ATTITUDES OF PSYCHIATRIC NURSES TOWARDS TRADITIONAL HEALERS IN SOUTH AFRICA

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Abstract

The purpose of this study was to identify the attitudes of psychiatric nurses towards traditional healers in South Africa. Fifty-seven black psychiatric nurses from Soweto (Johannesburg) participated in the study. The instrument included a 20-item Scale on Attitude towards Traditional Healers and three open questions. Findings showed an overall positive attitude of the nurses and a possibility to develop a working partnership with traditional healers in mental health care provided formal policy guidelines structuring the practice of traditional healing are specified. The most preferred option for working with traditional healers was cooperative/collaborative partnership. The significance of these results as well as their nursing practice and policy implications are discussed.

Key words: Psychiatric nurses, attitudes, traditional healers, South Africa

Résumé

Le but de cette étude fut l'identification des attitudes des infirmières psychiatriques par rapport aux guérisseurs traditionnels en Afrique du Sud. Cinquante sept infirmières noires qui travaillent en psychiatrie et qui habitent à Soweto (Johannesbourg) ont participé à l'étude. Un barème à 20 points a été utilisé pour évaluer l'attitude envers les guérisseurs. De plus, trois questions ouvertes ont été posées. Les résultats montrent que les infirmières avaient, dans l'ensemble, une attitude positive et qu'elles étaient d'accord avec la proposition de développer un partenariat avec les guérisseurs dans le domaine de la santé mentale, à condition qu'un règlement officiel à faire suivre par les guérisseurs soit mis en place. L'option de partenariat le plus
Introduction

Various researches have shown the vital part that traditional healers play in the management of mental patients in South Africa (e.g. Blackett 1989, Crawford 1995, Hammond-Tooke 1989, Makwe 1985, Peltzer submitted, and Ramokgopa 1993).

The African National Congress (ANC 1994) indicated that traditional healing will become an integral and recognised part of health care in South Africa. Consumers will be allowed to choose whom to consult for their health care, and legislation will be changed to facilitate controlled use of traditional practitioners.

Freeman and Motsei (1990:4) highlight three options, which may be used to bridge the gap between modern health services and traditional healers in South Africa: (1) incorporation, (2) cooperation/collaboration and (3) total integration.

Option 1: Incorporation
The suggestion here is that the traditional healer should function in the same way as the village health worker in the prevention of illness, promoting health and treating specific disorders while referring those needing special care/treatment. In this option, these healers can be integrated within a primary health care approach. The adoption of aspects of western medicine can make it possible for certain practices of traditional healers to be regulated if found to be harmful.

Option 2: Co-operation/collaboration
In this option a relationship will exist between the two systems, but the two will co-exist independently with each respecting and recognizing the importance and value of the other. A mutual referral system will have to be agreed upon, as to which disorders will be referred and to whom. Cooperation means working together for common goals in patient care. It may or may not involve dividing of different types of tasks. Traditional healers will have to conform to certain standards within the "formal sector".
**Option 3: Total integration**

This will be a 'new' health care system whereby traditional healing and modern care are united. This unique type of health care system will enable patients to consult both systems at the same time if they so desired. Patients seeking help will be reviewed from the traditional and modern point of view, in assessment and treatment prescription. Implications are that practitioners would have to issue both western and traditional medications. In other words, nurses will be able to preserve and maintain cultural beliefs of individuals, by accommodating health care beliefs and negotiating with patients to comply with 'dual treatment' if they wish to do so. (Freeman & Motsei 1990, Pretorius et al. 1993)

Dunlop (1975), Pillsbury (1982), and Pretorius et al. (1993) are of the opinion that the Government can legalize activities of traditional healers and license them. The major benefit of the licensing strategy would be to provide the mechanism necessary to create a greater incentive for traditional healers to increase their technical knowledge. Pillsbury (1982:1827) and Bannerman et al. (1983:302) indicate that it is possible for governments to officially accept traditional practitioners by following the policy legislatures used in India. The Indian government has a new cadre of health care provider called "community health worker". Pretorius et al. (1993) found among South African consumers that most (91%) agreed with traditional healing practices, 76% held the view that medical doctors should get to know more about healers, 27.5% felt that healers should be allowed to work in hospitals, 28.4% that medical doctors should refer patients to traditional healers, and 45.3% felt that healers should acquire some of the skills of medical doctors.

