

3. Narrative-reflective discussion process
After taking Zulu language courses and after sufficient exposure to the clinical skills lab students should have sufficient Zulu proficiency to cope with a reflective and experiential learning process in a multilingual class situation. We would like to suggest that students should narrate their experiences from the clinical setting in Zulu, thereby allowing all students to be exposed to the language while at the same time addressing the power inequity.

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