

A PHENOMENOLOGICAL STUDY: NURSES' EXPERIENCES IN PROVIDING WOUND CARE WITH COMPLEMENTARY THERAPY

Juli Evianna Br Purba¹, Beres Naibaho², Evi Christin Br Sembiring³

^{1,2,3} Sekolah Tinggi Ilmu Kesehatan Arta Kabanjahe

Corresponding Author: Name, Surname, e-mail: (julieviannapurba@gmail.com, beresnaibaho@yahoo.com, ssinulaki35@gmail.com)

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ABSTRACT

Complementary therapies (CTs) are increasingly used by nurses in wound care, especially in rural settings where cultural practices and limited resources shape clinical decisions. In Indonesia, traditional remedies such as herbal salves and natural compresses are frequently integrated into daily care, yet the lived experiences of nurses delivering such care remain underexplored. Guided by Jean Watson's Theory of Human Caring, this study aimed to explore how nurses in Tanjung Anom Village, Deli Serdang, experience and perceive their role in providing wound care using complementary therapy. A qualitative, interpretive phenomenological approach was used. Seven registered nurses working in community and primary healthcare settings in Tanjung Anom were purposively selected. In-depth, semi-structured interviews were conducted face-to-face between November and December 2025. Data were analyzed thematically using Braun and Clarke's six-step framework with the assistance of NVivo 12. Member checking, audit trails, and peer debriefing ensured trustworthiness. Four central themes emerged: (1) *Healing Rooted in Culture*—nurses embraced traditional therapies as culturally sensitive care; (2) *Bridging Two Worlds*—nurses navigated between professional training and indigenous knowledge; (3) *Care Beyond Wounds*—therapies were seen as relational and holistic interactions; and (4) *Ethical Tightrope*—nurses expressed concerns about safety, legality, and lack of formal protocols. These themes revealed a conceptual model in which nurses act as cultural mediators, integrating complementary care while preserving patient trust and professional ethics. Nurses in rural Indonesia integrate complementary therapies into wound care not merely for efficacy, but as an expression of holistic, culturally responsive nursing. This study highlights the importance of acknowledging and supporting these practices through education, policy development, and ethical frameworks, especially in underserved areas. Complementary wound care should be recognized as a legitimate, relational, and contextually grounded dimension of professional nursing.

Keywords: Complementary Therapy, Wound Care, Rural Nursing

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INTRODUCTION

Wound care remains a significant and evolving challenge in global healthcare. Chronic wounds such as diabetic ulcers, pressure injuries, and surgical site infections affect an estimated 1–2% of the population in developed countries, with higher burdens in low-resource settings (Aydinli & Doğan, 2024). These conditions not only increase healthcare costs but also prolong hospital stays and lower patients' quality of life. In recent years, there has been a growing interest in the integration of complementary and alternative therapies (CATs) in wound care, which includes herbal compresses, natural dressings (e.g., honey), and traditional techniques grounded in local healing wisdom. Nurses, who are frontline providers of wound care, are uniquely positioned to influence healing outcomes by integrating conventional and complementary methods (Paunică-Panea et al., 2023). However, while clinical research has addressed the efficacy of complementary therapies, the lived experience and decision-making processes of nurses who use these therapies in real-world settings—particularly in rural communities—remain underexplored.

Globally, the World Health Organization has acknowledged the growing utilization of complementary medicine in primary care, particularly in Asia and Africa where cultural healing practices remain prominent. In Indonesia, rural communities such as Tanjung Anom Village in Deli Serdang continue to rely on traditional remedies—such as *binabong*, *daun ungu*, or turmeric—for wound healing due to cost, accessibility, and cultural trust. A recent study by Setyawati et al. (2024) found that herbal self-treatment is common among diabetic patients in Indonesia before seeking clinical wound care. Moreover, nurses in such communities often blend medical training with indigenous knowledge to meet patient expectations and adapt to resource constraints.

Despite this, few academic studies have captured the experiential dimension of how nurses perceive and practice complementary wound care, particularly in regions where such integration is organically occurring without formal policy guidelines or protocols. This study holds critical importance as it explores the subjective, lived experiences of nurses in applying complementary wound therapies. Understanding how nurses perceive the benefits, challenges, and ethical considerations in blending traditional and biomedical approaches can inform policy, education, and clinical practice. As national health systems such as Indonesia's move toward integrated care models (e.g., *Pelayanan Kesehatan Tradisional* in Puskesmas), research like this can offer grounded insights to support safer, more culturally competent practice.