Hopa (1996) interviewed medical doctors, consumers, traditional healers and psychologists about their perceptions on integration of traditional and western healing practices. Collectively, most groups preferred (a) formal cooperation between the two systems, (b) registration of traditional healers with their own independent body, and (c) traditional healers not having any access to medical aid schemes. Green and Makhubu (1984) found that in Swaziland 98% of the healers would like better cooperation between themselves and doctors and nurses.

Only two studies have investigated the attitude of nurses towards traditional healers. In Nigeria, Obediyi (1990) found that less than half the nurses (44%) favoured formal collaboration with traditional healers who were perceived as being effective by western-trained nurses. Upvall (1992) found those nurses' attitudes towards indigenous healers in Swaziland were: favoured collaboration in congruence with modern beliefs and nurses perceived themselves as teachers of healers but not learning from them. These
findings are similar to those of Obebiyi (1990:333) that nurses were prepared to work with traditional healers only as their superiors. Madela (1994:126) indicates that culture-sensitive nursing care in psychiatric nursing means a practice style of psychiatric nursing that includes a positive professional focus on the cultural beliefs, values and practices of the psychiatric patient in health care. The purpose of this study was to determine the attitudes of psychiatric nurses towards traditional healers in South Africa.

Method

Sample
Participants in this study were all 60 (black) professional psychiatric nurses (of which 3 did not participate or filled in the questionnaire incomplete) who were working in a large hospital and community psychiatric clinics in the South Western Townships of Johannesburg. Psychiatric nursing tutors working at a nursing college of the same hospital, doing clinical accompaniment of nursing students to psychiatric units were also included in the study.

Instrument
A 20-item Scale on Attitude towards Traditional Healers Scale (ATTTHS) was developed from review of literature (Freeman & Motsei 1990, Green 1988, Pretorius et al. 1993). The tool was extensively revised and refined to measure the attitudes of nurses towards working with traditional healers as providers of mental health. The answers were categorized on a 5 Point Likert scales ranging from strongly agree, agree, uncertain to disagree and strongly disagree. In addition, the questionnaire included biographical information and three open-ended questions on traditional healers. Questionnaire items were checked to confirm if the content included all aspects of the attitudes towards traditional healers on the attitude continuum, by reflecting an equal number of both positives and negatives of the issue to eliminate bias. The solution to predictable answering was taken care of by using the counterbalance principle, i.e., writing items of the questionnaire in different order to eliminate subject variables as a cause of error (Shaw & Wright 1976: 18, Carlsmith et al. 1976: 15).

Procedure
Permission to conduct the research was obtained from the University Ethical Committee, the Post Graduate Committee and all involved Nursing
Service Managers of the three clinical settings of the study. The respondents were asked for their consent.

The main study was preceded by a pilot study conducted with psychiatric nurses in order to select valuable questions that were retained in the main study. Initially twenty-five items were formulated, but these were later reduced to 20 as some were found to be repetitious. After the pilot study and in consultation with experts in instrument design, the content of some questionnaire statements was changed. In the main study a list of names were obtained from the nursing service manager of the nursing personnel department and staff members were contacted by telephone and questionnaires distributed to them. Participation was voluntary and subjects were approached directly. The study was conducted from June to August 1995.

Results

Sociodemographic characteristics of the participants

Fifty-four (95%) were female and 3 (5%) male; thirty-two (56%) were born in Gauteng and eleven (19%) from the Eastern Cape Province. The average age of the respondents was 42 years. The most prevalent age group was the 40-44 group with 38% of the respondents falling into this category, followed by 21% in the 50-54 year group and the lowest age group being the 25-29 years group having only 5% of the respondents. None of the respondents was below the age of 25 years.

