

SIMILARITIES IN THE META-PARADIGM OF NURSING AND TRADITIONAL HEALING: AN ATTEMPT TO CONTRIBUTE TO THE INTEGRATION OF TRADITIONAL MEDICINE AND WESTERN MEDICINE IN AFRICA*

*This article was presented as the 'centenary paper' at the Nursing Odyssey International Conference, Bloemfontein, South Africa in July 2004.

Prof NC van Wyk

PhD

Chairperson: School of Healthcare Sciences, University of Pretoria, Pretoria

Corresponding author: nvanwyk@medic.up.ac.za

Keywords: traditional healing; Western medicine; meta-paradigm of nursing; integrated healthcare; health

SUMMARY

The meta-paradigm of a discipline represents the global perspective of such a discipline and serves as an indication of how the practitioners of the discipline view the primary phenomena that are of interest to them. In studying the meta-paradigm of nursing and the principles of traditional healing interesting similarities are found. As in the case of nursing, traditional healing focuses on the person as a holistic human being. Man, in his totality, is viewed as an interacting being who is constantly not only in interaction with his environment, but who has an influence on the environment and the people around him. Diseases are not only associated with the physical parts of the body, but also with socio-cultural and supernatural aspects. Therefore, the environment has an influence on the occurrence of diseases in traditional healing as well as in nursing. The importance of the role that supernatural aspects in the environment play is emphasised in traditional healing. The balance between the person and his environment has to be secured in order to maintain health. In nursing as well as in traditional healing the promotion of health is considered as very important. Health promotion can be accomplished through health education in the case of nursing, or by protecting the person against harm through rituals in the case of traditional healing. Health is described, both in nursing and traditional healing, not only as the absence of disease, but rather as the well-being of the person. Not only are the similarities between the meta-paradigm of nursing and the principles of traditional healing an interesting research field, but it may also have specific implications for the development of an integrated healthcare system in Africa, where its peoples very often visit both traditional healers and Western-trained doctors and nurses in cases of illness.

OPSOMMING

Die metaparadigma van 'n dissipline verteenwoordig die globale perspektief van só 'n dissipline en dien as 'n indikasie van hoe die praktisyns van die dissipline die primêre fenomene wat vir hulle belangrik is, beskou. In die bestudering van verpleging en die beginsels van tradisionele genesing is interessante ooreenkomste gevind. Soos in die geval van verpleging, fokus tradisionele genesing op die persoon as 'n holistiese menslike wese. Die mens, in sy totaliteit, word beskou as 'n interaktiewe wese wat nie alleenlik konstant in interaksie met sy omgewing is nie, maar wat ook 'n invloed op die mense om hom het. Siektes word nie net met die fisiese dele van die liggaam geassosieer nie, maar ook met sosio-kulturele en bonatuurlike aspekte. Daarom het die omgewing 'n invloed op die voorkoms van siektes in tradisionele genesing sowel as in verpleging. Die belang van die rol wat bonatuurlike aspekte in die omgewing speel word in tradisionele genesing beklemtoon. Die balans tussen die persoon en sy omgewing moet verseker word ten einde gesondheid te handhaaf. In verpleging, sowel as in tradisionele genesing, word die bevordering van gesondheid as baie belangrik geag. Gesondheidsbevordering kan tot stand gebring word deur gesondheidsvoorligting in die geval van verpleging, of deur beskerming van die persoon teen leed deur rituele in die geval van tradisionele genesing. Gesondheid word in beide verpleging en tradisionele genesing beskryf as nie

net die afwesigheid van siekte nie, maar eerder as die welsyn van die persoon. Die ooreenkomste tussen die meta-paradigma van verpleging en die beginsels van tradisionele genesing is nie alleenlik 'n interessante navorsingsveld nie, maar dit kan ook spesifieke implikasies vir die ontwikkeling van 'n geïntegreerde gesondheidsorgsisteem in Afrika inhou, waar sy volkere dikwels beide tradisionele genesers en Westers-opgeleide dokters en verpleegkundiges in die geval van siekte raadpleeg.

INTRODUCTION

Traditional medicine plays an important part in healthcare delivery in Africa. It can either be the first choice of care that Africans seek or the last resort when Western medicine fails (Omonzejele, 2003:29). Approximately 70% of people in Africa consult traditional healers before they make use of Western medicine (Puckree, Mkhize, Mgbhozi & Lin, 2002:247).