Moreover, the findings could enrich the evidence base for nursing education and professional standards related to the use of non-conventional wound therapies in primary health care, especially in rural or underserved regions. While literature has demonstrated the healing potential of therapies like Manuka honey (Paunică-Panea et al., 2023) or traditional Indonesian herbal salves (Setyawati et al., 2024), there are contrasting concerns in the literature regarding safety, standardization, and integration into formal clinical guidelines (Al-Worafi et al., 2023). Most studies are either experimental (focused on wound outcomes) or surveys (focused on patient use), with little qualitative research exploring how nurses themselves navigate the integration of complementary therapies into wound care. This phenomenological gap—understanding nursing perspective and practice in culturally rooted, real-world settings—represents a key missing piece in the literature.

This study is anchored in Jean Watson's Theory of Human Caring, which advocates for holistic, person-centered, and culturally respectful care. Watson's concepts of transpersonal caring relationships and healing environments align with the use of complementary therapies, as they encourage nurses to view patients as whole beings—physically, emotionally, and spiritually. The phenomenological approach is appropriate for this study, as it seeks to uncover and interpret the lived experience of nurses, emphasizing meaning, values, and contextual realities.

METHOD

Study Design

This study employed a qualitative phenomenological approach, specifically interpretive phenomenology based on Heideggerian principles. This approach was chosen to explore and understand the lived experiences of nurses in providing wound care using complementary therapy in their local community context.

Phenomenology was deemed most appropriate because it focuses on the subjective meaning-making processes of individuals and is well-suited for exploring complex, culturally embedded clinical practices such as the integration of traditional remedies in nursing care.

The study was conducted in Tanjung Anom Village, Pancur Batu Subdistrict, Deli Serdang Regency, a rural area where community health practices still incorporate herbal and traditional approaches. The setting itself influenced the findings by offering a rich cultural backdrop where local norms, beliefs, and environmental constraints shape nursing practices.

Research Team and Reflexivity

The research team consisted of a lead investigator with a Master's degree in Nursing Science, trained in qualitative research methodology and experienced in rural health care settings. The second researcher held a background in medical anthropology, adding cultural insight to the analysis.

There was no prior clinical relationship between the researchers and participants, minimizing power dynamics. However, the researchers were introduced to participants by the local Puskesmas head, which helped build trust and rapport.

To minimize bias, the researchers maintained reflexivity journals throughout the research process, noting personal assumptions and emotional responses. Peer debriefing sessions were held with an external qualitative expert to validate the emerging interpretations and challenge potential biases.

Participants

Inclusion criteria:

- Registered nurses working in public or private health services within Tanjung Anom Village.
- Minimum of 1 year of experience in wound care.
- Have experience using or being exposed to complementary therapy in wound treatment.

Exclusion criteria:

- Nurses unwilling to be recorded or withdraw consent.
- Those without direct wound care experience.

Recruitment involved a combination of purposive and snowball sampling. Information sheets were distributed via local Puskesmas staff. Nurses who met the inclusion criteria volunteered to participate.

- Number contacted: 10
- Number participated: 7
- Refusals: 3 (Reasons included lack of time and discomfort with being recorded)

Participants were informed of the study's aims during the initial approach. They provided written informed consent. No financial incentives were provided, though each participant received a thank-you gift (e.g., a notebook and pen) as a token of appreciation.

Data Collection

Data collection took place over a 4-week period in November–December 2025, primarily in participants' workplaces or neutral spaces (e.g., Puskesmas consultation rooms) to ensure comfort and privacy.

- Method: Semi-structured, in-depth interviews
- Format: Face-to-face
- Duration: 30–60 minutes per interview
- Number of interviews: 7

A pilot-tested interview guide was used with open-ended questions, including:

- “Can you describe your experience in treating wounds using traditional or complementary methods?”
- “What motivates you to use these therapies in your practice?”
- “What challenges do you face when integrating traditional methods into nursing care?”

All interviews were audio-recorded with permission, then transcribed verbatim in Bahasa Indonesia. Transcripts were reviewed for accuracy by cross-checking with the audio files. Participants were given the opportunity to review and confirm their transcripts (*member checking*) and clarify any misrepresentations.

Data saturation was deemed achieved when no new themes emerged by the sixth and seventh interviews, confirmed through repeated codes across transcripts.

Data Analysis

A thematic analysis approach, as described by Braun & Clarke (2006), was used to analyze the interview data. The analysis involved the following steps:

1. Familiarization with the data
2. Initial coding
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

NVivo 12 software was used to organize and manage codes. Coding was initially done by the lead researcher, with two interviews double-coded by a second researcher to ensure consistency. Discrepancies were discussed and resolved through consensus.