Most of the respondents were from the Xhosa (25%) and Tswana (25%) ethnic groups, followed by the Zulu (19%), North Sotho (17%) and South Sotho (12%) respondents. Less than 50% of the respondents were married (46%), 29% never married, and 19% either divorced or separated. The majority of the respondents were Protestants (60%), followed by Roman Catholics (19%). Other religious denominations (19%) included the Zion church, Jehovah Witness and Born Again Christians.

Many of the respondents (28, 49%) had more than 9 years experience as psychiatric nurse practitioners, with 23% (13) having 15 years and more. Only a few had less than 2 years experience, this was 9% (5). The majority who held senior positions had more than one post basic nursing qualification.

Attitudes towards traditional healers
The psychiatric nurses' attitudes towards traditional healers are summarized in Table 1. For the sake of easier presentation the 5-point scale was reduced to a 3-point scale without affecting the statistical results.

Table 1: Attitudes of psychiatric nurses towards traditional healers

<table>
<thead>
<tr>
<th>Statement items</th>
<th>A (%)</th>
<th>U (%)</th>
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<tbody>
<tr>
<td>1. Working together will facilitate understanding and trust</td>
<td>39 (68)</td>
<td>6 (11)</td>
<td>12 (21)</td>
</tr>
<tr>
<td>2. Working together will be a waste of time as they are unscientific</td>
<td>10 (18)</td>
<td>9 (16)</td>
<td>38 (67)</td>
</tr>
<tr>
<td>3. Traditional healers are effective; beneficial to patients</td>
<td>23 (40)</td>
<td>19 (33)</td>
<td>15 (26)</td>
</tr>
<tr>
<td>4. Traditional healers play no significant part in the lives of modern blacks</td>
<td>8 (14)</td>
<td>5 (9)</td>
<td>44 (77)</td>
</tr>
<tr>
<td>5. Western trained nurses and traditional healers cannot communicate professionally as they differ radically</td>
<td>20 (35)</td>
<td>8 (14)</td>
<td>29 (51)</td>
</tr>
<tr>
<td>6. Refusing to co-operate with traditional healers interferes with patients obtaining the health care they need</td>
<td>43 (75)</td>
<td>3 (5)</td>
<td>11 (19)</td>
</tr>
<tr>
<td>7. Traditional healers are currently demonstrating new attitudes and are joining modern health care programmes</td>
<td>39 (68)</td>
<td>12 (21)</td>
<td>6 (11)</td>
</tr>
<tr>
<td>8. Certain methods used by traditional healers are claimed to be effective; nursing students should be educated about them</td>
<td>36 (63)</td>
<td>12 (21)</td>
<td>9 (16)</td>
</tr>
<tr>
<td>9. The need to consult traditional healers arises from personal psycho-social crises beyond western medicine</td>
<td>41 (72)</td>
<td>11 (19)</td>
<td>5 (9)</td>
</tr>
<tr>
<td>10. Before being allowed to work with health professionals, traditional healers should validate the success of their methods</td>
<td>39 (68)</td>
<td>8 (14)</td>
<td>10 (18)</td>
</tr>
<tr>
<td>11. If traditional healers are totally integrated in the health system, nurses should be their superiors</td>
<td>23 (40)</td>
<td>17 (30)</td>
<td>17 (30)</td>
</tr>
<tr>
<td>12. Working with nurses who are practising in a double capacity of both nurse and healer lowers standards of the profession</td>
<td>19 (33)</td>
<td>15 (26)</td>
<td>23 (40)</td>
</tr>
<tr>
<td>13. Traditional healers are ineffective in their treatment because their medicines are bizarre and dangerous</td>
<td>15 (26)</td>
<td>17 (30)</td>
<td>25 (44)</td>
</tr>
<tr>
<td>14. Close association with traditional healers is liable to cause lowering of the nursing profession status</td>
<td>16 (28)</td>
<td>7 (12)</td>
<td>34 (60)</td>
</tr>
<tr>
<td>15. In my clinical setting, I would encourage patients to consult traditional healers, if they wish to do so</td>
<td>38 (67)</td>
<td>9 (16)</td>
<td>10 (17)</td>
</tr>
<tr>
<td>16. Regular meetings should be held with traditional healers so as to co-ordinate the services they render to patients</td>
<td>47 (82)</td>
<td>4 (7)</td>
<td>6 (11)</td>
</tr>
<tr>
<td>17. Traditional healing is based on fear of ancestral spirits and magical beliefs, which increases anxiety in patients</td>
<td>20 (35)</td>
<td>18 (32)</td>
<td>19 (33)</td>
</tr>
<tr>
<td>18. Traditional healers and their services are wide spread, nurses should not ignore their significance, but must support their legalization</td>
<td>37 (65)</td>
<td>12 (21)</td>
<td>8 (14)</td>
</tr>
<tr>
<td>19. Scientific nursing methods are the best, safe sources for mental health provision</td>
<td>23 (40)</td>
<td>9 (16)</td>
<td>25 (44)</td>
</tr>
<tr>
<td>20. Since the remedies of traditional healers are so adaptable, they are preferred by most patients and their families</td>
<td>30 (52)</td>
<td>12 (21)</td>
<td>15 (26)</td>
</tr>
</tbody>
</table>

