DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND MEDICAL DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICES INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE

By

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AS PARTIAL FULFILMENT FOR THE REQUIREMENTS FOR M.CUR (ADVANCED PSYCHIATRIC NURSING SCIENCE).

(September 2018)

SUPERVISOR: DR TLAPU M.M
DECLARATION

I Masemola Vusi Frans Jacquas declare that this dissertation submitted for Masters in Psychiatry (Nursing Advanced Psychiatry) at Sefako Makgatho University is my own work and has never been published at any university before by anyone including myself. All the work of other Authors has been acknowledged in the form of in-text reference and complete reference.

Masemola V.F.J.

September 2018

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DEDICATION

This thesis is dedicated to Prof Dannie Lombard from the University of Pretoria in the Faculty of Health Sciences who saw great potential in me and supported me throughout my undergraduate and postgraduate studies. He believed in me more than I believed in myself.
ABSTRACT

The purpose of this study was to determine the knowledge, attitude, and practice of professional nurses and medical doctors regarding the integration of traditional practice into the mental health system. The study was conducted in Gauteng at the Weskoppies psychiatric hospital. The respondents were medical doctors and professional nurses who have been working at Weskoppies hospital for two or more years. The permission to conduct the study was issued by the Sefako Makgatho School of Health Science. Permission to collect data was obtained from the chief executive officer of the hospital, the clinical manager of the doctors and the head of nursing at the hospital.

Probability stratified sampling was used to select the study's respondents and the questionnaire was used to collect data. Consent forms were handed out and signed by the respondents before the completion of the questionnaire. The Roasoft technique was used in determining the number of respondents that would be enough to generalise the results of the study. The hospital consisted of 296 health professionals (doctors and nurses combined). A total number of 168 questionnaires were distributed. Results shows that health professionals appreciate the integration system of traditional health medicine into mental health system however their knowledge in traditional health medicine is too limited and they show willingness to learn more.

Keywords: Doctors, professional nurses, knowledge, Attitude, practice, traditional health practice, mental health system, health professionals, integration.
ACKNOWLEDGMENTS

I would like to thank everyone who participated in the study including the following people:

My supervisor Dr Tlapu for believing in me. Without her guidance, intelligence and professional assistance, I would not have made it this far.

To my former co-supervisor Ms Mokgobola E Thobakgale for her guidance in conducting this study.

My wife Dr Ntebatje Maletsiri Phala who has always supported me even in times where I felt it was not possible. She always stood by me and made it possible in all different ways that this study was completed.

The statistician Livhuwani Nedzingahe for such a wonderful job in interpreting the data and compiling it into meaningful information.

Prof Herman S Schoeman for his assistance with the formulation of the questionnaires and in making sure that it provided us with necessary and relevant information to complete the study.

My cousin Baby Sophy Sibanyoni for all the support and encouragement throughout my education career.

My friends and colleagues Emmanuel Mfanafuthi Maseko, Thabo Tlou Bernard Mametja, Thekiso Moeletsi, Aubrey Magatane Mokwena and the late Vusi Joseph Nhlabathi for their encouragement and emotional support.

The Weskoppies hospital management for giving me an opportunity to study and giving me the permission to conduct the study.

To all the operational managers at Weskoppies Psychiatric Hospital for affording me an opportunity to conduct the study in their designated units.

To the Sefako Makgatho Academic staff for all their guidance and granting me the permission to conduct this study.
TABLE OF CONTENTS

Declaration i
Dedication ii
Abstract iii
Key words iv
Acknowledgements iv
Table of Contents v
List of Tables viii
List of Figures xi
List of abbreviations x

1. CHAPTER ONE
1.1. Introduction 1
1.2. Background to research 1
1.3. Research Problem 3
1.4. Research questions 4
1.5. Research purpose and objectives 4
1.6. Significance/Rationale of the study 5
1.7. Definition of concepts 5
1.8. Ethical considerations 6
1.9. Research design and methodology 6
1.10. Conclusion 7

CHAPTER TWO
2. LITERATURE REVIEW
2.1. Introduction 8
2.2. South African background

2.2.1. Integrated knowledge, attitude and practice by health professionals

2.2.2. Traditional health practice

2.2.3. Knowledge of the doctors regarding traditional health medicine

2.2.4. Knowledge of the nurses regarding the integration of traditional health practice

2.2.5. The attitude of doctors regarding integration traditional medicine

2.2.6. The attitude of nurses regarding the integration of traditional health medicine

2.2.7. The practice of doctors regarding traditional health medicine

2.2.8. The practice of nurses regarding the integration of traditional health practice

2.3. Conclusion

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. Introduction

3.2. Study design

3.3. Research method

3.3.1 Setting

3.3.2. Population

3.4. Sampling

3.4.1. Sampling Size

3.4.2. Sample criteria

3.4.3. Inclusion

3.4.4. Exclusion

3.5. Data collection process

3.5.1. Recruitment

3.5.2. Preparation

3.5.3. Data collection

3.6. Pre Testing Tool
### Chapter Four
**4. Interpretation of Results and Discussion**

- **4.1. Introduction**
- **4.2. Demographic information**
- **4.3. Knowledge of health care professionals towards integration**
- **4.4. Attitude of health professionals towards integration**
- **4.5. Assessment of practice of health professionals**
- **4.6. Conclusion**

### Chapter Five
**5. Discussion of the Findings**

- **5.1.1. Introduction**
- **5.1.2. A learning experience about traditional medicine before this study**
- **5.1.3. Traditional practitioner’s involvement**
- **5.1.4. The ability of biomedical medicine to treat mental illness**
- **5.1.5. Traditional health medicine and side effects**
- **5.1.6. Benefits of traditional health treatment**
- **5.1.7. Mental Health Care Users consulting at the THPs**
- **5.1.8. The Cross-Referral role of TPH and health professionals**
- **5.1.9. Traditional Act of 2007**
- **5.1.10. Safety measures and traditional practices**
- **5.1.11. Approval of traditional health care practice**
5.1.12. Education between health care professionals and THPs by occupation 81
5.1.13. Support cooperation of modern and THP and integration of the two systems 83
5.1.14. Preferred healthcare provider 85
5.1.15. Admission of patients using traditional health medicine 86
5.1.16. Patients visited Mental Health Service soon after visiting traditional practitioner 87
5.1.17. Personal use of THM by the health professionals 87
5.1.18. Health professionals treating the patients referred by THPs 88
5.1.19. Responsibility of health professionals to give health education about use of THM 88
5.1.20. Participants personally visited Traditional Health Practitioners 89
5.1.21. Reasons for accepting Traditional Health Practitioners 90
5.2. Conclusion 91

CHAPTER SIX

6. CONCLUSION, STUDY LIMITATIONS AND RECOMMENDATIONS

6.1. Conclusion 94
6.2. Limitations of the study 95
6.3. Recommendations 96
6.4. Bibliography 98

ANNEXURES

Appendix A Questionnaire 104
Appendix B SMUREC Ethical clearance 112
Appendix C Information leaflet document 113
Appendix D Informed concern letter 114
Appendix E Letter to the Chief Executive Officer 115
Appendix F Letter to the management of nursing 116
Appendix G Letter to the Clinical Manager of Psychiatry 117
Appendix H Statistical clearance 118
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Permission letter by clinical manager and Chief Executive Officer</th>
<th>119</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix</td>
<td>Permission letter by the Nursing Manager</td>
<td>120</td>
</tr>
<tr>
<td>Appendix</td>
<td>Letter from the Editor</td>
<td>121</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>BHC</td>
<td>Bio Health Medicine</td>
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<td>EPI</td>
<td>Epidemiologist Software</td>
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<td>HPCSA</td>
<td>Health Professional Council of South Africa</td>
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<td>MHAPP</td>
<td>Mental Health and Poverty project</td>
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<td>MHCU</td>
<td>Mental Health Care User</td>
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<td>SANC</td>
<td>South African Nursing Council</td>
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<td>SMUREC</td>
<td>Sefako Makgatho University Research Ethics Committee</td>
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<td>SREC</td>
<td>School Research Ethics Committee</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>THP</td>
<td>Traditional Health Practitioner</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>ZCC</td>
<td>Zion Christian Church</td>
<td></td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 4.1 Demographical information
Table 4. 1 Age statistics
Table 4. 2 t-test results

LIST OF FIGURES

Figure 3.1. Gauteng province Map
Figure 4. 1. Marital status by occupation
Figure 4. 2. Educational level by occupation
Figure 4. 3. Religious denomination by occupation
Figure 4. 4. Religion by occupation church.
Figure 4. 5. Traditional practitioner’s involvement by occupation
Figure 4. 6. The ability of Traditional Health Practitioners to treat other mental illness at homes
Figure 4. 7. Responsibility by Occupation
Figure 4. 8. Western medicine by occupation
Figure 4. 9. Traditional medicine side or adverse effects
Figure 4. 10. Harmfulness by occupation
Figure 4. 11. Risks by occupation
Figure 4. 12. Opportunity to consult by occupation
Figure 4. 13. Referrals by occupation
Figure 4. 14. Traditional Act of 2007
Figure 4. 15. Appointments provision by occupation
Figure 4. 16. Approve of traditional healthcare practice
Figure 4. 17. Safety by occupation
Figure 4. 18. Education by occupation

Figure 4. 19. Training of traditional practitioners by occupation

Figure 4. 20. Health care provider preferred

Figure 4. 21. Government to support by occupation

Figure 4. 22. Participants visited traditional practitioners for consultation

Figure 4. 23. Practitioner's use of traditional medicine

Figure 4. 24. Patient's use of traditional medicine

Figure 4. 25. Admission

Figure 4. 26. Practices

Figure 4. 27. Personal, use traditional medicine or traditional therapists before

Figure 4. 28. Treated Mental Health Care Users

Figure 4. 29. Patients visited Mental Health Service after visiting a traditional practitioner

Figure 4. 30 Reasons for accepting traditional medicine
CHAPTER ONE
INTRODUCTION

1.1. INTRODUCTION

This chapter provides the background of the study by presenting information that has been revealed by previous researchers. The purpose is to provide related information about the study. It assisted the researcher in gaining an understanding of what is already known and not yet known in this research area.

