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RECEIVED 06 July 2024

ACCEPTED 06 January 2025

PUBLISHED 29 January 2025

CITATION

Sebothoma B, Khoza-Shangase K and
Moroe N (2025) South African audiologists
need business skills to survive: toward a
responsive curriculum.
Front. Educ. 10:1460726.
doi: 10.3389/educ.2025.1460726

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South African audiologists need business skills to survive: toward a responsive curriculum

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South African audiologists are struggling to find jobs after completing their compulsory government-mandated year of community service in public healthcare institutions. This is in spite of the documented inequity in audiology service provision, and capacity versus demand challenges around the ear and hearing workforce in the presence of an increasing prevalence of hearing and vestibular disorders. The high prevalence of hearing and vestibular disorders linked to various causes including the quadruple burden of disease that South Africa suffers from indicates that there is a clear need for more audiologists to be employed in various sectors in order to improve access to hearing healthcare and enhance early identification and intervention to reap the economic and quality of life benefits of preventive care. We argue for urgent curriculum reform that is responsive to the context by equipping South African audiology students with the skills to be able to successfully confront the current economic crisis.

KEYWORDS

unemployment, curriculum reform, healthcare entrepreneurship, audiologists, South African

Introduction

The need for curriculum transformation and decolonization continues to be a topic of national and scholarly interest (Maringe, 2023; Seabi et al., 2014; Abrahams et al., 2019; Khoza-Shangase and Mophosho, 2021). This call is informed by the fact that colonial education, which is primarily Eurocentric and Westernized in nature, rooted in epistemologies and pedagogies that are not relevant to the context of Africa, has been dominant for centuries (Ndlovu-Gatsheni, 2020), and has been the cornerstone of audiology training programs in South Africa (Khoza-Shangase and Mophosho, 2018; Pillay and Kathard, 2015). Gwandure and Mayekiso (2021) contend that the curriculum must reflect the South African context. In audiology, particularly in South Africa, the need for urgent curriculum transformation has also been articulated by several other authors (Khoza-Shangase and Mophosho, 2021; Pillay and Kathard, 2015; Abrahams F. et al., 2023).

Yet, there seems to be a snail-paced move or stagnation toward realizing this important national imperative (Pillay et al., 2020). There are ongoing debates and scholarly work intended to advocate for the timeous implementation of curriculum transformation and decolonization. Despite these concerted efforts, the urgency for curriculum transformation and decolonization in South African universities was brought to the forefront during the national student protests, such as #FeesMustFall and #RhodesMustFall (Mangero, 2020; Zondi, 2021). These movements highlighted the need to address systemic inequalities in higher education, including the Eurocentric orientation of curricula that often fail to reflect the diverse cultural, linguistic, and societal realities of South Africa (Lumadi, 2021; Khoza-Shangase and Mophosho, 2021). While the protests were broad in their focus, they highlighted the necessity of aligning curricula with the lived experiences and future professional needs of students across disciplines, including health sciences (Mangero, 2020; Maine and Wagner, 2021). Health science students, in

particular, have emphasized the importance of curricula that not only equip them with clinical skills but also prepare them to address local healthcare challenges and socio-economic realities (Pálsdóttir et al., 2016; Ndejjo et al., 2022). These calls for transformation have contributed to the ongoing discourse on creating contextually relevant and responsive educational programs. The lack of an articulable and crystalized vision for curriculum transformation might prolong the quest to achieve this curriculum transformation and decolonization imperative (Barratt et al., 2012).

Similar efforts have been made in the context of audiology, calling for a curriculum that is 'relevant, responsive and responsible' (Khoza-Shangase and Mophosho, 2021; Moonsamy et al., 2017). But it is clear that the achievement of what is considered a "bare minimum" for curriculum transformation is minuscule if any at all. For example, most, if not all, of the prescribed texts used as sources for teaching and learning materials for audiology students, originate from Euro-western countries, with extremely limited contextual knowledge reaching the classrooms (Khoza-Shangase and Kanji, 2021; Khoza-Shangase, 2022). Teaching methods have also been questioned because of their Euro-western outlook (Mendy and Madiope, 2020), with the curriculum seemingly failing to address inequities of intersections of marginalization through practice—instead of only that associated with linguistic and cultural diversity (Abrahams K. et al., 2023).