1=Agreeing respondents, 2=Uncertain respondents, and 3=Disagreeing respondents
Responses in Table 1 show that an overall positive attitude towards traditional healers exists. All of the 10 positively stated items indicate consensus of agreement in replies.

From the 10 negative statements, 2 items (10 and 15) were answered in the negative (agreed) and the remaining 8 were positively answered (disagree) towards traditional healers. There appears, however, to be ambivalence with four of the statements 11, 12, 13, and 17.

It must be observed that selected statements with the majority of over 70% "agree" on items 16, 6, 9, and "disagree" responses (item 4) are of special note. The response ratings appear to give attitude information that express an opinion of willingness to co-operate with traditional healers. These statements acknowledged that collaboration with traditional healers would benefit both patients and nurses. They also agreed that regular meetings with traditional healers would develop trust.

Respondents (68%) agreed with statement 10 that indicated that they felt that traditional healers should validate the success of their treatment methods before being allowed to work with health professionals. The respondents in the majority disagreed with the statements that were negatively worded against traditional healers. They disagreed that traditional healers are of no value to urban blacks, or that working with traditional healers would lower the professional status of nursing. Similarly, they also disagreed that working with traditional healers would be a waste of time.

Respondents were asked to give general comments using three open-ended questions about traditional healers to express attitudes and feelings in their own words.

Question 1: If you do not want to work or form a therapeutic alliance with traditional healers, what options do you have for those who need their services?

Different responses were generated by this question, which were then reduced to 3 themes. The answers clustering around the same theme were grouped together and organized under coding "Yes" or "No" to alliance with traditional healers.

The overall finding indicated that a favourable unconditional attitude existed towards alliance with traditional healers (83%), as opposed to 17% who said "No". In addition, 61% specifically stated that they would support alliance with traditional healers to support the patient's choice, whilst 39% said "No".

"Pro" traditional healers' statements identified were as follows:

"The nurse is supposed to be an advocate for patients."
"Health needs of patients are to be coordinated."
"Patients have the right of making choices and preferences."
"Nurses should be sensitive to what patients want."
“For easy referring of patients hospitals should have consultation rooms for traditional healers.”

A number of nurses who said "No" to alliance gave some of the following comments:

"I have no options about such an alliance as long as there is no ethical code applying to traditional healers, which forbid them from experimenting on individuals when not sure of the herbs they are using."
"They should first take responsibility for their malpractice and write some form of death report for patients dying whilst under their care."

It must be noted that a number of inconsistencies about traditional healers made by these respondents seem to suggest that some of the nurses in this study require transparency about the scope of traditional medical practice. Some respondents gave a non-specific answer that stated: "It is none of my business what people do with their lives."

Question 2: If you think you will be open to some form of working with traditional healers, explain how this will take place?

Interpretations from respondents' statements revealed the following pattern of themes. These implied that the possibility of working together would depend on certain conditions such as (1) negotiations, formalization and legalization of traditional healers, (2) referral system and integration, and (3) incorporation of western and traditional medicine. Three themes were identified: Formalize/Legalize, Referral/integration and Incorporation.