Themes were developed inductively, ensuring that they emerged from the participants' narratives rather than being imposed by preconceived categories.

Trustworthiness and Rigor

To ensure the credibility and rigor of the study:

- Triangulation of data sources was performed (including field notes and member checks).
- An audit trail of coding decisions and reflexive notes was maintained.
- Peer review by an independent qualitative researcher helped validate emerging themes.
- Confirmability was enhanced through detailed documentation of the analysis process.
- Transferability was addressed by providing a thick description of the setting and participant context.

Participants were asked to review summary findings to verify that interpretations reflected their experiences.

FINDING AND DISCUSSION

Participant Description

A total of seven nurses participated in this study. All were registered nurses working in Tanjung Anom Village, Deli Serdang. Their ages ranged from 27 to 49 years, with an average of 8.2 years of clinical experience in wound care. Four were female, three male. Five worked at the Puskesmas,

while two provided community-based home care. All had prior exposure to complementary wound care methods, mostly traditional herbal salves (e.g., binahong, daun sirih, honey).

Emerging Themes

Data analysis yielded four major themes, each reflecting a critical dimension of the nurses' lived experiences.

Theme 1: "Healing Rooted in Culture" – Cultural Competency as Clinical Practice

Participants expressed that using traditional remedies was not only practical but also culturally responsive care.

"Patients often request herbal compresses first. They believe in it. If I refuse, they may not trust me anymore." (Nurse 3)

This theme highlights how nurses respect local beliefs to foster trust, which aligns with Watson's transpersonal caring process by honoring the patient's life world.

Theme 2: "Bridging Two Worlds" – Navigating Between Evidence and Tradition

Nurses shared a sense of duality—balancing scientific training with inherited practices.

"In nursing school, we never studied daun ungu or kunyit. But in the village, we see it used effectively. We combine both if it's safe." (Nurse 5)

This theme reveals a pragmatic integration of modern and traditional knowledge, showing that clinical decisions are relational and contextual, not strictly guideline-bound.

Theme 3: "Care Beyond Wounds" – Seeing the Person, Not Just the Injury

Nurses often viewed complementary wound care as a holistic interaction, where touch, intention, and emotional presence mattered as much as materials used.

"Sometimes, it's not the herbal oil, but the way we apply it, the way we talk to them—that heals faster." (Nurse 2)

This theme supports Watson's theory that healing is a relational process and that presence and empathy are central to nursing.

Theme 4: "Ethical Tightrope" – Concerns and Constraints

Despite their engagement, nurses also expressed concerns about safety, regulation, and accountability.

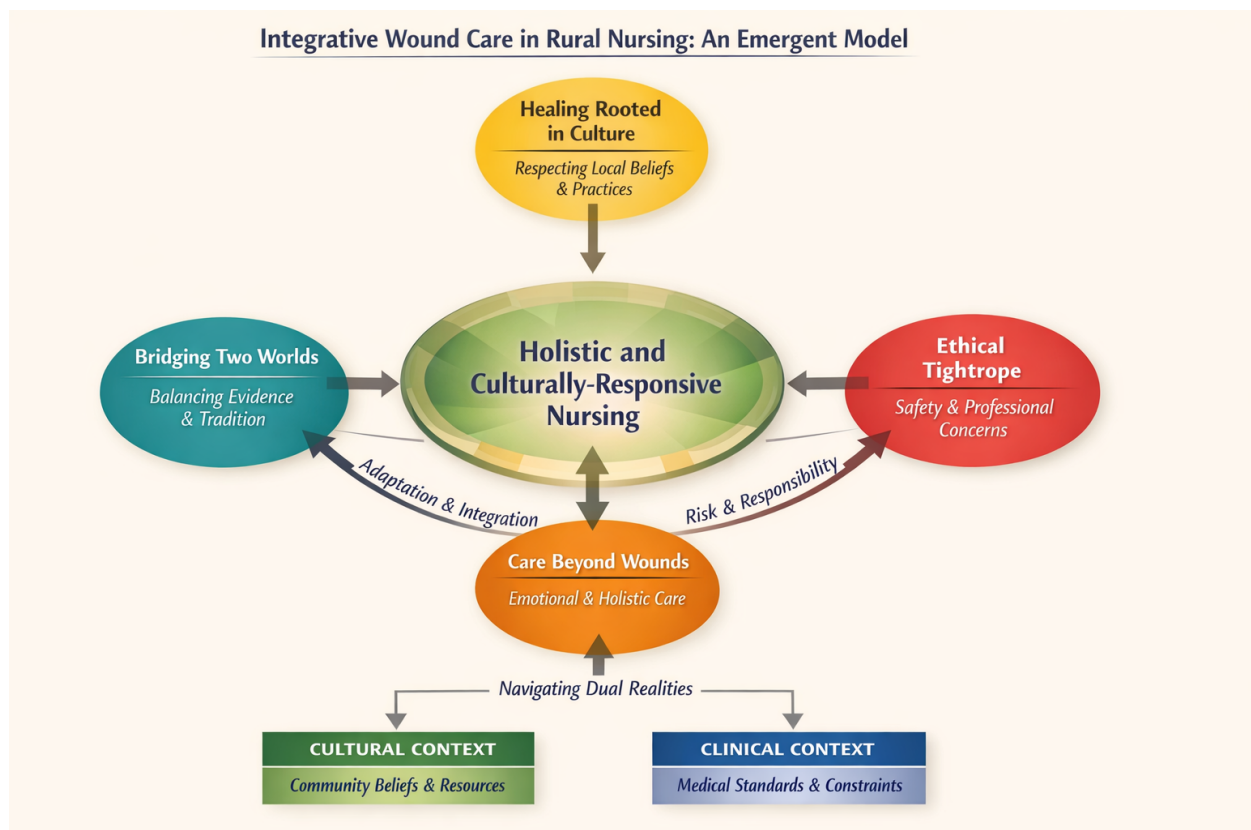
"We're afraid if something goes wrong. There's no written protocol for these traditional ways. It's risky." (Nurse 7)