Africans view the cause of disease as both immediate and ultimate. In the case of infectious diseases the Germ Theory is accepted as the immediate cause of disease. However, the reason why one person has been infected while others have not been is explained through the ultimate cause of disease. Magical manipulation has been involved in the latter. Due to the dichotomy in the explanation of the causes of disease, African people make use of both traditional healers and biomedical professionals for the same condition (Van Dyk, 2001:5).

BACKGROUND AND PROBLEM STATEMENT

In order to consider traditional healing as an integral part of healthcare in Africa, "healthcare professionals need to be pro-active in integrating traditional healing with Western practices" (Puckree *et al.* 2002:247). According to the World Health Organization (1978:18) such an integrated healthcare system will improve the general healthcare knowledge. More healthcare services will be made available to the people of Africa through an integrated system. According to Gumbi (in Puckree *et al.* 2002:247) approximately 400 000 recognised traditional healers were serving the people of South Africa in 1996. Through the involvement of traditional healers an additional 400 000 healthcare workers can thus be made available for the delivery of primary healthcare.

An integrated healthcare system requires flexibility in order to accommodate the skills and varying levels of knowledge of all practitioners. To achieve integration,

mutual respect for and recognition of the contributions that all role players make, have to be ensured (WHO, 1978:16). The lack of communication between the practitioners of traditional medicine and Western medicine thus has to be addressed to ensure the safety of patients as well as the quality of the system (WHO, 2002:47).

The retraining of traditional practitioners to complement Western medicine (Tabuti, Dhillion & Lye, 2003:127) as well as the retraining of the practitioners of Western medicine to understand the ways in which traditional healing can contribute to holistic care (WHO, 2002:20) is therefore necessary.

The process to establish collaboration between traditional healers and the Western-trained healthcare professionals to create an integrated healthcare system should not be naively oversimplified (Hammond-Tooke, 1989:154). Many differences between the two approaches to healthcare exist. Western medicine explains the cause of disease by using the biomedical model, while practitioners of traditional medicine make use of a holistic approach to health-care in order to restore the balance between the sick person and his environment (Bruce, 2002:162).

Although these differences cannot be ignored, the author believes that many similarities in traditional healing, Western medicine and nursing exist. By accepting the differences as unique characteristics of an integrated healthcare system, the focus should be on the identification of the similarities in traditional healing and nursing in order to contribute to the development of such a system. The identification and description of the similarities is thus important in order to set the foundation for further discussions of ways to integrate nursing and traditional healing.

AIM OF THE STUDY

The aim of the study is to identify the similarities in the

principles of traditional healing and the meta-paradigm of nursing.

META-PARADIGM OF NURSING

According to McEwen (2002:40), it had been Fawcett who first wrote about the central concepts of nursing namely health, environment, nursing and person in 1978 and followed it up by formalising the meta-paradigm of nursing in 1984. The meta-paradigm does not only identify the concepts of nursing, but also explains how it deals with those concepts (Fawcett *in* McEwen, 2002:40).

“Nursing is a discipline with a social mission to serve people” (Fawcett, 1992:224). Wagner (*in* McEwen 2002:42) describes it as “a science, an art, and a practice discipline (that) involves caring”. Today, many nurses share this perspective either in the practical or in the theoretical fields of nursing. The goal of nursing includes care of the well and the sick by assisting with self-care activities and helping people to attain their human potential. Nursing is also focused on “discovering and using nature’s laws of health” (Wagner *in* McEwen, 2002:42). The purpose of nursing care is to place patients in the best possible position to restore their health and to promote the adaptation of individuals to their circumstances, while an enabling interaction between the patient and nurse is developed and harmony between the individual and the environment is promoted (McEwan, 2002:42).

Nursing deals with human beings who are in constant interaction with their environment and who have unmet needs related to their health. Due to health-related problems they are incapable of caring for themselves, or otherwise they have not adapted effectively to their environment (Meleis, 1997:118).