Formalize/Legalize.
Findings indicated that 60% of the respondents in this study were willing to work with traditional healers by means of talks, formalization of practice and legalization of practice, as opposed to 40% who rejected such a move. The nurses who favoured this option gave explanations as follows:
"Talks and negotiations will lead to formalization of traditional healers practice via legislation."
"Traditional healers will receive recognized training and education to ensure patient's safety, and that there will be suppression of traditional practices which could be construed as dangerous."
"Learning from each other will be facilitated, and transparency which is needed as to how traditional healers function at their areas of practice will be de-mystified."
"Traditional healers will be monitored and will therefore take responsibility for their malpractice and write death certificates for patients dying whilst under their care."

Referral/integration
Further analysis showed that an overwhelming majority (84%) said "No" to the integrative option as opposed to "Yes" (16%), who wished to integrate. These nurses stated that they rejected the option of blending the two systems and mutual referral unless there is clarification of the role and function of traditional healers within the multi-disciplinary team in the clinical setting, to avoid role conflict, confusion, professional power struggles and competition over patients. They felt traditional healers must work in their own areas, as their muti ("medicine") will affect hospital patients. Furthermore, they were concerned about having to refer patients to traditional healers, as they preferred traditional healers referring patients to them, and they expressed the need to know what would be the indicators for referral of patients to the healers by the professional nurses.
The 16%, who said "Yes" to integrative mutual referral system within the health team, were of the opinion that if traditional healers had consulting rooms within the hospital, co-ordination would be easy. Patients would be referred to traditional healers for treatment of conditions presenting with cultural manifestations. The respondents stated that such referral would give the multi-disciplinary team members an opportunity to observe the process of traditional healing whilst monitoring the safety of the patients.

Incorporation
The option of incorporation of traditional healers was favoured by 47%, less than half of the respondents. Fifty-three percent said "No" to incorporation of the two systems. The higher percentage of "No" is found to be inconsistent with findings on formalization and legalization of traditional healers. The expected finding would be that the respondents should support the option of incorporation whereby traditional healers would be incorporated within primary health care rendering scientific oriented services. The respondents appeared to be concerned about how traditional healers can be involved in preventive measures which are scientific oriented when the majority are illiterate. Secondly, they were concerned about the legal implications of traditional healers dispensing hospital treatment.
Question 3: Respondents were given the option to elaborate on their general impression regarding nurses and traditional healers. This question provided the nurses with an opportunity to state their concerns about the issue of possible collaboration and co-operation with traditional healers.

The main comments indicated that the respondents were receptive of and accepting the idea of having to work with traditional healers. The responses fell into negative and positive themes towards co-operative efforts with traditional healers.

Over half (61%) of the respondents were positive about working together with traditional healers. They felt it would promote recognition of the worth of each system, and would meet the traditional health beliefs and health practices of patients. Statements such as the following evidenced this:

"Traditional healers are effective and trusted by African people, why should they seek approval of modern practitioners?"

"They are valuable as the peoples' support where western medicine fails."

39% negative statements opposed these positive statements by those nurses who indicated that they were reluctantly agreeing to work with traditional healers. They expressed doubt about the efficacy of traditional healers and the safety involved in what they do. For instance, ritual murders for "muti" purposes, the fear that hospitals will lose the confidence of patients who do not believe in traditional healing, and they were also concerned that their religious affiliations and personal beliefs do not allow them to associate with traditional healers.

When considering all groups, a score of 53% "Yes" answers by respondents appeared to favour this option. The major reasons given for choosing this option were that it could benefit the health services by allowing the traditional healers to function within the "formal health sector". The respondents felt that it would also be an opportunity for them to choose freely from the two available health systems. The other advantage was cited as an opportunity for both systems to be recognized as equally valuable to the people. The respondents emphasized that it would be equal recognition but separate functioning. Forty-seven percent on the other hand opposed the option of co-operation/collaboration.