1.2. BACKGROUND TO THE RESEARCH

The debate regarding traditional and cultural practices versus Western medicine has been ongoing for some time amongst health professionals such as medical doctors and nurses (Roos, 2010). According to Seabi (2013), Baarnhielm and Mosko (2012), most of the health practitioners preferred their method of healthcare delivery system, which made it seem like everybody was in favour of what he or she stood for and undermined any other practices. Most studies confirmed antagonism amongst the health professionals (Abdulla, Albedah, Ahmed, Olemy, Mohammed & Khalil, 2012).

Literature shows that amongst all the healthcare workers, pharmacists displayed more knowledge regarding traditional practices than nurses and other health professionals. It has been reported that other professionals displayed less knowledge of herbal medicine compared to pharmacists (Regunathan, Tadesse & Tujuba, 2008). In addition, those with bachelor's degrees in Nursing Health appeared to be more knowledgeable and demonstrated an interest and willingness to learn about traditional health practices (Regunathan et al., 2008). In line with the counter approach of integration, some health professionals in the hospitals (medical doctors and professional nurses) support the integration of traditional practices into the mental health system. The emphasis on the health education between the mental health system and traditional practice has been encouraged for some time (Campbell-Hall, Peterson, Bhana, Mjadu, Hosegood & Flisher, 2010).
Studies show that it is difficult for the health professionals to separate their background from their professional practice. Hence some health professionals revealed that they use traditional health remedies (Lorenc, Blair & Robinson, 2012). The majority of the healthcare professionals have demonstrated a positive attitude, as they believe that if the mental health system is not integrated with the traditional practice, it does not afford them an opportunity to deal effectively with mental illnesses. Further, it should not be limited to the patients, but communication channels should be established between the Mental Health Care Users (MHCUs) and the Mental Health Care Practitioners (MHCPs) together with the Traditional Health Practitioners (THPs) to ensure health promotion (Tolera, Wabe, Angamo, Wega, Dekama, Abdella & Mohammed, 2011).

The literature emphasises that most health professionals' attitude remains grounded; however, they state that it is difficult to refer their MHCUs to Traditional Health Practitioners (THPs). The lack of trust in traditional practice is attributed to the outcome that lacks research evidence (Lorenc et al., 2012). In contrast, there has been an increase in some health professionals who use traditional medicine such as the herbs (Simutupang, Djojosaputro & Nugruho, 2012).

According to Abdulla et al., (2012), 29 out of 306 health professionals in Saudi Arabia acquired the knowledge about traditional practice during their undergraduate studies, and only four out of 306 had to read through the internet and books. Health professionals demonstrate the willingness and eagerness to learn about traditional practice though there has been little research conducted on the integration of traditional practice into the mental health system (Gureje, Nortjie, Makanjuola, Oladeji, Seedat & Jenkins, 2015).

Most health professionals are aware and trained and have theoretical knowledge regarding causes of mental illness and the need to collaborate with traditional practitioners. However, some practitioners emphasise the importance of traditional African practices whereas others are not interested in the endeavour to collaborate. Elmasri (2011) elaborates on issues of culture and mental illness in which the author found that culture still plays a significant role in the African society. This then calls for more collaboration by all stakeholders. In addition, many health professionals reported
that 65% of the Black patients that attended clinics had consulted a traditional healer first before going to the clinic (Ndetei et al., 2011).

In a study by Alarcon (2009) it is reported that the health practitioners demonstrated knowledge and fair understanding of issues of traditional practices and collaboration with traditional and spiritual healers. Instead of labelling traditional healers as barbaric, they worked with them and even trained some of them in scientific methods for identifying certain mental illnesses.

In Kenya, despite the health practitioner’s knowledge on recognition, diagnosing and treatment of mental illnesses, they still maintained their cultural views of mental illnesses and co-operated with traditional healers (Ndetei et al., 2011). Cases of negative stereotypes and behaviour towards traditional healers were still reported (Kinyua, & Njagi, 2013).

In the South African context, according to the Traditional Health Practitioners Bill (No. 25 of 2004), health professionals are continuously encouraged to have a deeper understanding of traditional medicine which improves the mental health of individuals. Kinyua and Njagi (2013) allude to the practice where mild stress cases were referred to the traditional healers. It was also reported that there are, however, those professionals who still think that the practice is unprofessional and non-scientific.

1.3. RESEARCH PROBLEM

South Africa has made progress in recognising and regulating the integration of Traditional Health Practice (THP) with Biomedicine Health Care (BHC). However, there is still a challenge among health care professionals to understand and embrace the integration of traditional health practice, particularly in the mental health care system. According to Marion (2010), these two spheres of health care systems, namely traditional practice and mental health, still function independently and this leads to the confusion of the MHCU's and healthcare professionals. Generally, health care professionals still perceive traditional practices as primitive, superstitious, incompetent, lacking formal education thus hindering biomedicine practice (Marion, 2010). They sought to discourage the patients from using traditional medicine and they
have admitted patients who have replaced the western medicine with traditional health medicine. This leads to MHCUs and their caregivers who have a firm belief on traditional health practices feeling offended by these perceptions and alternatively reverting to THP’s (Kumpul & Ekstrand, 2009). This results in ineffective holistic mental health care delivery (Marion, 2010). It is imperative to assess and understand knowledge, attitudes, and practices of traditional service among health care professionals to evaluate the integration thereof into mental health care. Doctors and nurses in primary health care and hospitals in South Africa are expected to give advice to the patients and not to discourage use of traditional health medicine hence they have the limited knowledge about traditional health medicine and patients are brought to the health facilities with infections, toxicity as a result of traditional medicine use. (Campbell-Hall et al, 2010).

Few studies have documented the knowledge, attitude and practice of health practitioners with regard to the traditional practices in the health care system. This study sought to determine the knowledge, attitude, and practices of professional nurses and doctors regarding the integration of traditional services into mental health care at a mental hospital in Tshwane.

1.4. RESEARCH QUESTIONS

The following questions are posed to address the problem mentioned above

- What are the attitudes, knowledge, and practices of professional nurses and medical doctors regarding the integration of traditional practitioners into the mental health system?
- What are the practices of traditional health and Western/biomedicine healthcare practices by professional nurses and medical doctors?

1.5. RESEARCH PURPOSE AND OBJECTIVES

The purpose of the study was to determine the knowledge, attitude, and practice of professional nurses and medical doctors regarding the integration of traditional practice into the mental health system.
The study’s objectives were:

- To assess the knowledge and practices of professional nurses and medical doctors regarding the integration of traditional practice into mental health care.
- To determine the attitude and practice of professional nurses and medical doctors regarding the integration of traditional health practice into mental health system.

1.6. SIGNIFICANCE / RATIONALE OF THE STUDY

The importance of this study was to establish the reasons that hinder the process of the integration of traditional health practice into the mental health care system. The view and results of the study were used to integrate these two spheres as they provided all the obstacles and therefore recommendations may be adopted. The study further identified areas that may need to be intensified or modified to allow the integration of traditional health practice into the mental health system.

1.7. DEFINITION OF CONCEPTS

Traditional Health Practitioner (THP)

Traditional Health Practitioner is someone who possesses the gifts of receiving spiritual guidance from the ancestral world. It is assumed that an individual who has these powers is someone chosen by the ancestors from a historical family background that has a dominant ancestral lineage (Moagi, 2009). In this study, it means someone with the spiritual contact from ancestors and can provide the healing using herbal medicine or animal products and can diagnose illnesses using animal bones or water and candles.

Traditional Practice

The World Health Organization (2008) defines traditional practice as the sum of knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not used in the maintenance of
health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

**Mental Health Care User**

It is an individual receiving treatment, care, and rehabilitation in the mental establishment. It includes the mentally ill person, state patient and mentally ill prisoner. It can also be someone incapable of making informed decisions. In such instances, it may include the prospective user or next of kin or someone who has been recognised by the court of law to act on behalf of such an individual (Mental health care Act 17 of 2002).

**Healthcare Professionals**

It is an individual who provides preventative, curative, promotional or rehabilitative healthcare services in a systematic way to people, families or communities (Collins, 2005).