“Human beings and their worlds as experienced (by them) cannot be separated” (Mitchell & Cody, 2002:220). The focus in nursing therefore, has to be not only on patients as human beings but also on their world as experienced by them. In cases where people make use of traditional medicine, the latter forms part of their interpretation of, and experiences in, their world. Human beings as unitary wholes are in continuous interrelationship with their dynamic, historical and cultural worlds (Dilthey; Giorgi *in* Mitchell & Cody,

2002:218). It is the responsibility of nurses to respect the patients’ interpretations of their world and to incorporate it in the planning of patient specific nursing care. “The quest for nursing is to understand the nature of and to facilitate nursing processes in diverse contexts of health experiences” (Reed, 2002:116).

Nurses’ attention to both individuals’ bodies as well as these people’s meaning of their world distinguishes nursing from biomedicine and all other social and spiritual services (Thorne, Canam, Dahinten, Hall, Henderson & Kirkham, 1998:1259).

In nursing, the self-respect of patients, the self-care of patients and the patients’ privilege to make their own decisions as far as health is concerned, have always been treasured. It is therefore imperative that nursing acquires knowledge about human choices and of methods for supporting individual independence, rather than to try and develop methods to control and directly manipulate the patient into a state of health according to the nurses’ definition of the latter (Donaldson & Crowley, 1999:10).

The author thus believes that it is the patient’s privilege to make use of treatment modalities other than Western medicine, like traditional healing in the case of African people, in order to restore or improve health.

DEFINITION AND DESCRIPTION OF TRADITIONAL HEALING AND MEDICINE

According to the World Health Organization (2002:7) traditional medicine includes “diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness”.

It thus includes a diversity of health practices that are applied on its own or in combination (WHO, 2002:7-9). Traditional medicine in Africa has been practiced “from time immemorial for the health of its people” (Omonzejele, 2003:31).

Treatment in African traditional medicine is holistic in nature and is focused on striking “a balance between the patient’s body, soul and spirit” (Omonzejele,

2003:31). This is of the utmost importance, as Africans believe that illness is “both a bodily and a spiritual condition” (Prinsloo, 2001:61). Caring for the patient’s body only is therefore not acceptable. In traditional medicine even the environment has to be included in the treatment of the patient. The origin of the disease can be in the internal environment, meaning the patient’s body, soul and spirit or in the external environment that includes the family and society (Appiah-Kubi, 1993:99) as well as supernatural forces (Prinsloo, 2001:62). Africans’ perception of disease and traditional medicine can, therefore, not be separated from their religion and their general perception of the universe as an integrated concept (Omonzejele, 2003:31).

TYPES OF TRADITIONAL HEALING AND MEDICINE

Traditional healing covers a variety of therapies that include physical aspects as well as mystical rituals. Roots, leaves, herbs and other plant products are used in herbalism to cure the patient. As the body of the patient is natural, it is believed that the natural products will bring the body into equilibrium again so that it will cure the patient. In therapeutic dieting, certain foods are either avoided or used, to restore the imbalance that the patient experiences. With hydrotherapy, water in various forms is used on its own or in combination with other forms of treatment (Omonzejele, 2003:32).

Bone-setting is a specialised field of African traditional medicine and concentrates on the healing of fractures and other orthopaedic problems only. In Uzo massaging, practitioners make use of their fingers to trace the site of the problem (Omonzejele, 2003:32). The latter two types of traditional healing are not frequently practised.

In African terms the traditional healer is called a sangoma who, in many cases, is a woman and who has received an ancestral calling. She is able to diagnose conditions through the throwing of bones and the interpretation thereof, and prescribes a variety of treatments of which herbs form an important part. Training had been undergone under the supervision of an experienced sangoma. The sangomas’ tasks are not only to cure the patients, but also to attend to problems that precipitated the persons’ ill-health. The herbalists are trained by family members and are not capable of

diagnosing conditions. They can, however, prescribe herbal treatment once the patient has been diagnosed. In some parts of Africa herbalists are called “inyangas” (Thorpe, 1993:104 & 118).

For the purpose of this study, the scope of traditional healing is limited to the use of herbal remedies and the emotional and psychological support that are rendered to the patients in order to restore the relationship between them and their social, psychological and cultural environment.

COMPARISON BETWEEN NURSING AND TRADITIONAL HEALING IN TERMS OF THE PERSON, HEALTH AND ENVIRONMENT

Many similarities are found in the perspectives of nursing and traditional healing in terms of the person, health and environment.