When each area was analysed, it must be noted that comments regarding options identification were difficult to categorize. In most instances the comments made by the respondents did not represent pure types of the 3 identified options of incorporation, cooperation/collaboration and integration with traditional healers, but were mixtures of the three types of these options. On the identified themes by the respondents, a "Pro" co-operative/collaboration attitude with traditional healers was found. This
option appeared to be a favourable choice of the nurses in this study, as compared to the option of incorporation and integration.

A further analysis of comments made by the respondents showed that only 28% were of the opinion that research focusing on traditional medicine would benefit the scientific world. This group also expressed the need for traditional healers to be educated. The majority (72%) said, it was unnecessary to research traditional healers. The nurses in this study were of the opinion that traditional healing is an African cultural heritage that need not prove itself by scientific standards or documentation of credibility of its practitioners.

Discussion

Findings concur with other studies regarding:

(1) Traditional healers play a significant role in (urban) Africans. Edwards (in Dauskardt 1990) and Farrand (1984: 780) found that 40% of African township residents and 55% of rural residents consult traditional healers.

(2) Western and traditional methods have something in common. For example, Edwards (1986:1274) stated: "as much as traditional healers and modern practitioners work from different orientations, they have a degree of agreement concerning diagnosis and treatment when faced with limited choices concerning patients problems and needs.


(4) Nurses should be superiors to traditional healers. Odebiyi (1990: 333) found that 44% of Nigerian nurses favoured formal collaboration only on condition that nurses work with them as their superiors. The fact that 30% of the respondents disagreed with this statement and 30% were uncertain implies that these respondents are prepared to work with traditional healers as equals or under them. The respondents are either unaware of or would disregard the regulations relating to the scope of practice of persons who are registered under the Nursing Act, 1978 (Act 50 of 1978). It states that: "The nurse/midwife may accept directives, prescriptions, orders or requests for the diagnosis, treatment and care of a patient only from the categories
of a person registered under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974) (Searle 1986: 177).

(5) Traditional remedies are preferred because of their adaptability. Approximately half of the respondents (53%) agreed indicating that, these nurses consider traditional remedies to be more acceptable to individuals and their families, than hospital treatment. Pekane (1989) found that patients were non-compliant to medicines prescribed by doctors post discharge, because families encouraged the use of traditional healing practices.

(6) Certain factors hinder collaboration. Consideration of religious affiliation is likely to influence the nurses' attitudes towards traditional healers. Some churches object to collaborative efforts with traditional healers, whilst others, like African Independent Churches, are more tolerant of healers and patients who consult them (Upvall 1992: 35, Freeman & Motsei 1990: 3). Upvall (1992, 1995) found that nurses in Swaziland were strongly opposed to collaboration because traditional healers were perceived as causing more harm than good - a similar finding was reported by Barbee (1986) among nurses in Botswana. It is suggested that because nurses are socialized to two belief systems about health and healing and because of their position in the biomedical health system, they are caught in a dialectical tension or cultural distance between their traditional and acquired beliefs (cf. also Green 1988: 1126, Peltzer in print).

Conclusions

The results of the survey indicated various attitudes of psychiatric nurses towards traditional healers. Most respondents showed an attitude of open-mindedness, and indicated readiness to accommodate traditional healers. The nurses in this category seemed to be motivated by their viewpoint of acknowledging the personal worth and uniqueness of patients' choices of treatment. An attitude of advocacy was demonstrated by statements which were supportive of encouraging the patients to utilize the services of traditional healers if they wish to do so. In general the nurses in this study wanted to be involved in the issue of traditional healers for the sake of their patients. However, there were those respondents who appeared to be ambivalent and unsure about this controversial issue and not prepared to commit themselves. The attitudes identified varied from total acceptance of traditional healers to conditional acceptance, including total unwillingness and rejection of these healers.
The option of co-operation/collaboration was mostly favoured by the respondents as it entails that the two approaches must exist separately, and used by patients as they wish. However, this option was said to be possible only if traditional healers would be held responsible for their malpractice. Traditional healers were criticized for some of their unconventional healing practices and the fact that they often refer patients to hospital only when realizing that the patient is about to die. The option of incorporation with traditional healers was favoured by less than half of the respondents by stating that this will allow nurses to keep track of patients in follow-up care without losing them to traditional healers. Nurses who were concerned that most of the traditional healers are illiterate and therefore cannot carry out scientific oriented procedures effectively opposed this option. They stated that they could agree to this option only if they are made supervisors of traditional healers.