**1.8.  ETHICAL CONSIDERATIONS**

The study was approved at Sefako Makgatho School of Health Care by the Sefako Makgatho University Research Ethics Committee (SMUREC). Permission to collect the data was obtained at the hospital in Tshwane from the Chief Executive Officer (CEO), Clinical Manager and the Nursing Manager. Ethical considerations are discussed in detail in chapter three.

**1.9.  RESEARCH DESIGN AND METHODOLOGY**

A quantitative descriptive research design was used in the study to quantify the knowledge attitude and practice of professional nurses and medical doctors regarding the integration of the traditional practice into the mental health care system. The research design and methodology are discussed in full in chapter three.
1.10. CONCLUSION

This chapter dealt with the overview of the study. The aim and objectives, background, definition of concepts, problem statement, and methodology of the study as well as ethical considerations were briefly discussed.
CHAPTER TWO
LITERATURE REVIEW

2.1. INTRODUCTION

Chapter one discussed the background of the problem; the objectives of the study were outlined and the importance of the study was presented.

This chapter presents a literature review that entails the knowledge, attitude, and practice of doctors and nurses regarding the integration of traditional practice into the mental health system. The views of these health professionals are discussed. What is already known and not yet known is addressed in this chapter.

A literature review entails the knowledge, attitude, and practice of doctors and nurses regarding the integration of traditional practice into the mental health system as well as the views of these health professionals.

2.2. SOUTH AFRICAN BACKGROUND

Traditional health practitioners are regulated as per required traditional health practitioner’s regulations. Similar to the medical doctors and professional nurses whom the Health Professional Council of South Africa (HPCSA) and the South African Nursing Council (SANC) regulate. The traditional bill requires their students to be registered under their council as trainees. This is to ensure that they are provided with acceptable and suitable skills required by their traditional bill.

Concern has been raised by the medical doctors and nurses that it is challenging to distinguish a qualified traditional health practitioner from the bogus one thus making it difficult to even recommend traditional health practice for their patients. THP regulates all their practitioners, and they must adhere to their ethical practice to promote the health of the individuals. They are also guided by their scope of practice that seeks to promote health and provide good traditional health practice at all the times.

The traditional health council’s purpose is to provide an investigation of any complaints raised by community members. It sets the rules and standards of practice for their practitioners. Same as the HPCSA and SANC, they are duty-bound to advise the
minister, determine policies regarding issues relating to their educational framework, funding, code of conducts and ethics (Traditional health practice Act 22 of 2007).

Traditional health practitioners are often used as the first line of treatment approach, and they are perceived to fulfil roles such as healing, connecting individuals with their ancestors and protecting families from evil spirits. Coming to the issue of illegal practice, it is a concern not only to the traditional health practitioner's council but also to the health professionals. There has been a trend of people who practice without any recognised qualifications or affiliation.

### 2.2.1. Integrated Knowledge, Attitude, And Practice by Health Professionals

Doctors and nurses also added that patients also get the over the traditional counter supplements. Health professionals stated that the patients use this traditional medicine for an immune boost, gastrointestinal effects management, and chronic illnesses. Some of these patients are forced by their families to use the traditional supplements. Doctors estimated that almost 92% of their patients do not disclose their use of traditional medicine (Nlooto, 2015).

Mbuthu, Gqaleni, and Korporaal (2012); Abdulla et al., (2012) state that the attitude of the health professionals was positive in a way that the patients were given health education on how to continue taking both treatments (Western medicine and traditional health medicine without) without getting unwanted effects or side effects. This demonstrates an understanding and acknowledging the importance of the traditional health medicine as secondary treatment for the patients.

Lourenc et al., (2014) conclude by stating that the health care system is conflicted with the professional practice of Traditional Health Practitioners. These authors further suggest that the policies and safety regulations, as well as liabilities, should be implemented to close the gap. The safety of the patients remains a grave concern to all the health professionals. Further, the policies should support and facilitate the integration of these two spheres.

Nlooto, (2015) posits that the lack of communication between the patients and the health professionals seeks to undermine the relationship and promotes negativism about the traditional health practice. There has been a growing concern about the patients’ safety who are on traditional medicine as they have been defaulting their
treatment immediately when they are placed on traditional medicine. This results in a burden of the disease and relapse of the patients. Adib-Hajbaghery and Hoseinan (2012) added that the suppression of traditional health practice is also perpetuated by little research conducted by the health professionals though they show enthusiasm about the integration of traditional health practice into the mental health system.

A study conducted in Scotland shows that about twice of the proportion of the doctors who participated in the said study were in fact actively involved in the traditional Chinese practice called acupuncture. There has been support from the physiotherapists who joined the medical doctors by referring some of their clients or patients to the traditional complementary medicine provided they were qualified and registered complementary and alternative medicine providers.

Topuz et al., (2015); Mbuthu, Gqaleni and Korporaal (2012); Kirsten, Nate, Rivard, Christianson and Dusek (2016); Grant, Haskins, Garde and Horwood (2013); and Nlooto (2015) contend that all the health professionals supported the integration of traditional health practice into the mental health system. Further, they agreed that they needed to be educated about the traditional medicine to be able to advise their patients about treatment. According to Bauer and Guerra (2014) nurses alluded that the health system does not support the traditional practice simply because their policies remains nugatory as they are not executed (Grant et al., 2013).

In Africa, nurses understand the role of THP’s; these nurses suggest that there should be collaboration and sharing of responsibilities towards taking care of patients (AE-Ngibese, Copper, Adibokah, Akpala, Land, Doku & the MHAPP Research Consortium, 2010).

South Africa is one of the countries that consist of different ethnic groups who are all centered on traditional practices. The majority have the firm belief in traditional practice and culture is perceived as the underlying meaning and sense of belonging to one’s life. This is despite the dominance of the Western medicine approach to treatment and care in the communities, (Adib-Hajbaghery & Hoseinan, 2012). According to Nxumalo, Alaba, Harris, Chersich and Goudge (2011), traditional practice is gaining popularity. Contrastingly, there has been a decline in some consultation that is made by individuals to the traditional practitioners. Further reports are that this is due to government advice discouraging people from taking medication from traditional
practitioners. The impression created in the communities is to disregard the traditional medicines. This leads to the community taking traditional medicine discreetly.

Most of the studies conducted are in support of the integration. However, there is a growing concern from the health professionals about bogus traditional practitioners (De Beer & Chipps, 2014; El-Sayed & Sleem, 2011; Patel, 2011). It has been difficult to regulate or identify the ones that are legally recognised from those who are practicing illegally. It creates uncertainties about the credibility of Traditional Health Practitioners (Basavareddy, Lella & Naranyana, 2017). The integrative system is a complicated process to that needs good facilitation. The health professional requires more knowledge of the traditional health system, and there should be a good relationship amongst the Traditional Health Practitioners and healthcare professionals.

Further, it requires a good relationship amongst the doctors and nurses (El-Sayed & Sleem, 2011). Nemutandani, Hendricks and Mulaudzi (2015) conclude by stating that policies that support the collaboration between the traditional practitioners and health professionals should be implemented.

Furthermore, decolonisation of the mindset of people, especially the health professionals is imperative, as some believe that Traditional Health Practitioners do not act at the best interest of the patients and they are limited to the extent that they are unable to diagnose most of the illnesses.

Grant, Haskins, Garde and Horwood (2013) state that we cannot be despondent anymore about traditional health practice consultation by the patients. Traditional knowledge and understanding of the herbal medicines play a considerable role in making the right choice of treatment by health professionals especially when patients are already on specific herbal medicine. This is to avoid side effects and interactions of certain medications due to the ingredients (Wassie, Aragie, Taye & Mekonnen, 2015).
2.2.2. Traditional Health Practice

Traditional health practitioners believe and admit that other illnesses cannot be managed by their health system, such as TB. They allude that they cannot detect the illness and they do not have the necessary equipment to detect this illness. Due to the poor relationship amongst the two spheres, it has been difficult to merely refer their patients to the mental health care workers as they do not want to be vilified by the health practitioners (Bhana et al., 2010).

Traditional health practice illustrates that at times, patients need cure and affection and that does not happen due to the system and approach to each illness. They still do not understand why their treatment is perceived as dangerous or being an overdose as they believe that they can measure the medication according to each client’s needs, which cannot be said about the Western medicine, as it is prepared in large quantities for regardless of the patient’s body size (Hall et al., 2010).

2.2.3. Knowledge of the doctors regarding traditional health medicine

In a study conducted in Pakistan, it was discovered that the majority of doctors, stated that traditional health medicine does not have any overdose effects and that is why one barely observes the adverse reactions on the patients (Junaid, Abaas, Fatima, Anis & Hussein, 2012). In contrary, it is reported that about 68% of the people in South Africa who die from poisoning is because of an overdose of traditional medicine toxicity especially in paediatrics (Antagoni & Dimitrios, 2009). This is not ascertained whether it is because of the instructions from the Traditional Health Practitioners or self-prescribed dosages.

