

Bridging the gap: exploring the attitudes and beliefs of nurses and patients about coexisting traditional and biomedical healthcare systems in a rural setting in KwaZulu-Natal

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Abstract

Objectives: Health care in South Africa takes place within a diverse cultural context and includes perceptions about health that strongly link to cultural beliefs and values. Biomedical healthcare professionals, particularly nurses, are exposed to and expected to cope with cultural challenges on a daily basis, with little or no training on how to do so. In this paper, we explore nurse and patient attitudes to and beliefs about how the systems of health care coexist, what issues this raises and how nurses and patients address these issues in their daily practice.

Design: The study employed an exploratory, qualitative research design.

Setting and subjects: Four in-depth focus group discussions were conducted with nurses and patients at a deep rural, district hospital in northern KwaZulu-Natal. Participants were selected based on their availability and willingness to contribute to the discussion.

Results: Traditional and biomedical healthcare systems coexist and are used simultaneously with the healthcare-seeking pattern of patients traversing multiple systems of care. Currently, patients and nurses have developed strategies to address this by steering a pragmatic course to minimise risks, and by doing so, bridging the gap between the two healthcare mediums.

Conclusion: Further research is required to understand which illnesses are primarily seen as traditional, how this gap can be effectively addressed, and how different healthcare co-delivery models can best be utilised and evaluated.

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Introduction

Health care in South Africa exists within a diverse cultural context. Perceptions about health are strongly linked to cultural beliefs and values.¹ Traditional health care is a generic term that refers to a range of healing practices, which include herbal medication, divination, faith healing, traditional birth attendance, as well as traditional surgery (such as circumcisions), usually with a holistic focus on illness. This includes biological, psychological, social and spiritual factors.²⁻⁴ Individuals within a cultural group often hold a shared world view which comprises a system of values and beliefs that impact on their behaviour and is a product of the social context in which they grew up.⁵ According to the traditional world view, health and healing has natural, cultural, as well as supernatural or magico-religious dimensions and processes, so that familial and personal experiences and needs are addressed during

healing.⁵ Some illnesses are culturally bound and are traditionally referred to as diseases of the African people.⁴ Reportedly 80% of South Africans have used a traditional health remedy at some stage in their lifetime.⁶

The biomedical health system is a model of illness that focuses mainly on biological factors in understanding illness. Health comprises physical and biochemical processes that can be studied and manipulated.⁷ Some patients do not expect to be healed through biomedical procedures alone, as healing is generally associated with divinity.⁸ However, biomedical health professionals sometimes neglect their patients' experiences and context when rendering health care,⁵ while traditional methods of health care have generally been viewed negatively by biomedical health professionals.¹

Traditional medicine in South Africa exists alongside the biomedical model.⁹ Through their training, many biomedical

healthcare professionals in South Africa are socialised into a biomedical world view, while having been raised in the same social context as their patients, many of whom hold a traditional worldview. These opposing world views may pose a challenge for healthcare delivery.

Within the context of adopting a patient-centred approach to their practice, biomedical healthcare professionals, particularly nurses, are exposed to and expected to cope with these challenges on a daily basis, with little or no training on how to do so.¹ This occurs against a backdrop of current national processes to increase the regulation of traditional medicine through legislation and an explicit policy to include traditional medicine within the wider healthcare system.^{3,10} However, there are few proven examples of how this can be effected.

In this study, we explored nurse and patient attitudes and beliefs about how the two different systems of health care coexist, what issues this raises and how nurses and patients address these issues in their daily practice.

Method

Setting

The study was conducted at a deep rural, district hospital in northern KwaZulu-Natal. Ethics approval was obtained from the Human Social Science Ethics Committee of the University of KwaZulu-Natal, Durban.

Sampling and recruitment

Four focus group discussions were conducted; two with nurses and two with patients. Each focus group discussion comprised eight participants of mixed gender. Nurses and patients were approached at the hospital and its feeder clinics and asked to participate in the study. Participants were selected based on their availability and willingness to contribute to the discussion and provide written informed consent.

Data collection and analysis

Discussions with the nurse groups were conducted in English. Those with patients were conducted in the local language (*isiZulu*). Both were audio recorded. The facilitators, a research assistant and a researcher (one of whom was an author), conducted the focus group discussions. The author, whose first language is English, played a greater role in the discussions with the nurses, while the research assistant led the deliberations with the patients in *isiZulu*.

Focus group discussions were transcribed verbatim, translated into English where necessary and coded by two experienced social scientists, one of whom was the first author. An inductive approach was followed. Descriptive thematic coding was the primary analytical strategy.¹¹ All transcripts were entered into qualitative data analysis

software (NVivo® version 8). After reading two transcripts, a codebook of themes was developed based on the interview topics, as well as new themes that emerged from the data. This process was repeated until all four transcripts had been reviewed, the codebook had reached saturation point and no new themes had emerged. The analysis focused on identifying perceptions and experiences that pertained to the role of culture in health care. The analysis team worked together closely to resolve any interpretation discrepancies.