“Person” as central concept in nursing

Since the 1960’s the focus of nursing had been on maintaining the health of patients and the assistance to them in their reaction towards their health and/or illness. Unfortunately, this focus led to an overemphasis on the conditions of patients with the result that patients, as human beings, have in some cases been neglected. The technical side of nursing overshadowed the philosophical side of patient care in nursing (Kim, 2002:179). The manner, in which people live, rather than the condition or the state of the people, has to be the focus of nursing in the 21st century (Kim, 2002:179). Through this perspective nursing can clarify its unique role within the community of healthcare providers.

Kim (2002:180) considers three aspects of human living to be important. The first is ‘living of oneself’ that includes all aspects of a person’s life such as capacities, limitations, appearance and feelings. The second aspect, of humans living with others, is based on the social aspect and refers to communality of human existence. The third aspect refers to living in situations that include the context of the person’s life and the adjustments that have to be made for survival and existence.

In Wagner’s (1986) definition of person, the emphasis

is also on the holistic being thereof and is defined as “an open system, an integrated whole, an adaptive system and as a being who is greater than the sum of its parts” (McEwen, 2002:41).

Since the description of the central concepts of nursing namely person, health, nursing and environment by Fawcett (1978), many “nursing theories were developed claiming that nursing focuses on the person whose needs are not met due to illness, or the person who needs help in maintaining or enhancing wellness” (Meleis, 1997:107).

“Person” as defined in traditional healing

The whole person is also the focus of the traditional healer. According to Prinsloo (2001:60), in Africa the concept ‘whole person’ is understood in terms of the dictum “I am, because you are”. The latter is referred to as the principle of Ubuntu. The person’s existence is determined by his fellow men, ancestor spirits and supernatural forces (Prinsloo, 2001:60). The relationship with the others is thus of utmost importance in health and in sickness. A disturbed relationship is considered to be one of the causes of disease and thus has to be restored in order to cure the patient. For the supporter of the Ubuntu-belief, treatment of the physical condition and the physical causes of a disease only, are unacceptable. All diseases have a psychological component that also has to be addressed before recovery is possible. Although disturbed relationships in the form of stress is acceptable as a cause of psychosomatic diseases within the Western perspective, in the African perspective it is not limited to psychosomatic conditions only (Prinsloo, 2001:60).

When the disturbed relationship involves supernatural aspects like the influence of the ancestors or “annoyed” spirits, only traditional healers can cure the patient (Anokbonggo, Odoi-Adome & Oluju, 1990:397). The fact that supernatural causes have been identified does not exclude the possibility that physical factors may also have played a role in the development of the condition. Both Western medicine for the treatment of the biomedical cause and traditional medicine for the psychological and emotional support of the patient can, in this case, be applied. Traditional medicine can, however, treat both the physical illness as well as the psychospiritual component when Western medicine is not avail-

able (Tabuti, Dhillion & Lye, 2003:119).

In Africa, the relationship of patients with their families is very important as far as health is concerned. When a person is sick, it will first be communicated to the family who will take the initial steps toward diagnosis and eventually treatment (Thorpe, 1993:108). In cases of minor ailments Western medicine and, in many cases, folk medicine will be bought and administered. If the condition does not improve the family will make another assessment and the decision will then most probably be to consult a traditional healer. When spiritual causes are suspected, the traditional healer will be consulted outright (Tabuti *et al.* 2002:120).

“Health” as central concept in nursing

According to Wagner (1986) health is the ability of a person not only to function independently, but also to be able to successfully adapt to life’s stressors and to achieve one’s full life potential in such a way that unity between the mind, body and soul exists (McEwen, 2002:41).

In terms of the health of the community or population at large the social, political and economic influences on it force the nurse to move beyond her traditional role in preserving the health of the individual to a social responsibility to act on behalf of populations (Butterfield, 2002:185). In promoting the health of the community the nurse may be obliged to plan services for the community in such a manner that the community, as greater unit, will benefit from it while it may not be to the benefit of all the individuals in the community (Kleffel, 2002:195).

Although “health has been a phenomenon of central interest to nursing since its inception” (Thorne *et al.* 1998:1261), not all people associate the concept with nursing (Meleis, 2002:161). It is the case especially in the developing world where people tend to associate it rather with medicine, physicians or traditional healers (Meleis, 2002:162).