Bauer and Guerra (2014) report that interestingly doctors were requested to provide a list of herbal medicine that they know and its indications of use. Most of them came with a long list of herbal medicine and it was found to be correct. They even knew how to prepare herbal teas, shakes and alcoholic extracts for internal or external use in terms of drug to drug interaction. Only one doctor was able to identify the traditional medicine called "Ginkgo" which interacts with warfarin as well as “Chondroitin-Glutamine” which interacts with cholesterol medication.
A majority of the doctors in California were able to identify illnesses such as “Ataque de nervios” (Nervous tubes), “Caida de Maritz” (Fallen uterus) and they could explain the pathophysiology at the capacity traditional health practice (Bauer & Guerra, 2014). Thandar, Botha, Sartorius and Mosami (2017) reveal that most of the doctors who were sceptical about the integration were less knowledgeable and they were reluctant to discuss the traditional health practice.

2.2.4. Knowledge of the nurses regarding the integration of traditional health practice into the mental health system

Kirsten, Nate, Rivard, Christianson and Dusek’s (2016) study in the USA shows that nurses have been the ones identifying patients who may benefit from the traditional medicine as compared to the doctors. However, doctors were reported to be more supportive concerning the referrals made by nurses.

A study conducted by Mbuthu, Gqaleni and Korporaal (2012) shows that a majority of those health professionals who took part in the study had not received any formal education regarding the traditional medicines. They constituted about 91% (72 of 79), and 96.3% did not receive any formal education. However, 74, 7% showed an interest in studying and receiving training on traditional medicine.

The attitude of health care professionals in the study is that traditional medicine can undoubtedly be used for acute illnesses and it, therefore, plays an essential role in the healthcare system. It is reported that traditional medicine can even be used before trying stronger medicine. Further, they suggested that patients have the right of choice to the type of treatment they prefer. The advisory role should be exercised, and patients should not be judged or criticised. Some healthcare workers admitted to having referred their clients to traditional practitioners. Patel (2011) reveals that the central point of argument is about the agreement on what should constitute as evidence to guide the policies that will regulate the practice when these two spheres are integrated.
2.2.5. The attitude of doctors regarding the integration of traditional medicine into the mental health system

According to Furrow, Patel, Sen and Liu (2008) in the USA, traditional medicine was discouraged by the majority of doctors, claiming that Traditional Health Practitioners have no knowledge of their medicine. Thus, it has been challenging to assure their patients about the safety and efficacy of such traditional medicine. Doctors’ attitude remains positive however, there has been asymmetrical concerns across all health professionals regarding the side effects, regulation of traditional health medicine as well as lack of evidence-based research about the efficacy of these traditional medicines.

Doctors in the study conducted in the USA reveal that some doctors were despondent about their lack of knowledge relating to the traditional medicine and they felt that they would instead talk about it if they were knowledgeable. These doctors suggested that it is best that they get health education about the use of traditional health medicine (Griffin et al., 2016). This also demonstrates the enthusiasm and willingness to learn and integrate these two domains.

In Pakistan, the majority of doctors alluded that they cannot discredit traditional health medicine when they also benefit from it. Those views about traditional health medicine are sometimes misplaced, especially when they discourage patients from using it simultaneously with the Western medicine. Only (54) 30 % of doctors did not support future research about traditional medicine. However, the majority of the doctors supported this and they recommended that it be part of their curriculum (Gosh, Gupta & Roy, 2015; Bauer & Guerra, 2015; Lorenc et al., 2012; Topuz et al., 2015).

According to Mokgobi, (2012) study in South Africa, the concern of doctors regarding the credibility of traditional medicine remains in the spotlight. Doctors reported that the traditional medicine is not accurately measured. The nurses share this sentiment also, and they added that this puts the patient’s life at risk of an overdose and toxicity. This may be viewed as a negative attitude; however, it is a genuine concern, and it is supported by Mbuthu et al., (2012); Junaid et al., (2012). Traditional medicine and its
essential role in the communities has been endorsed by Junaid et al., (2012). However, doctors revealed that they value the importance of traditional medicine though they feel that they cannot recommend the integration of traditional health medicine into the mental health system.

2.2.7. The attitude of nurses regarding the integration of traditional health medicine into the mental health system

Ngunyulu (2012) supports the perception of doctors in different studies, which shows concern about safe practice especially about personal hygiene, as well as the use of sterile instruments to prevent infections. The researcher acknowledges the importance and existence of indigenous practice as it deals with an individual holistically. Khorasgani and Moghtadie’s (2014) study in Iran reveals that the attitude comes in two ways; first it emanates from the public and the other one is from academics which includes university as well as the government which influences policies. Nurses’ attitude between the two remain with regard to the integration of the traditional health practice into mental health system as either mixed if not rationalised. This is because of their knowledge of the health system and exposure to cultural practices as they also form part of the community involved in traditional health practice. Asare (2015); Christian, Abigail and Cuthbertson (2016) show support for the integration as they believe that it will benefit the health care system. Lack of evidence-based practice of traditional practice has been largely criticised by other authors who reflect that Traditional Health Practitioners are unable to explain the scientific basis of traditional health medicine (Antagoni & Dimitrios, 2009; Asure, 2015; Furlow et al., 2008).

One of the senior psychiatric nurses in Ghana was very clear that people are living in a society where there are many Spiritual and Traditional Health Practitioners. It is therefore unwise to discourage them from going utilising these services. He further alluded that the mental health system of spiritual and traditional health practice is compact and there is great support and belief in it (AE-Ngibese et al., 2010).

Topuz, Uysal & Yilmaz (2015) find the nurses as the core and central point of health promotion as they do not only treat the illness, but they deal with an individual in a
holistic manner, their situations, family and their social background. Interestingly is that professional nurses showed a willingness to learn about the traditional practice. Nurses’ knowledge of traditional practice remained limited with mixed perceptions about the consideration of the integration. Nurses acknowledged and endorsed the integration of traditional practice into the health system. Some of the nurses alluded that this is a call that cannot be ignored or subverted. Patients were also in support of the integration.

According to the nurses, some of the patients have been using both the traditional health medicine and Western medicine alternatively and interchangeably. Some patients would start at the hospital and later go to the traditional health practitioner and vice versa (Adib-Hajbaghery & Hoseinan, 2012). Other patients reported that they have received the health education on the use of traditional medicine and were also advised to allow kids to grow first before they can be given the traditional health medicine as they react quickly due to their weak immune system.

Mbuthu et al., (2012) study in Durban shows that about eight out of 79 of health professionals referred their patients to the Traditional Health Practitioners and about 71 out of 79 did not refer their patients to the traditional health practitioner. Some of the doctors who referred their patients to the traditional health practitioners felt it was ethical to do so. The overall findings show that the health professionals have imperfect knowledge of the traditional medicine as well as the practice. Surprisingly, about 65 out of 79 health professionals were unaware that traditional health practice is legislated in South Africa. Grant, Haskins, Garde, and Horwood’s (2013) study reveals that nurses have admitted patients who were on the advanced stage of their illness merely because they were advised by the Traditional Health Practitioners not to seek early interventions from their healthcare workers. Nurses feel that culture and traditional practice are significant, therefore ought to be incorporated when dealing with the patients’ illnesses.
2.2.8. Practice of Doctors Regarding Traditional Health Medicine

There is an ongoing trend where patients do not disclose their use of traditional health medicine. This is reported in a study conducted in Pakistan, and the same experience was reported by doctors in Canada and Japan (Junaid et al., 2012). In another study in Japan, all doctors who participated in the study described their way of communicating with their patients about their traditional belief as nonjudgmental and open-minded (Bauer & Guerra, 2014). The willingness of health professionals to cooperate is influenced mainly by the limited availability of Western medicine to treat other medical problems and mental illness (Fujiwara, Imanishi, Watanabe, Ozasa & Sakurada, 2011).

A study in India suggested that traditional health practice ought to be incorporated into their curriculum. The willingness to cooperate is well articulated. Nonetheless, it is even more difficult to suggest, encourage or discourage the use of traditional medicine due to the lack of knowledge about traditional medicine and its repercussions (Junaid et al., 2012).

A study in Iran shows that some of the doctors have been prescribing and recommending specific traditional medicine treatment in their practices. There has been a call for the inclusion of the traditional health medicines in the academic undergraduate programmes, and it ought to be integrated with the health care system. Despite traditional medicine not being legally recognised in Iran, it has, however, been practised by most of the people, and this compelled the government to recognise the traditional health practice (Adib-Hajbaghery & Hoseinan, 2012).

About nine out of ten health practitioners in California showed more excellent knowledge and understanding regarding traditional practice and culture. The doctors understood illnesses such as susto (fright) and others. Some showed an understanding of specific remedies and they were able to tell about their drug interactions versus those remedies. However, there was a concern with the misleading statements about certain antibiotics that are available without prescriptions in the form of herbs (Bauer & Guerra, 2014). On the other hand, doctors reported that they usually ask the patient how they understand their illness, and in the process, they remain non-judgmental and provide health education. Doctors usually recommend or refer the
patients to the Traditional Health Practitioners (THPs) when they are already using the herbal medicines and are refusing to take any Western medication.

2.2.9. The practice of nurses regarding the integration of traditional health practice into the mental health system

Literature reports that there are several concerns that doctors and professional nurses have that Traditional Health Practitioners (THPs) tend to interfere with the treatment prescribed to patients. Seemingly THPs advise patients to stop taking medication as it contradicts the remedies and may result in overdosing. This builds resistance and is subsequently followed by relapse (Van Rooyen et al., 2015).