This study has revealed that over 60% of the study group are willing to work with traditional healers provided that negotiations be entered into, and that traditional healers are formalized via legislation and that they must receive recognized training to ensure patients' safety. It is hoped that these proposed regulatory measures, would help in stopping certain dangerous practices employed by some of these healers, whilst at the same time retaining traditional treatments which are considered to be effective.

Nursing practice and policy implications

Based on the results of this study, it is evident that incorporating traditional healers into the main stream of health care delivery will have implications for clinical practice, policy making, and education.

From the findings of this study, nursing practitioners need information about utilization of valid cultural assessment tools for diagnostic purposes of patients presenting with cultural manifestations that often go unrecognized (Uys 1989, Wilson & Kniesl 1992: 906). The cultural assessment tool that could be used is the Block's Ethnic/Cultural Assessment Guide (Boyle & Andrews, 1989: 24). This tool can help in the identification of the patient's cultural health needs. On completion of collecting cultural data, a complete nursing diagnosis can be formulated; e.g. non-compliance to treatment related to adherence of traditional beliefs and practices as evidenced by patient's relapse because the traditional healer forbids hospital treatment. A specific nursing diagnosis will lead to supporting transcultural-nursing interventions.
Nurses need to mobilize the patient's social support systems whilst hospitalised, implications of which would be to incorporate their cultural healing practices in the nursing care plan. Acknowledgement of this strategy would mean permitting a healer who is perceived by a patient as helpful to perform healing rituals in hospital, while also observing the rights of patients who do not believe in cultural health practices. It is suggested that patients with cultural health belief systems which use cure practices that are supernatural be offered privacy when hospitalized. These patients could also be given leave of absence from hospital on request, as part of the nursing care plan to go home for healing rituals such as offerings, sacrifices and traditional ceremonies. Nurses should be genuine in acknowledging traditional health beliefs of patients using protective/preventive charms and amulets. For example, when a patient is going for Electro-Convulsive Therapy, and refuses to remove a lucky charm, negotiations can be entered into to accommodate the patient's needs.

Legislation should be taken in the New South Africa to legitimise the roles of traditional healers in the health care industry, and at the same time, loosen the dominance of the modern health resources, to encourage traditional practitioners to improve the efficacy of their practices (Bannerman et al. 1983: 314). The government's decision to recognize the legitimacy of traditional healers and their role in the provision of Primary Health Care must provide information on the safety and effectiveness of traditional health care (McCloskey & Grace 1990: 373). Particularly with regard to harmful practices such as instructions from healers that patients must stop hospital treatment, whilst on the healer's "muti". This leads to relapse of patients and also to cupboards that are full of unused medicines. This problem is constantly encountered in psychiatric practice.

The health policy developers must create awareness to all health professionals as to what options exist for possible linking with traditional healers (Freeman & Motsei 1990: 4). Nurses should not miss opportunities that exist for involvement in health care policy decisions e.g. by forming committees at health institutions and workshops on the "Charter of Patient's Rights".

Nursing students should be encouraged to review their own attitudes and health beliefs objectively and examine the logic of those attitudes so as not to impose health practices on patients without verifying whether it is acceptable or not to them. Nurse educators are to develop a curriculum, which critically examines health beliefs and practices of various cultural
groups. The professional practice principles and ethos of nurses should specifically spell out the nursing standpoint regarding traditional medicine.

Nursing students can be introduced to local traditional healers treating patients and prominent community leaders trusted must identify such healers. Only through gradual interaction will nurses increase their knowledge about acceptable traditional medicine. Specific recommendations are that, as part of their clinical practice, students be allocated to live with a specific cultural group for a certain period to observe and share in that culture's on-going life styles if possible or acceptable. As part of clinical experience, the students can gain a transcultural health care perspective. Students can be given factual information on traditional healing by incorporating specific subjects such as medical anthropology, traditional healing model of care and, transcultural nursing as a clinical course.

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