“Health” defined in traditional healing

While Western medicine relies on vaccination, drug prophylaxis, health education and genetic technology to prevent diseases, various techniques are used in

African traditional medicine to protect the person against harmful elements that can cause disease (Bruce, 2002:163). The latter includes "totemic objects such as wrist and waistbands made of beads or string", as well as ceremonial acts and even potions that have to be taken as prescribed by the traditional healer (Bruce, 2002:163).

The focus in health promotion in African traditional medicine is on strengthening the resistance of the person and that of the family in order to ward off the evil spirits that may cause diseases (Cocks & Moller, 2002:392).

The identification of aspects that threaten the health of the person and his family thus plays an important part in traditional medicine. Much time and energy is spent on the protection and maintenance of health. According to Berends (1998:9) it is on this aspect that Western and traditional medicine differs, as Western medicine can identify the 'what' that causes disease but not 'who' has caused it or 'why' the person became sick. In order to protect the individual from diseases it is not only necessary to know what cause disease but more so to know how and by what it had been caused. Only then can the person be protected against disease.

Health and the determinants of health are defined in terms of physical, psychological and spiritual terms. In improving health, the relationships of the person as well as the physical condition of the patient have to be strengthened. Health education should, therefore, not only be designed according to Western standards and practices, but should be aimed at modifying the African rituals to a level that remain culturally acceptable and at the same time will improve the health of the individual (Bruce, 2002:164).

"Environment" as central concept in nursing

Nurses' efforts to facilitate the interactions between persons and their environment in order to enhance their health are supportive of the development of the meta-paradigm of nursing (Fawcett, 2002:208). According to Wagner (1986) the environment refers to both the external elements that may affect the person, as well as the internal and external conditions that influence the

person. The latter include those significant others with whom the person interacts. "Environment" thus refers to an open system with boundaries that permits exchange between human beings (McEwen, 2002:41).

Meleis's (1997:115) concern is that nursing has focused too much on the importance of the biological systems of the cosmos in order to understand the biomedical causes of disease, medical treatment and assistance with the medical regime. The importance of the environment as determinant of health and illness has been ignored in the process. Even Florence Nightingale considered the discomfort and suffering of her patients to be the result of limitations in the environment and urged the nurses to focus on rectifying it in the care of their patients (Meleis, 1997:115). As patients and their environment are in constant interaction, changes in one of them automatically leads to changes in the other. With this in mind, the aim of nursing intervention has to be on the promotion, maintenance and regulation or changing of the environment to the benefit of the patient (Meleis, 1997:115). It is imperative that this domain of nursing incorporates not only the physical, but also the socio-political and economic aspects of the environment (Meleis, 1997:118).

The tendency towards defining environment as natural must, in nursing, be complemented by acknowledging "the environment as a social construct to be critiqued and reformulated" (Thorne *et al.* 1998:1262). People and their environment are inseparable from the cosmos in which they function. The person's experience of the environment and thus also the determinants of health and illness as factors of the environment, have to be reflected in nursing care. When nurses do not understand the situations that patients are confronted with, problems in building rapport with the patients develop. Care that is not culture-congruent is the result of such misunderstanding.

"Environment" defined by traditional healing

In Africa, good health requires more than only a healthy body. It requires also a healthy environment and a good relationship between the two. In order to achieve a balance between the healthy body and the healthy environment a number of activities are necessary, either on conceptual or symbolic level (Cocks & Moller,

2002:387).

Special endeavours are required to preserve good relationships between people as living members of the community and between the "visible and invisible realms of the known universe" (Thorpe, 1993:103). The maintenance of this life-sustaining balance is predominantly the responsibility of the traditional healer who, in consultation with the ancestors, prescribes to the people which herbal medicine has to be taken or what rituals have to be performed to keep the ancestors satisfied (Thorpe, 1993:103).

Not only herbal medicine prepared by the traditional healers and herbalists are generally used to ensure good health. Commercially produced brand name medicines from Dutch, Indian and Chinese cultures, as well as synthetic fats are also used to maintain good health and good relationships with the socio-cultural environment (Cocks & Moller, 2002:395).