Jack and Ryan (2014) report that nearly one in three children born in South Africa suffer from a mental disorder. In 2011, there was an increase in people affected by the mental health illnesses. The government is aiming to increase the number of screening and treatment of people affected by mental illnesses (Van Rooyen, Pretorius, Tembani & Ham, 2015). A study conducted in South Africa shows that other nurses are conflicted as they are also traditional practitioners. They are obligated and mandated to serve the best interest of the health department Acts and policies.

Furthermore, they are guided by their scope of practice that does not support their traditional health practice. They must remain loyal, adhere to professionalism, and do as their supervisor’s advice them to do. Their traditional health practice principles are therefore suppressed.

China has made significant progress in the integration of traditional practice into the mental health care system. It is estimated that about 44,700 medical facilities are also offering the traditional medical practice. There are about 1.86 million professional nurses who are now employed by the traditional Chinese medicine institutions. This demonstrates the high level of acceptance and positive regard of the traditional practice. There are nursing schools that offer the traditional Chinese programme. Other countries such as the USA are now sending students to study this programme in China. In Canada, the nurses’ knowledge has been assessed through the evidence-based practice, and it shows to have the potential to improve the healthcare system (Topuz, Uysal & Yilmaz, 2015).
2.3. CONCLUSION

This chapter discussed the literature review by highlighting what is already known and not yet known in this field. A detailed South African background on the integration of traditional health medicine into the mental health system was also discussed.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter seeks to explain the processes that were followed to gather the information of the proposed study. The research design, setting, population, sampling technique, instrument for data collection, pilot study, administration of the instrument, data analysis as well as ethical considerations are discussed in detail.

The purpose of the study was to determine the knowledge, attitude and practice of health professionals regarding the integration of traditional practice into the mental health system at a hospital in Tshwane. Franklin (2012) defines the methodology as the systematic, theoretical analysis of methods applied to the field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. The methodology attempts to pave a way for the system or procedure that ought to be applied to the study to provide the researcher with the desired results or outcomes.

The investigation was conducted using a questionnaire (attached appendix). The questionnaire was developed through the reading of articles relevant to the proposed study with the assistance of a statistician and the researcher’s supervisor.

3.2. STUDY DESIGN

A study design is defined as a systematic empirical investigation of observable phenomena via statistical, mathematical or computational techniques. It provides the fundamental connection between empirical observation and mathematical expression of quantitative relationships. Data is collected by a questionnaire, interviews with close-ended questions as well as through observations using the checklist (Given, 2008). According to Brink (2009) the study is considered as descriptive if it meets the following criteria:
• Information obtained on the study can assist timeously. In this study, the information obtained will undoubtedly assist if not influence policymakers with the integration of traditional health practice into the mental health system.
• The descriptive design is used for database development for any science. With this study, outcomes will be made available on the database for future reference and research purposes.
• Descriptive studies are used when characteristics of the population are either unknown or less known. In this study, what is being established is the potential cause of a delay in the integration of traditional health practice into the mental health system.

A quantitative descriptive research design was utilised to quantify the knowledge, attitude and practice of professional nurses and medical doctors regarding the integration of the traditional practice into the mental health care system. According to Bhattacherjee (2012) the choice of the research design is determined by the subject matter and the way it is to be investigated. In other words, the hypothesis defines the type of research to be conducted. With this study, the purpose was to conduct descriptive research to describe the attitude, knowledge and behaviour of health professionals as they record situations as they occur.

Descriptive research describes the character of the professionals or the phenomenon, and it cannot be used as the basis of casual relationships. Descriptive research intends to explain as to how things occurred rather than finding the causes.

The researcher managed to gather the information and quantified it for statistical inference through the data analysis (Saunders, Lewis & Thornhill, 2012). This was done to be able to define the characteristics of the health professionals. Close-ended questions were prepared for the respondents who participated in the study. The study’s purpose was to discover the overall knowledge, attitude and practice of the doctors and professional nurses regarding the integration of the traditional health system, and their level of knowledge was also assessed.
3.3. RESEARCH METHOD

3.3.1. Setting

The study was conducted in the Gauteng Province that consists of five districts namely; Tshwane district, City of Johannesburg, Ekurhuleni, Sedibeng and West Rand. The study focused only on the Tshwane district that has a total population of 2,921,488 with the density of 460/km². This hospital in Tshwane was chosen by the researcher as it suits the nature of the study and the topic. This is the psychiatric institution that admits patients with psychiatric problems and also have the outpatient department were the discharged patients comes for a follow up treatment as per scheduled appointments.

Figure 3.1. Gauteng Province Map
Source: http://www.sa-venues.com
3.3.2. Population

The population it is the set of persons or respondents that possess some common characteristics that are of interest to the researcher and that meet the criteria which the researcher is interested in studying (Brink, 2009). The chosen population is one that benefits the study outcomes, as they directly identify or explore their views and answer the research question. It is often not possible to conduct a study using the entire population as it can be cost effective and a waste of resources. However, the results obtained on the target group may be generalised to that population.

The population consists of two types in a research, as stated below.

**Target Population:**

This is the group of individuals that the researcher is interested in generalising his conclusions on (Bhattacherjee, 2012). The researcher has a choice to decide which population to consider when conducting the study.

**Accessible Population:**

This is the type of population to which the researcher can apply his or her study outcomes. It is regarded as the subset of the target population. The sample size is drawn due to the availability of such individuals (Babbie, 2010).

The target population of the proposed study should be clearly defined in respect of a person, place and time as well as other factors relevant to the study (Joubert & Ehrlich, 2008). The targeted population in this study were the health professionals which included: professional nurses as well as the medical doctors working at the hospital in Tshwane. The researcher had a total number of 296 health professionals at the hospital in Tshwane.

3.4. SAMPLING METHOD AND PROCEDURE

3.4.1. Sampling

Brink (2009) states that a sample is a fraction of a whole or a subset of a large set selected by the researcher to participate in the study. Sampling consists of two types
of methods that are probability sampling and non-probability sampling. In the quantitative study, the probability is mainly used and all the subjects that stand an equal chance of participating in the study. In this study, the probability stratified sampling was used. As the study consists of two groups which are doctors and professional nurses. (Bless & Higson-Smith, 2000).

Types of Non-probability Samples

According to Brink (2009) the following types of sampling methods are used when conducting a quantitative non-probability sampling. The researcher chooses one type of the sampling that will be relevant to the study.

Convenient sampling: subjects or individuals are selected based on their availability or accessibility and proximity to the researcher. This implies that the researcher considers any person that is available at the time when the data is collected within the targeted population.

Sequential sampling: The researcher chooses individuals at a given time, analyses then selects the next one until saturation is reached or the number required for sampling is reached. It is the researcher’s prerogative to choose the participant that he wants at his own time.

Judgemental sampling: This is where the unit to be used as a sample is based on the researcher’s preference regarding their knowledge or professional judgment. It is also known as purposive sampling. This is the only possible method can be used when requiring information from a specific group or population. It is a good sampling method when the researcher knows who his targeted professionals of interest are, and who will be beneficial to the study. It is however difficult to evaluate the reliability of the experts or authority.

Quota sampling: The researcher can choose the participants’ quota that he prefers. Furthermore, the researcher can observe relationships between the subgroups.

Snow bowling: This is where each member recruits the other to participate in the study. The researcher identifies one participant, and that participant recommends other people who share similar characteristics that the researcher is interested in. In
the quantitative study, the researcher could contradict the hypothesis that the researcher has. The researcher conducts a study based on the trend of the hypothesis, and the interaction is to test its validity and its extent.

In this study, stratified probable sampling was utilised. All the doctors and professional nurses working at the hospital in Tshwane had an equal chance of being Selected to participate in the study. Weskoppies hospital was a chosen facility as it is the biggest tertiary Academic psychiatric institution in Tshwane. All professional nurses and medical doctors who were available on the day of data collection were given an opportunity to participate in the study. large number of people were needed to participate in the study to make an objective conclusion of the views shared by respondents and be able to generalise the outcomes as the representation of facts of the masses (Bless & Higson-Smith, 2000).

3.4.2. Sampling Size

The sample size is defined as a subset of the individuals or number of the individuals in a population that are selected to participate in a study for observation or experimental purposes (Polit & Beck, 2009). It is essential to understand that for every study design, it determines its specific method to be used to come up with the sample size. The larger the population size in a quantitative study, the better chances of a good representation of the participants. The accuracy of the results is more dependent on the size of the sample. It is, therefore, determined by the formula used as to how much of the sample one needs from one’s target population. When determining the sample size of a targeted population, the following ought to be considered (Meysamie, Tae, Mohammed, Vajari, Khanghah, Fard & Abbass, 2014):

Margin error: This is regarded as the deviation of the results of the researcher’s sampling that he can accept in the study. It merely means that the study may not be 100% accurate. Therefore, a certain percentage on the total sampling is estimated as a possible error that may be in the results. This is usually estimated at 5%.
Confidence level: This is the level of accuracy that the researcher has on the sample size. The level of confidence on the study is usually estimated at 90, 95 or 98%. The current estimated confidence level of the proposed study was set at 95%.

Population size: The total number of the targeted population plays a vital role in determining the sample size. The larger the population is, the more sampling one can have. This gives confidence in one’s outcomes. The total targeted population in this study was 296; this included doctors and professional nurses.