Results

Common themes were identified within and across the focus group discussions relating to how nurses manage their professional persona while also belonging to the same traditional context as their patients, and patients' beliefs and attitudes about coexisting traditional and biomedical healthcare systems.

Perceptions of biomedical and traditional health care

In each group, participants began with a discussion on the benefits of biomedical health care. This was often contrasted with lack of success within the traditional healthcare system. Nurses, in particular, spoke negatively about traditional methods of health care. A common perception that was held by nurses about biomedical health care was that it is more scientific than traditional health care. They referred to it as being "civilised", "improved", "more specific" and "clearer". Nurses also mentioned accurate dosages and the measurement of medication in biomedical health care, which they reported to be lacking in traditional health care.

However, one nurse argued that the biomedical healthcare system did not "consider the cultural beliefs of human beings" and further stated: "What they do is just stick to the caring part of the patient, without even considering the cultural beliefs of a certain individual". The nurse appeared to emphasise the importance of the cultural and spiritual dimensions of a patient's decision to seek health care from traditional healers for certain illnesses.

Generally, patients expressed positive attitudes about, and reported affirmative experiences with, biomedical health care. Some patients described how traditional health care had been unsuccessful, which led them to try biomedical health care. One patient said: "Personally, what I can say is this: the healthcare system (biomedical) is very helpful. I was sick for a long time I had tried the traditional health system without any success, but as soon as I went to the clinic and accepted the clinic's guidelines... I'm alive today and have no pain".

The existence of plural health care

Patients felt that some illnesses couldn't be addressed by traditional healers. One patient described this as follows: "A

black person won't know what hypertension is, but a white person does". In this context, the patient was referring to black healthcare providers as being traditional, and white healthcare providers as biomedical.

Another patient stated: "Even when you've been to a traditional healer to get help, there are illnesses that traditional healers can't heal, but the clinic can treat it".

As the discussions progressed, nurses began to share their knowledge of how patients use clinics and traditional healers interchangeably. One nurse stated: "It depends on the individual. Some of them go to the traditional healers before they come to the hospital. Some come to hospital and are not satisfied, and then go to the traditional healers".

Nurses also spoke of their frustration when patients present at clinics in advanced stages of their illness because of traditional healer intervention. One nurse explained: "People come in very sick. If you ask them why they are bringing this patient in at this late stage, they say that they have come from the traditional healers who refused to take this patient to the clinic".

A small number of patients declared that they would not go to traditional healers because of past negative experiences. The majority of patients stated that the nature of the illness determined whether a traditional or biomedical healthcare approach was consulted first. Patients were certain that some illnesses could not be healed at the clinic. One participant explained: "It depends on the symptoms that are displayed. That means that, let's say he has *ibala* (a rash that occurs on the crown of the head), you can see *ibala*, because it's visible. Then you can say, okay, I must take this one to the traditional healer because he has *ibala*". Another patient confirmed this idea by stating: "There are sicknesses that Western medicine can't cure and you find that the traditional medicine will get it right".

In contrast to earlier statements about traditional approaches to health care, most nurses felt that they could not separate traditional and biomedical health methods as the patient's culture had to be respected as part of his or her identity. One nurse said: "You cannot separate the two, because even if you are accommodating this Western (biomedical) thing, at the same time you do not want to disengage the cultural. As we have said here, we respect the culture and accommodate it, so you cannot separate the two. Yes, you can modify. You can try and give knowledge, but really culture cannot be disengaged". Another nurse supported this comment by commenting: "We cannot run away from the fact that the traditional beliefs are there. We need to respect them".

Some patients felt that they should access both biomedical and traditional healthcare approaches in order to achieve the end goal of being healthy. The following quote is a

description that an older man gave of his view of seeking health care using the metaphor of losing his goat: "No, there is nothing to change because that would be like if I lost my goat. I know goats can't climb, but when I look for my goat I look in high places as well. Life is also like that. I can't say I'm going to get health care from you only. If I come to you as a Western practitioner and I'm not healed, I need to go to a traditional healer to look. He throws his bones and sees, just like the Westerner puts you under a microscope and sees what is wrong with you. As we are so afraid of all these diseases, there are diseases that a Westerner can't handle, but the traditional healer can try. That is why I say you must look everywhere for the goat, not just on the ground; try the raised areas as well".

Most patients felt that biomedical and traditional health care should be integrated. One participant said: "I think that the Western and traditional health care systems need to have a relationship, so that if they are struggling with the sickness, they should immediately refer the person to the traditional healer". Another patient agreed with this idea by saying: "When one fails, the other comes into play. You need them both". However, one patient felt that it would be "difficult to combine" the two approaches.

My culture too: personal identity

In discussions with nurses, it became apparent that they were as much a part of their culture as their patients. It is worth noting that nurses often referred to "our" culture and "our" (traditional) medicine in conversation.

Nurses described how they managed their traditional culture and their profession. A nurse spoke about how, as a young bride, she was expected to show respect towards her parents-in-law by covering her head, according to cultural practice. This is an indication of the traditional context in which nurses in this rural community live: "If I am at home, they say I must cover the head. If I come in and go inside the house, I cover my head. If I am at home, I am supposed to cover my hair, because I am at home".