This theme reflects a tension between professional responsibility and practical realities in low-resource contexts.

Interconnection of Themes

These themes interrelate to form a conceptual model of integrative care grounded in cultural responsiveness, relational trust, and ethical self-regulation. Nurses position themselves as mediators between biomedical expectations and community wisdom, embodying a caring consciousness in their wound management practices.

The model reveals how complementary wound care is not merely a technique, but an expression of holistic, ethical, and culturally embedded nursing.



The findings of this study align closely with Jean Watson’s Theory of Human Caring, which emphasizes the nurse–patient relationship as a transpersonal and holistic experience. Nurses in this study demonstrated caring practices that went beyond the clinical treatment of wounds, incorporating cultural understanding, emotional presence, and human connection—hallmarks of Watson’s caring model. The use of complementary therapies (CTs), such as herbal compresses or traditional oils, was often less about their biochemical properties and more about the meaning they held for both nurse and patient. This reflects Watson’s concept of “caring moments”, where healing occurs within authentic interactions.

The theme “Care Beyond Wounds” directly echoes Watson’s emphasis on healing the whole person, while “Healing Rooted in Culture” supports existing research by Setyawati et al. (2024), which found that Indonesian nurses often integrate herbal-based care as a culturally accepted and patient-preferred alternative.

In parallel, Aydinli & Doğan (2024) emphasized that Turkish nurses similarly felt ethically conflicted but culturally obligated to use traditional methods in low-resource settings. This mirrors the

“Ethical Tightrope” theme in our study, where participants negotiated between professional accountability and community expectations without formal protocols or legal protection.

Furthermore, Msiska et al. (2023) and Paunică-Panea et al. (2023) have shown that while the clinical efficacy of complementary therapies is often debated, their acceptance and application by nurses is grounded in trust, familiarity, and patient engagement, not only clinical outcomes. Our theme “Bridging Two Worlds” underscores this duality—where nurses are not rejecting science but adapting it to local contexts.

However, unlike many previous studies that focus on patient perspectives or quantitative efficacy, this study contributes a deeper phenomenological insight into how nurses think, feel, and reflect while applying complementary wound care in a rural context.

CONCLUSIONS

This study reveals that nurses in rural Indonesia integrate complementary therapies in wound care not only as a response to limited resources, but as a culturally grounded, ethically negotiated, and relational practice of care. Through a phenomenological lens, it becomes clear that wound healing is viewed not just as a clinical process, but as a holistic and culturally sensitive interaction shaped by trust, empathy, and tradition. Nurses navigate complex intersections between professional standards, patient expectations, and cultural beliefs—highlighting the need for supportive policies, educational inclusion, and ethical frameworks. Ultimately, the key takeaway is that complementary wound care in rural nursing is not an alternative practice, but a meaningful expression of holistic, culturally-responsive care deserving formal recognition and support..

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