Standard deviation: This determines how much of the variance the researcher expects in the study. This is also determined before the administration of the questionnaire. It was set at 5% to ensure that the sample size remained large.

The researcher had a total population of 296. Determining the size of a sample to represent the study was done through the Roasoft software on the computer. In determining the sampling ratio, the following were applied:

- A total number of margin errors that could be accepted in the study was set at 5% on the Roasoft software.
- The level of confidence in the study was set at 95%
- The total population was 296. This are all the doctors and professional nurses working at the hospital in Tshwane. According to the calculations done using the Roasoft software, the sample size was estimated at 168 out of a total population of 296. This implies that 168 questionnaires were distributed.

3.4.3. Sample Criteria

A sample criterion is the list of characteristics of the elements that a researcher determines before conducting a study (Bhattacherjee, 2012). It is determined by the nature of the study and the purpose that is aimed to be achieved (Brink, 2009). The criteria are structured according to the research problem and means to address such a problem.

The following were considered when selecting the sample:
- Age
• Ability to understand the language that the research will be conducted using, which was English (e.g. English or Zulu).
• The type of illness that the researcher is researching about
• Gender
• Years of service at the institution or hospital where the research was conducted: this might be relevant to the experience in that field
• Level of qualification; regarding expert knowledge from a particular group that may know more than the others.
• Ethnic group; if the study is focused on a particular group (e.g. Indians, black).

With this study, the following criteria were applied to select the sample that was suitable and relevant to this study.

3.4.4. Inclusion
• All professional nurses and medical doctors who had been working at a hospital in Tshwane for two years and more as their experience will assist the researcher with relevant information.
• All professional nurses and doctors who were on duty on the day the data were collected. They were chosen since they were available on the day the data was collected.
• Only those who were willing to participate in the study were considered.

3.4.5. Exclusion
• All those who were not on duty during the day the data were collected were not part of the study as they could not be reached.
• All those who did not agree to participate in the study since they have the right not to participate in the study.
• All doctors and professional nurses who were less than two years in practice.

3.5. DATA COLLECTION PROCESS

In quantitative studies, data is collected using a random sampling technique for the researcher to obtain the desired results (Bhattacherjee, 2010). The quantitative
purpose is to test the hypothesis that emanates from the theory of the researcher or amongst a group of people (Babbie, 2010). The size of the population affected by such phenomenon is estimated by conducting a survey. Results are obtained, analysed and shared as general results from that population. Data are collected using a structured instrument, and this makes the results to be easily summarised. The data are collected by:

1. The administration of the questionnaire using close-ended questions.
2. Telephonic interviews with structured questions
3. Through observation and recordings
4. Obtaining information that is readily available in the information system
5. Through experimental trials

3.5.1. Recruitment

Participants were approached to different wards after an arrangement was made with the unit managers. The study and its purpose was explained and those who were willing to participate were given an opportunity to participate.

3.5.2. Preparation

Before the ward visit to professional nurses, arrangements were made with the unit managers. Medical doctors were approached in different wards and the admission centre of the institution. The researcher explained the objectives and purpose of the study to all the health professionals who were available on the day when data was collected. Information leaflet was given to the participants prior to completion of the consent form. All the respondents were given ample of time to complete the questionnaire. Respondents could ask any questions for clarity where they did not understand the questionnaire.

3.5.3. Data collection

Data was collected on a Friday, Saturday, Monday, Tuesday and Wednesday during the day shift and the night shift. This was to ensure that both shifts, especially at night, were afforded the opportunity to participate in the study as the change of shifts takes place on Mondays. For the day shift, those who were working on a weekend were also
covered by these days. About 168 questionnaires were distributed at the hospital in Tshwane.

3.6. PRE TESTING TOOL

It is the testing of the designed tool for the collection of data prior to the main study. It helps to identify logistics of data before starting the actual field work (De Vos, Strydom, Fouche, & Delport, 2011). Reliability of the tool, relevance of the data collected to the problem, acceptability of the questions asked and willingness of the respondents to answer questions and collaborated with the study were assessed through pre-testing and the tool was modified according to mentioned issues (Brink, 2009).

Tlapu (2005) defines a pilot study as a small-scale preliminary investigation that is designed to assist the researcher in identifying problems that may need attention and provide an opportunity to pre-test the instrument. Before the primary research study, the researcher distributed about ten questionnaires in two wards at the hospital in Tshwane and they were completed by the respondents. Before completion of the questionnaire, they were asked to indicate if they understood all the questions and to provide comments on any questions that may need clarification. Those questionnaires did not form part of the main study; they were not included in the primary study.

3.7. QUESTIONNAIRE

The questionnaire is defined as the instrument of data collection consisting of a standardised series of questions relating to the research topic to be answered in writing by participants (Bless & Higson-Smith, 2010).

When preparing the questionnaire, two suggestions by Tlapu (2005) were considered in ensuring that the questionnaire remained relevant to the study and could produce excellent results.

The Technicality of the Questionnaire
Reliability: The questionnaire makes it easy as the sets of questions are structured according to the study objectives, and the respondent can only answer what is on the questionnaire, nothing more. Same results would be achieved even when given to different participants.

The questionnaire ought to be short yet contain enough information required to address the research question. All the sensitive questions were only set towards the end of the questionnaire to avoid negativity or guarding against when answering other questions. Respondents were cautioned in advance especially on the sensitive questions that would cause anxiety or emotional stress.

The questionnaire was constructed in a manner that it provided the researcher with the desired outcomes. The researcher opted to use the questionnaire for this study as it was able to provide all the answers needed.

Design of a Questionnaire

Face Validity: The researcher, with assistance of the supervisor and statistician, had to ensure that the questions were in line with the study. Pre testing of the tool was also done to measure its efficiency and relevancy to the study.

Content validity: Questions were formulated according to the topic as well as the objectives of the study. All questions were simplified. Leading questions and open-ended questions were avoided to pre-empt potential biases as well as convoluted statements from the respondents that might later be misinterpreted if not misperceived. Questions were subjected to evaluation before finalisation; this was to ensure that they remained relevant to the study and were not ambiguous.

Format and Contents of the Questionnaire

The questionnaire consisted of four sections:

Section A entailed the biographical questionnaire such as age, gender, ethnicity, and level of qualifications. This played a significant role in answering Sections B, C and D as the level of understanding or response was influenced by the level of education including their background.
Section B of the questionnaire consisted of the questions that were assessing the knowledge of the doctors and professional nurses regarding the traditional practice being integrated into the mental health system. It consisted of 12 questions. Two questions were true or false: about five questions had to be answered by ticking either Yes, No or Do Not Know. Five questions’ responses were Agree, Mostly Agree, Neither Agree or Disagree, Mostly Disagree, No Side Effects.

Section C questions were aimed at exploring the attitude of doctors and professional nurses regarding the integration of traditional health practice into the mental health system. It consisted of nine questions, and they were tabulated in four different types. About three questions had to be answered by either Yes, No or Uncertain.

The other two questions had to be answered by either True or False. One question was either to be answered by choosing the correct answer from five statements, and one statement out of the five was the closest statement to the question asked.

Section D

This section assessed the practice of doctors and professional nurses regarding the traditional health practice into the mental health system. It consisted of eight questions. About six of them had to be answered by either Yes, No or Not Sure. The other two questions were to be answered by either choosing one or more of the options that were provided.

3.8. DATA ANALYSIS

3.8.1. Quantitative Data Analysis

Is a systematic approach to investigation during which numeral data is obtained, analysed then presented into numerical data and through graphs. According to Joubert and Ehrlich (2008), before the data are analysed formally, the data should be explored through graphs as that helps the researcher to be well conversant with the data. Additionally, it becomes easier to identify errors or strange values.

With the assistance of the statistician, data were analyzed through graphs before they were captured onto the system. The information was kept safely in the computer and analyzed using the Epidemiologist Software (EPI info). This is the software that analyses data by making use of simple graphs and charts. Data were analyzed using
descriptive statistics and presented in the form of graphs, frequencies and percentages.

3.9. ETHICAL CONSIDERATIONS

Permission to Conduct the Study

- In ensuring the safety of respondents and preventing violation of human rights, permission to carry out the study was obtained from the experts from the Sefako Makgatho University School Research Ethics Committee (SREC) and the Sefako Makgatho University Research Ethics Committee (SMUREC) (Annexure B) also reviewed and made appropriate recommendations to the tool before the study was initiated. The researcher had an information sheet (Annexure: C). Concern form was also signed by respondents prior to completion if the questionnaire (Annexure: D).

- Permission to collect data was obtained from the CEO, Nursing Management of the hospital in Tshwane. as well as the, Clinical manager(Annexure E, F & G Respectively )

Protection of the Respondents

For all potential participants, the aims and objectives of the study were adequately described. The researcher gave a full and thorough explanation of the aims and potential benefits of participating in the study before obtaining consent (Annexure C). The respondents were given similar explanations of the purpose of the study and consent before data collection. Informed consent was obtained from each respondent after a full and thorough explanation of the aim, and potential benefits of participating in the study were given and written consent was signed (Annexure: D).