Given this call to interrogate and transform curriculum, Pillay and Kathard (2015) argue for a perspective that focuses on curriculum responsiveness in the field of audiology, with Khoza-Shangase and Mophosho (2021) specifying that this responsiveness must cover the 5 Ps: people, places, practices, processes, and policies. Curriculum responsiveness forces us to examine what is urgently needed and respond by equipping students with the necessary skills (Mendy and Madiope, 2020). Curriculum responsiveness may include economic, cultural, and disciplinary responsiveness (Fomunyan and Teferra, 2017). For the purpose of this perspective, we specifically focus on the economic responsiveness of the curriculum, which has become urgent and relevant in the field of audiology, particularly in low-middle-income countries (LMICs) and Greater South (Maluleke, 2022; Abrahams K. et al., 2023). Fomunyan and Teferra (2017) argue that the economic responsiveness of the curriculum is important in addressing the unemployment of graduates.

Recently, there has been a surge in the shortage of audiology jobs in South Africa (Hlayisi, 2022). This is clearly in contrast with the fact that there is generally a shortage of audiologists in South Africa (Fagan and Jacobs, 2009; Mulwafu et al., 2017; Pillay et al., 2020), which increases the challenges to accessing hearing healthcare (Khoza-Shangase, 2022). Hearing and vestibular disorders are also increasing in LMICs such as South Africa (World Health Organization, 2021), due to multiple risk factors, with South Africa's quadruple burden of disease significantly contributing toward this (Khoza-Shangase, 2020). Increasingly, research shows that untreated hearing impairments are costly (McDaid et al., 2022), and cause a myriad of problems that lead to a decline in quality of life (de Andrade et al., 2022), highlighting the need for more audiologists to be involved in the prevention, assessment, and management of these disorders.

Despite the increasing need for audiological services, audiologists who complete their community service year placement do not have or find independent practice jobs. An

ongoing study by Sebothoma et al. (in preparation) has revealed that while audiologists struggle to find jobs in the public sector due to limited positions, the private sector also presents challenges, such as restrictive hiring criteria, including linguistic requirements that disadvantage many black South African audiologists. Often potential employers specify "language criterion," which seems to be exclusionary for many black South Africans who are not "bilingual with English and Afrikaans" as it is often a criterion, although these black professionals often are multilingual in the other languages making up the 11 official languages of the country. These findings are consistent with broader trends in health workforce migration, where professionals often seek opportunities abroad to escape challenging local conditions, such as unemployment and underemployment (Labonté et al., 2015; Hlayisi, 2022). The limited availability of jobs in the public sector, compounded by financial and logistical barriers to establishing private practices, has resulted in many audiologists emigrating immediately after their community service year. Such migration patterns have been documented among other healthcare professionals in South Africa, driven by the search for financial security and better professional opportunities (Dhai and Mahomed, 2021; Labonté et al., 2015). The crisis continues to worsen every year, with fewer jobs opening while other job opportunities (posts) are being frozen, particularly in the public sector (Dhai and Mahomed, 2021) as the South African government is trying to reduce its overinflated human resource budget. As a result, many audiologists emigrate immediately after their compulsory community service year to seek better opportunities, and/or completely abandon audiology to take up any other employment opportunity to support their livelihoods and those of their families.

Although some of the audiologists have expressed their reluctance to emigrate, they seem to be caught between a "rock and a hard place." The decision to emigrate is ultimately informed by the need for financial security (Labonté et al., 2015). Some audiologists are interested in opening private practices in their area of choice after the completion of their community service year placement. However, there are two-pronged challenges that these audiologists face. The financial need to open and run an audiological private practice in South Africa is exorbitant, with extremely expensive equipment. This is exacerbated by the fact that financial institutions do not easily provide financial assistance to small and medium enterprises, and the reality that fewer than 1 in 5 South Africans are members of medical aids (Statistics South Africa, 2018), with over 80% of the population accessing free public government funded healthcare. The second and more pressing issue is the lack of the necessary skills and knowledge to run a successful private practice. The latter issue is the primary focus of this perspective.