The environment, in maintaining health and as the cause of disease, is so important that in the occurrence of disease, not only the patient, but also their family and the whole society are considered ill when one person falls sick (Appia-Kubi, 1993:99). Thus all parties have to be involved in curing the sick as well as in maintaining health and a good relationship with the environment and more specifically the socio-cultural environment. Appia-Kubi (1993:98) therefore advises people to "have good thoughts about their neighbours" in order to enjoy maximum health.

SIMILARITIES IN TERMS OF THE PERSON, HEALTH AND ENVIRONMENT

In nursing and traditional healing, the importance of the interaction between the patients and their environment in the maintenance and preservation of health is acknowledged. The harmony in such an interaction is of the utmost importance to improve health and to restore ill-health. The focus in caring, curing and healing is not on the patients only, but includes their experiences of relationships as well as the world in general. The biomedical and the socio-cultural explanation of health and ill-health are accepted as valid and applicable.

In nursing, patients are viewed as holistic human beings. Three aspects of man as human being are ac-

knowledged. The first aspect refers to the patients' own limitations, feelings and capabilities. The second aspect refers to the interaction with other people, while the third aspect acknowledges the circumstances under which they live and the adjustments necessary for survival. All three aspects contribute to the holistic view of the person.

The whole person is also the focus of the traditional healer. The existence of man is determined by his relationships with other people. The latter includes the living, as well as the deceased that are honoured as ancestors. In cases of ill-health a disturbed relationship is often blamed. This perspective does not exclude the use of Western medicine to cure the physical condition. Both Western medicine for the treatment of the biomedical cause and traditional medicine for the psychological support of the patient are applied.

Nursing views health as the ability of a person to function independently in order to achieve one's full life potential and to be able to adapt to stressors in such a way that unity exists between the body, mind and soul.

In traditional medicine health is also defined in terms of physical (body), psychological (mind) and spiritual (soul) terms. In the improvement thereof, the relationships of the patients as well as their physical condition have to be strengthened. Various rituals are performed in order to protect them from ill-health.

In both nursing and traditional medicine, the environment consists of physical, psychological and socio-cultural determinants of health. In case of the latter, interpersonal relationships are of significance in maintaining and restoring health. The environment is defined as an open system with permeable boundaries to permit interaction between human beings.

IMPLICATIONS OF THE SIMILARITIES IN TERMS OF THE INTEGRATION OF HEALTH SERVICES

The identification of similarities between the meta-paradigm of nursing and the principles of traditional healing is not only an interesting research field, but has specific implications for the development of an integrated healthcare system for Africa where its people very often visit both traditional healers and Western medicine

healthcare facilities in case of illness.

Other healthcare professionals such as physicians, physiotherapists and dieticians very often describe nurses as the backbone of healthcare as they are considered to be the managers and coordinators of patient-care. From a patient perspective, nurses are regarded as the spoke-persons of patients who act on their behalf in order to make other members of the health team aware of their needs. The expectations of both the healthcare professionals and the patients empower nurses to perform the role of mediator between the one group (patients) that prefer to make use of both Western and traditional medicine and the professionals (physicians and allied health professionals) who were trained in allopathic or Western medicine only and who generally reject traditional medicine.

Although nurses share principles concerning biomedicine with their colleagues in medicine and allied healthcare, they also have common ground with traditional medicine regarding the similarities in definitions of the person, health and environment. By making nurses aware of the latter, traditional medicine can be demystified to the extent that nurses may start to understand why their patients make use of both Western and traditional medicine. It may also lead to an investigation of means to make it possible for patients to openly consult both traditional and Western medicine.

CONCLUSION

Similarities in the definitions of the person, health and environment by nursing and traditional medicine were identified. This may contribute to the demystification of traditional medicine and greater understanding by nurses regarding the reasons why patients make use of traditional and Western medicine. It can be considered as a step towards the integration of Western and traditional medicine. The author recommends that:

- more research be done on specific approaches to integrate traditional healing practices and nursing care; and
- nurses to be trained to appreciate the contribution of traditional healing to comprehensive health care.