A few nurses either explicitly stated or suggested that they used traditional healers themselves. One nurse said: "You know we are using them (traditional healers). We are from the farm. The problem is that traditional medicine has not been tested as we have said before, otherwise people believe what they believe in. If you see that it helps you, then you can go for it".

Bridging the gap

Nurses and patients appeared to actively try to find a middle ground between traditional and biomedical healthcare practices. One nurse said: "And again, we explain to the particular community, as we are a part of the community: 'You know we understand your beliefs, but can't you wait

until the child is big enough so that you can start your practices'. Sometimes it helps us that they know that we are from the same community and maybe practise the same culture. We cannot say that they must run away from their culture, but we are saying they should combine the two".

Another nurse described how she dealt with traditional medicine and children: "As I said before, we are seeing a lot of children who have been given traditional medicine and it has had a negative impact, like the child develops severe diarrhoea, respiratory distress and dies. We discourage the mom to practise this, especially at an early stage of the child's life, at least until (he or she is) one to two years".

In the extracts below, two patients described how nurses acknowledged and respected traditional methods of care. Nurses did not tell them to discontinue traditional healthcare treatments or methods, but rather to use them differently, either not at the same time as biomedical medication, or in the case of children, to wait until they were older before traditional healthcare methods or medicines were administered. A patient explained: "The traditions are respected. When you come to the clinic, they tell you: 'We are giving this to you now. You must first use this and see the difference it makes. Don't mix it, because in the end you won't know what it was that helped you. If you have been using a concoction, stop for a while and use the pills that we have given you and see if they won't help you". Another patient said: "We respect the nurses. Say for instance they say that the children mustn't be given traditional medicine at a young age, and they give you medicine, you must listen to them".

Patients indicated that they frequently used biomedical and traditional health care concurrently, but that they had developed a process or system to use the medicines together. Some patients said that they recognised the danger of using biomedical and traditional healthcare treatments simultaneously, and spoke of how they took the medication separately, so that interactions would not occur. One patient acknowledged: "When you use pills from the hospital and then take the traditional concoction at the same time, they are in conflict. It is better to take them separately. No, you must use them one at a time, but in life they are complementary".

Discussion

Traditional and biomedical health care coexist and are used alternatively. Our findings show that patients and nurses have developed strategies to manage this conflict by adopting a pragmatic course to minimise the risks, and by doing so, bridging the gap between the two healthcare mediums.

Although studies have shown that traditional and biomedical health care coexist^{3,8,9,12} and with the healthcare-seeking pattern of patients traversing multiple systems of health care, very little has been written about how healthcare workers and patients manage the conflicts that arise. Kahn and Kelly conducted a study which found that Xhosa psychiatric nurses occupy a unique cultural position as they believe in the use of concurrent traditional and biomedical healthcare approaches.² This has created deep tension as the nurses struggle to navigate two healing systems which appear to be conceptually incompatible. Our study shows that nurses have developed strategies in an effort to bridge this gap. For example, as discussed in the results, nurses in our study asked mothers to delay giving enemas to newborn babies in an attempt to reach a middle ground between the two healing systems.

Nurses were reluctant to discuss their acceptance of the traditional healthcare system in their work practices in the focus discussion groups. It was only because of the nature of the focus discussion group dynamic, in which issues were discussed and probed within a group, that they were willing to share this information with the researchers. Both nurses and patients felt that they were unable to discuss traditional health care freely during consultations. If the two systems of health care continue to function in parallel, but without any linkage or communication between the two, patients may feel that they must choose between the two systems, and as a consequence, may fail to comply with life-saving treatment. Alternatively, patients who are taking biomedical and traditional healthcare medications simultaneously, without either practitioner being aware of this, could place themselves at risk of adverse drug reactions and suboptimal treatment. Dangerous traditional healthcare practices, such as administering enemas to newborn babies, also need to be negotiated and patients should be made aware of the dangers of such practices.

Finding a balance between biomedical and traditional health care is complex. However, the coexistence of these two systems of health care cannot continue to be clandestine. Greater communication between healthcare professionals and patients needs to be encouraged. It should be routine practice for healthcare providers and patients to openly discuss the latter's use of traditional healers, practices and traditional medicines at each consultation in order to ultimately provide patients with optimal care. Further research should be conducted to understand which illnesses are mostly considered to be traditional, e.g. tuberculosis, how the gap between traditional and biomedical systems of health care can be addressed effectively, and how different healthcare co-delivery models can be best evaluated.

Both nurses and patients described experiences in which nurses respected and managed traditional values, and where patients did the same with respect to traditional and biomedical methods of health care. This evidence of an integrated and holistic approach at a pragmatic level is an important finding in understanding how the terrain between different strands of the plural healthcare system is traversed. Further exploration of interaction and communication between the traditional and biomedical healthcare systems is warranted to improve this holistic approach and overall patient care.

There were limitations to this study. We conducted only four focus group discussions in a single geographical area. They took place within the provincial clinic or hospital setting. Both nurses and patients may have been reluctant to discuss their experiences of traditional health care if there was a perception that the researchers were allied to the biomedical model of health care.

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