



# The impact of language diversity on South African occupational therapy undergraduate students

D van den Berg, BOccTher ; T Buys, BOccTher, BOccTher Hons (Revalidation), MOccTher, PhD 

Department of Occupational Therapy, Faculty of Health Sciences, University of Pretoria, South Africa

**Corresponding author:** D van den Berg (dane.vdberg@icloud.com)



*Dané van den Berg is a community service occupational therapist, having completed her degree at the University of Pretoria in 2024. Her passion for comprehensive education and reducing language barriers inspired this work. She hopes to encourage South African health professionals to recognise the importance of language skills development.*

## Why was the idea necessary? (Problem)

Language discordance occurs when individuals do not speak, or lack proficiency in, the same language,<sup>[1]</sup> leading to poor communication and misunderstandings. In South Africa, with 11 official languages, the average citizen speaks 2.84 languages,<sup>[2]</sup> increasing the potential for language discordance. Occupational therapy students face challenges in providing quality care during fieldwork as a result of these language barriers. The current occupational therapy curriculum at the University of Pretoria makes no provision for the development of language skills beyond the first year of the 4-year degree, in which one compulsory second-semester module offers the opportunity to acquire language skills in either isiZulu or Sepedi. However, study guides for subsequent years do not mention language skills development. There is a clear need to advocate for continuous language skills development throughout the curriculum.

## What was tried? (Approach)

This advocacy argument was formulated using lived experiences, observations during fieldwork, and a review of study guides.

I have faced miscommunication challenges due to language discordance when attempting to communicate with clients during fieldwork. Conversely, I have experienced the development of trusting therapeutic relationships when communicating in the same language. Acquiring new language skills during fieldwork hours has been difficult for me, with little support from the university. My observations revealed that fellow students experience the same emotional distress when struggling to understand a client speaking in an unfamiliar language. Classmates attempted to compile a document with translations of common nouns and verbs, but with little success and limited support from the class and the university. A review of the first- to fourth-year study guides revealed minimal available time, for only theoretical engagement is provided to acquire skills in a new language in the first year. Learning outcomes during subsequent years do not emphasise the importance of language skills development, merely referring to the need to 'function independently'.

## What were the lessons learnt? (Outcomes)

I advocate that learning outcomes be added to the study guidelines of all modules with a fieldwork component, so that the development of an additional language is matched to the increasing opportunity to practise the language skills in clinical settings. The learning that has taken place during the first year can be expanded and reinforced by outcomes that encapsulate greetings and giving common treatment and health promotion instructions in three languages (excluding English, which is an admission requirement). Students should be assessed on their ability to apply the language skills during fieldwork. Final-year students should then truly be able to 'function independently' when treating clients who speak a language other than English.

This advocacy argument and proposed solution can be implemented across all healthcare professions in which language discordance is experienced.

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**Conflicts of interest.** None.

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