BIBLIOGRAPHY

- ANOKBONGGO, WW; ODOI-ADOME, R & OLUJU, PM 1990: Traditional methods in management of diarrhoeal diseases in Uganda. **Bulletin of the World Health Organization**, 68(3):359–364.
- APPIAH-KUBI, K 1993: Traditional African healing system versus Western medicine in Southern Ghana: An encounter. (In: Olupona, J & Nyang, S eds 1993: Religious plurality in Africa: Essays in honour of John S Mbiti. Berlin: Mouton De Gruyter, pp 95 –105).
- BERENDS, B 1998: Mission and health care. **REC Mission Bulletin**, XVIII(2):3–13.
- BRUCE, JC 2002: Marrying modern health practices and technology with traditional practices: Issues for the African continent. **International Nursing Review**, 49(3):161–167.
- BUTTERFIELD, PG 2002: Thinking upstream: Nurturing a conceptual understanding of the societal context of health behaviour. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 185 – 192).
- COCKS, M & MOLLER, V 2002: Use of indigenous and indigenised medicines to enhance personal well-being: A South African case study. **Social Science and Medicine**, 54:387–397.
- DONALDSON, SK & CROWLEY, DM 1999: The discipline of nursing. (In: Kenney, JW ed 1999: Philosophical and theoretical perspectives for advanced nursing practice. Massachusetts: Jones & Bartlett, pp 10 – 21).
- FAWCETT, J 1992: Conceptual models and nursing practice: The reciprocal relationship. **Journal of Advanced Nursing**, 17:224–228.
- FAWCETT, J 2002: The state of nursing science: Hallmarks of the 20th and 21st centuries. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 207–213).
- HAMMOND-TOOKE, D 1989: Rituals and medicines: Indigenous healing in South Africa. Johannesburg: AD Donker.
- KIM, HS 2002: An integrative framework for conceptualizing clients: A proposal for a nursing perspective in the new century. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 177–183).
- KLEFFEL, D 2002: Environmental paradigms: Moving toward an ecocentric perspective. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 193–202).
- McEWEN, M 2002: Overview of theory in nursing. (In: McEwen, M & Wills, EM eds 2002: Theoretical basis for nursing. Philadelphia: Lippincott, Williams & Wilkins, pp 23-47).
- MELEIS, AI 1997: Theoretical nursing: Development and progress; 3rd edition. Philadelphia: Lippincott.

MELEIS, AI 2002: Being and becoming healthy: The core of nursing knowledge. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 161–171).

MITCHELL, GJ & CODY, WK 2002: Nursing knowledge and human science: Ontological and epistemological considerations. (In: Kenney, JW ed 2002: Theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 215–227).

OMONZEJELE, P 2003: Current ethical and other problems in the practice of African Traditional Medicine. **Medicine and Law**, 22:29–38.

PRINSLOO, ED 2001: A comparison between medicine from an African (Ubuntu) and Western philosophy. **Curationis**, 24(1):58–65.

PUCKREE, T; MKHIZE, M; MGOBHOZI, Z & LIN, J 2002: African traditional healers: What health care professionals need to know. **International Journal of Rehabilitation Research**, 25(4):247–251.

REED, PG 2002: Nursing: The ontology of the discipline. (In: Kenney, JW ed 2002: Philosophical and theoretical perspectives for advanced nursing practice; 3rd edition. Boston: Jones & Bartlett, pp 115–121).

TABUTI, JRS; DHILLION, SS & LYE, KA 2003: Traditional medicine in Bulamogi county, Uganda: Its practitioners, users and viability. **Journal of Ethnopharmacology**, 85:119–129.

THORNE, S; CANAM, C; DAHINTEN, S; HALL, W; HENDERSON, A & KIRKHAM SR 1998: Nursing's meta-paradigm concepts: Disimpacting the debates. **Journal of Advanced Nursing**, 27:1257–1268.

THORPE, SA 1993: Shamans, medicine men and traditional healers. **Manualia Dictactica** number 21. Pretoria: University of South Africa.

VAN DYK, AC 2001: "Why me and not my neighbour?" HIV/AIDS care and counselling in a traditional African context. **Curationis**, 24(3):4–11.

WORLD HEALTH ORGANIZATION, 1978: The promotion and development of traditional medicine. Geneva. World Health Organization Technical Report, Series 622.

WORLD HEALTH ORGANIZATION, 2002: WHO Traditional Medicine Strategy 2002 – 2005. Geneva.