Anonymity and Confidentiality

Anonymity and confidentiality were achieved by applying the following:
• Respondents were ensured that their names would not appear on questionnaires, and information would not be shared with people known to the participants.

• The research report only portrays figures, statistics and discussions without giving any names of the participants including the institution.

Justice

• The respondents were informed that participation was voluntary and that they could withdraw at any time during the process if they felt uncomfortable.

• Information shared by the participants is not used against them, and they will never be subjected to any disciplinary hearing or face expulsion.

Research Study Integrity

• Data were captured accurately as they were received from the respondents.

• All the work presented was done by the researcher and not plagiarised.

• All resources that were utilised in the study were acknowledged accordingly.

• All the respondents were given an opportunity to complete the questionnaire and given enough opportunity away from the researcher to avoid interference, influence or biases.

3.10. CONCLUSION

The research method was discussed in this chapter. The study utilised the descriptive method which explores and describes the knowledge, attitude and practice of doctors and professional nurses regarding the integration of traditional health practice into the mental health system. Data were collected using the questionnaire. Issues of ethical deliberation were also taken into consideration. Measures to ensure that the data collected did not have biasness, were followed.
CHAPTER FOUR
INTERPRETATION OF RESULTS AND DISCUSSION

4.1 INTRODUCTION
This chapter presents results and the interpretation in line with the objectives of the study. The objectives were to:

- To assess the knowledge and practices of professional nurses and medical doctors regarding the integration of traditional practice into mental health care
- To determine the attitude of health professional nurses and medical doctors regarding the integration of traditional practice into mental health care
- To investigate the practices of traditional health and Western or biomedicine healthcare practices by professional and medical doctors

Chapter three detailed the methodology and explained the population profile of the participants. To understand the population, the study applied descriptive statistics where frequencies and percentages were determined to summarize the results of the study. The results were presented in the form of tables and graphs.

To assess the knowledge and practices of professional nurses and medical doctors, descriptive statistics were applied by using a simple t-test to analyses the difference in participants’ responses. To apply the t-test, the mean was derived by coding the responses as Definitely Agree = 5, Mostly Agree = 4, Neither = 3, Mostly Disagree = 2 and Definitely Disagree 1. The midpoint was three where if the mean were below three then it showed that participants disagreed with the statements and if above three then the results showed that the participants agreed with the statement.

To determine the attitude, analysis of variance was applied to determine if the responses between medical practitioners and professional nurses differed significantly regarding their attitude towards traditional practice in mental health care.

The level of significance applied was p = 0.05

The results are presented as follows:

- General demographical information between medical practitioners and professional nurses
• Results assessing participants’ knowledge regarding integration
• Results regarding attitude towards integration
• Practices of traditional health and Western or biomedicine
• Summary

4.2 DEMOGRAPHIC INFORMATION

4.2.1 Demographic information of the sampled population (n=84)

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable</th>
<th>Medical Practitioner</th>
<th>Professional Nurse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
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Table 4.1 represents the demographical information of the participants as follows:

**Nationality and Occupation:** All participants were South African nationals. A majority of the participants were employed as professional nurses (62; 73%) and medical practitioners (23; 27%).

**Gender:** The study had 53(62%) female participants compared to 32(38%) male participants. Of the 38% male participants, 29% were professional nurses, and 9% were medical practitioners. Of the 62% female participants, 44% were professional nurses and 19% were medical practitioners.

**Race:** A majority of the participants were Blacks (78; 92%) followed by (6:7%) White and while less than 2 per cent or one participant were Indian. The majority were 72% Black professional nurses, while 20% were Black medical practitioners compared to 5% and 1% of White and Indian counterparts respectively.

**Marital status:** A majority of the participants were single (34; 41%) compared to other marital statuses followed by married (32; 38%) while 9; 11% were in domestic partnerships. The majority were professional nurses compared to medical practitioners.

**Educational status:** A majority of the participants were professional nurses with a Diploma in Nursing (36; 42%) followed by Advanced Nursing Psychiatry (14; 17%) and medical practitioners with a Degree in Medicine (13; 15, 3%) followed by Post Diploma in Medicine at 7; 8%. None of the participants had PhDs.
Figure 4.31 Religious denomination by occupation

Figure 4.1 shows that the majority of participants (70%) were Christian where 54% were professional nurses, and 17% were medical doctors. The ZCC followed this with 13% where 7% were professional nurses and 6% were medical practitioners. There was 7% who were not affiliated to any denomination.
4.2.7 Age distribution of participants

The participants’ average age was 38 with the youngest age at 24 and eldest at 63. The age was normally distributed and not skewed. The majority of the participants (31) were between the ages of 40 and 49 followed by those who were between 31 and 40 (25) as indicated in Figure 4.2 and Table 4.2.

4.3. Knowledge of Health Care professionals regarding integration

4.3.1 Have you heard or learnt about traditional health or medicine practice before this interview?
The results in Figure 4.3 show that of 59% of professional nurses and 25% of medical practitioners, they had heard or learnt about traditional health or medicine practice prior to answering the questionnaire. Professional nurses who had never heard or learnt about traditional health or medicine practice before before this interview were at 12% compared to 2% of the medical practitioners. The responses did not differ between professional nurses and medical practitioners, p-value 0.25 which is higher than the p-value of 0.05. This indicates that there was no significant difference between the participants’ responses regarding 'heard or learnt about traditional health or medicine practice before Completing this questionnaire.

4.3.2 Traditional practitioners should be involved in the mental health care system as they have an essential role to play

According to Figure 4.4, the results show that of the 57% that indicated that traditional practitioners should be involved in the mental health care system as they have an essential role to play, 43% were professional nurses and 14% were medical practitioners. Professional nurses who indicated that traditional practitioners should
not be involved in the mental health care system stood at 21% compared to 11% medical practitioners. There was no significant difference between professional nurses and medical practitioners’ responses; p-value =0.13 is greater than the p-value of 0.05 which implies that the responses between professional nurses and medical practitioner did not differ.

4.3.3 Traditional health practitioners can treat other mental illness at homes

![Figure 4. 35 Ability of Traditional Health Practitioners to treat other mental illness at home](image)

The results according to Figure 4.5 show that of the 35% that indicated that Traditional Health Practitioners could treat other mental illness at homes, 27% were professional nurses and 8% medical practitioners. Professional nurses who indicated that THPs could treat other mental illness at home were 21% compared to 12% of the medical practitioners. In addition, 25% of professional nurses and 7% of medical practitioners did not know. The results show that there is a significant difference between professional nurses and medical practitioners’ responses. This is due to a p-value of 0.01, which is less than 0.05 and substantial evidence that responses by occupation significantly differ. Most professional nurses agreed that THPs can treat other mental illness at home while the majority of medical practitioners disagreed, according to Figure 4.5.
4.3.4 It is my responsibility as a health professional to give health education and advice to the Mental Health Care Users on the use of traditional medicine in conjunction with medical treatment.

![Bar graph showing the percentage of respondents from different occupations]

Figure 4.36 Responsibility by Occupation.

The results show that 69% indicated it was their responsibility as health professionals to give health education and advice to the MHCUs on the use of traditional medicine in conjunction with medical treatment; 52% were professional nurses and 17% were medical practitioners. Professional nurses who indicated that it was not their responsibility were 18% compared to 5% of the medical practitioners. The results show that there is no significant difference in the participants’ responses between professional nurses and medical practitioners. The p-value = 0.35 and is higher than a p-value of 0.05 which signifies that there is no significant difference in the manner that professional nurses and medical practitioners responded to this question. Thus, the majority of both professional nurses and medical practitioners agreed that it was their responsibility as health professionals to give health education and advice to the MHCUs on the use of traditional medicine in conjunction with medical treatment, according to Figure 4.6.
4.3.5 Western medicine alone can cure mental illness without traditional medicine

The results in Figure 4.7 show that of the 53% that indicated that Western medicine alone could cure mental illness without traditional medicine, 42% were professional nurses and 11% were medical practitioners. Professional nurses who indicated that Western medicine alone could cure mental illness without traditional medicine were 14% compared to 12% of the medical practitioners. The results show that there was no significant difference in the way participants responded to this question. The p-value = 0.21 which is higher than a p-value of 0.05 signifies that there was no significant difference between professional nurses and medical practitioners’ responses.