The proposed solution

The curriculum needs to transform urgently for audiologists to survive. This means that the curriculum has to be responsive to the needs of audiologists. We contend that audiology programs in South Africa need to introduce some business or/and entrepreneurial courses within the curriculum. Not only will this introduction provide audiologists with the required fundamentals to effectively run and sustain their private practices, but it will also

save them from stress and money. Opening an audiological private practice can be excruciatingly costly, with many expensive pieces of equipment that require annual calibrations and constant repairs for optimal functioning. The introduction of these new courses will help those want to venture into businesses/entrepreneurial route to do so with an informed mind.

Cameron and Hogue (2017) reported that the educational system in South Africa has not focused on teaching students how to think entrepreneurially. This may be a hurdle for those who want to pursue the business route. Audiological practices are regarded as or fall under small and medium enterprises (SMEs). Although in some parts of the world or in certain circumstances, opening a private practice may simply be a way to make more profit, in the context of South Africa, this may be for survival. We argue, therefore, that while audiological training imparts students with critical clinical skills, that are aligned with the Health Professional Council of South Africa (Health Profession Council of South Africa, 2014), additional skills and knowledge for business or entrepreneurship are also urgently needed (Restrepo and Prentis, 2022).

Specific skills required

For any SME business to run efficiently and sustainably, there are various skills and attributes that one must possess. A basic understanding of accounting, bookkeeping, marketing, management, finance, and economics is crucial (Msomi and Olarewaju, 2021). In addition, leadership, creativity and innovation, networking, goal setting, time management, and overall entrepreneurial skills are also important for running an SME (Mbuya et al., 2016; Ncube and Zondo, 2022). These are skills that are foreign to the audiology program, yet required for those who want to open a private practice.

We do not think that the audiology curriculum should combine 2 programs, viz, audiology and business, or replace some important audiology courses intended for equipping students with clinical skills with business courses in order to be responsive, but we believe that careful selection and tailor-making of certain business knowledge for audiology students may be crucial for starting and sustaining a private practice. As Marwala (2021, p. 17) argued, “Tertiary education must be multidisciplinary for students where curriculum blends.” How these business skills are infused into the curriculum will be depended on specific programs within each university. But failure to be responsive to the curriculum will continue to harm many graduates personally and financially. It is the responsibility of the university programs to ensure that students graduate with the necessary skills for the current market. In audiology, clinical skills alone are no longer sufficient, and must be blended with other skills, in this context, business or/and entrepreneurial skills. The integration of artificial intelligence (AI) into audiology practice has significantly transformed the field, offering advancements in diagnostics, hearing aid technology, and tele-audiology services (Wasmann et al., 2021). AI-driven tools, such as automated audiometric testing and hearing aid fitting algorithms, have enhanced efficiency and accessibility, particularly in resource-constrained settings. However, these innovations also raise concerns about job security for audiologists, as tasks traditionally performed by professionals are increasingly being automated. This shift highlights the need

for curricula to not only address clinical and entrepreneurial skills but also equip graduates with competencies in emerging technologies. By understanding and leveraging AI, audiologists can position themselves as indispensable in interpreting complex data, personalizing patient care, and managing ethical considerations in AI applications. Preparing students for the dual impact of AI—both as a tool for improving practice and as a potential disruptor—ensures the profession remains resilient and adaptable in an ever-evolving healthcare landscape.

Conclusion

A curriculum that is responsive is important for providing education that meets the needs of students and society. It ensures that the method of teaching together with the knowledge provided to students, equip them with the necessary skills thrive in the current industrial environment. In South Africa, given the high unemployment rates that continue to increase, affecting many young people, it is important that curriculum transformation takes place to meet in order to address these challenges. Failure to transform the curriculum may significantly impact students, leaving them ill-prepared to thrive in the competitive and everchanging market. In the long run, failure to make the curriculum responsive to the needs of students and society may render the profession obsolete, with many potential students applying for other professional programs that offer better career opportunities.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

Ethical approval was not required for this study in accordance with the national legislation and the institutional requirements.

Author contributions

BS: Conceptualization, Writing – original draft, Writing – review & editing. KK-S: Conceptualization, Writing – original draft, Writing – review & editing. NM: Conceptualization, Writing – original draft, Writing – review & editing.

Funding

The author(s) declare that no financial support was received for the research, authorship, and/or publication of this article.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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