Figure 4. 37 Western medicine by occupation.
4.3.6 Traditional medicine has no side effects or adverse effects

The results in Figure 4.8 show that most of the participants (23% medical practitioners) and 42% professional nurses disagreed that traditional medicine has no side effects or adverse effects compared to 2.3% of medical practitioners and 8% of professional nurses who agreed. The majority of participants disagreed that traditional medicine has no side effects or adverse effects and that there was no harmful traditional medicine. The results were confirmed by the p values that are less than 0.05 level of significance and the mean of below three. Thus, there was a significant difference in the responses of participants when those who agreed were compared to those who disagreed. Table 4.3

Figure 4. 38 Traditional medicine side or adverse effects.
4.3.7 There is no harmful traditional medicine

The results in Figure 4.9 show that of the participants, 23% medical practitioners and 51% professional nurses disagreed that there is no harmful traditional medicine compared to 2% medical practitioners and 5% professional nurses who agreed. A majority of the participants disagreed that there is no harmful traditional medicine. The results were confirmed by the p values that were less than 0.05 level of significance and the mean of below three. Thus, there was a significant difference in the responses of participants when those who agreed were compared to those who disagreed. Table 4.3
4.3.8 Health risks and benefits of traditional medicines are crucial in the mental health user

The results in Figure 4.10 show that of the participants, 17% medical practitioners and 35% professional nurses agreed that health risks and benefits of traditional medicines are crucial in the mental health hospital compared to 5% of medical practitioners and 16% of professional nurses who disagreed. The majority of the participants agreed that health risks and benefits of traditional medicines are crucial in the mental health hospital. The significant difference was towards those who agreed with the statement due to a p-value less than 0.05 level of significance and a mean of above three. Table 4.3.
4.3.9 Mental Health Care Users should be afforded an opportunity to consult traditional practitioners

The results in Figure 4.11 show that 15% of medical practitioners and 30% professional nurses agreed that MHCUs should be afforded an opportunity to consult traditional practitioners compared to 10% of medical practitioners and 19% professional nurses who disagreed. Participants’ responses did not differ between those who agreed and disagreed with the statement that MHCUs should be allowed to consult traditional practitioners. The p values were 0.13 and more significant than 0.05 implies that there was no significant difference between the responses. Table 4.3
4.3.10 Mental Health Care Users should be referred to traditional practitioners for a second opinion

The results show that the majority of participants (14% medical practitioners and 24% professional nurses) disagreed that mental health care users should be referred to traditional practitioners for a second opinion compared to 3.5% medical practitioners and 26% professional nurses who agreed. Participants’ responses did not differ between those who agreed and disagreed with the statement that MHCUs should be referred to traditional practitioners for a second opinion. The p values are 0.42 greater than 0.05 implying that there was no significant difference between the responses, according to Figure 4.12 and Table 4.3.

Figure 4. 42 Referrals by occupation
Table 4. 5 t-test results

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4.3.11 Traditional Act of 2007 forbids any person from assessing a mental health care user if not registered under the Traditional Health Practitioners
According to Figure 4.13, the majority of participants (46% professional nurses and 15% medical practitioners) did not know if the Traditional Act of 2007 forbids any person from assessing a mental health care user if not registered under the Traditional Health Practitioners. However, 26% of the professional nurses agreed that the Traditional Act of 2007 forbids any person from assessing a mental health care user if not registered under the Traditional Health Practitioners compared to 9% of medical practitioners. Results show that 4% of both medical and professional nurses did not agree with the statement. The responses given did not significantly differ since p-value = 0.21 and is greater than 0.05. The results reveal that the majority of professional nurses and medical practitioners did not know if the Traditional Act of 2007 forbids any person from assessing a mental health care user if not registered under the Traditional Health Practitioners. A similar level of responses was provided by those who said the Traditional Act of 2007 forbids any person from assessing a mental health care user if not registered under the Traditional Health Practitioners. These were 26% professional nurses compared to 9% medical practitioners.

4.3.12 Traditional Act of 2007 Gazette of South Africa makes provisions for the appointment of the traditional practitioners in the health institutions

![Figure 4. 44 Appointments provision by occupation](image-url)
A majority of the participants (44%) did not know if the Traditional Act of 2007 Gazette of South Africa makes provisions for the appointment of the traditional practitioners in the health institutions. Forty-four per cent (44%) were professional nurses and 15% were medical practitioners. However, 22% of the professional nurses and 10% of medical practitioners agreed that the Traditional Act of 2007 Gazette of South Africa makes provisions for the appointment of the traditional practitioners in the health institutions. The results show that 7% of professional nurses did not agree with the statement. P value is 0.14 and is greater than 0.05. The results reveals that participants did not know if the Traditional Act of 2007 Gazette of South Africa makes provisions for the appointment of the traditional practitioners in the health institutions. These results do not significantly differ between professional nurses and medical practitioners since p-value is 0.09 And greater than the level of significance of p-value of 0.05 according to Figure 4.14

4.3 The attitude of health professional towards integration

4.4.1 Do you approve of traditional healthcare practice

![Bar chart showing approval of traditional healthcare practice by medical practitioners and professional nurses.]

Figure 4.45 Approve of traditional healthcare practice

The majority (33%) of professional nurse participants in Figure 4.15 approved of traditional health care practice compared to 26% that did not approve. However, 11%
of the medical practitioners approved traditional healthcare while 11% did not approve. There was 14% of professional nurses who were not sure whether to approve traditional healthcare or not. Thus, the results show that the responses of participants significantly differed between professional nurses and medical practitioners. This is due to p-value = 0.009 which is less than a p-value of 0.05 and shows that there is enough evidence to conclude that the majority of professional nurses approved the traditional healthcare practice while medical practitioners did not. Even though 14% of the professional nurses and 5% of medical practitioners were unsure.

4.4.2 Do you consider traditional medicine to be safe

![Figure 4. 46 Safety by occupation](image)

The majority of participants were unsure whether traditional medicine is safe according to Figure 4.16. The results show that 14% of professional nurses and 5% of medical practitioners consider traditional medicine to be safe compared to 34% that felt it is not safe. Thus, the results significantly differ between medical practitioners and professional nurses since the p-value is 0.03 compared to a p-value of 0.05. Thus, the majority of professional nurses were unsure compared to the majority of medical practitioners that did not consider traditional medicine to be safe although an equal percentage of medical practitioners were unsure. These responses are significantly different. Only 14% of professional nurses agreed that traditional medicine is safe while the majority were not sure, contrary to medical practitioners’ responses.
4.4.3 Do you feel a need to be given education by a traditional practitioner about traditional medicine?

A majority of participants felt a need to be given education by a traditional practitioner about traditional medicine. The majority (52%) were professional nurses compared to 20% medical practitioners. The results indicate that there is no significant difference between participants’ responses. The p-value was 0.15 which is greater than 0.05 significance level which implies that the responses did not differ between professional nurses and medical practitioners. Thus, according to Figure 4.17, both participants felt that there was a need to be given education by a traditional practitioner about traditional medicine.
4.4.4 Do you support the cooperation of modern and traditional health practitioners and the integration of the two systems?

The majority of participants supported the cooperation of modern and traditional health practitioners and the integration of the two systems. The majority (43%) were professional nurses compared to 15% medical practitioners. However, 24% of professional nurses did not support the cooperation of modern and traditional health practitioners and the integration of the two systems compared to 7% of medical practitioners. Fewer professional nurses (7%) and 4% of medical practitioners indicated that it would not make a difference. The results indicate that there is no significant difference between the participants’ responses. The p-value was 0.14 which is greater than 0.05 significance level and implies that the responses did not differ between professional nurses and medical practitioners. Thus, according to Figure 4.18, both participants supported the cooperation of modern and traditional health practitioners and the integration of the two systems.
4.4.5 Which of the following statement is closest to what you are feeling about patients using traditional medicines (choose one that is most applicable)

![Bar chart showing feelings of professional nurses and medical practitioners.]

- I have no particular feeling
- I feel concerned but tend to stay away from them
- I feel concerned and willing to give them courage
- It is their problem and I have no reason to interfere
- I have no particular feeling

Figure 4. 49 Closer feeling

A majority of professional nurses (20%) were closest to feeling concerned and desired to stop patients from using traditional medicines compared to 12% of medical practitioners, according to Figure 4.19. The latter was followed by the fact that it is their problem and there was no reason to interfere, represented by 15% of professional nurses compared to 4% of medical practitioners. Only 14% of professional nurses felt concerned but tended to stay away from these patients while 11% of professional nurses felt concerned and wanted to give them courage compared to 6% of medical practitioners. The results between the responses of professional nurses and medical practitioners significantly varied between professional nurses and medical practitioners regarding this statement (p = 0.001 compared to a p-value of 0.05)
4.4.6 Do you agree with the training of traditional practitioners on the mental health care system for the improvement of practice in the mental health care system?

The majority of participants, according to Figure 4.20, agreed with the training of traditional practitioners on the mental health care system for the improvement of practice in the mental health care system support cooperation of modern and traditional health practitioners and the integration of the two systems. The majority of those who agreed were 51% professional nurses compared to 22% medical practitioners. There were 15% of professional nurses who were uncertain compared to 1% of medical practitioners. The results indicate that there is no significant difference between participants’ responses. The p-value was 0.17 which is greater than 0.05 significance level and implies that the responses did not differ between professional nurses and medical practitioners. Thus, according to Figure 4.20, both participants agreed with the training of traditional practitioners on the mental health care system for the improvement of practice in the mental health care system.
4.4.6 Which healthcare provider do you prefer?

The majority of participants in Figure 4.21 preferred mental health practice with the majority being 54% of professional nurses compared to 19% of medical doctors. This was followed by participants who indicated that they prefer both mental health practices, wherein 20% of those were professional nurses compared to 7% of medical practitioners. None of the participants preferred traditional medicine only. The results show no significant difference between medical practitioners and professional nurses’ responses (p-value = 0.25 greater than the p-value of 0.05 level of significance).
4.4.7 Do you agree with the government supporting Traditional Health Practitioners

The majority of professional nurses (57%) agreed that government should support Traditional Health Practitioners compared to 17% that did not agree and 20% of medical practitioners agreed compared to 6% that did not agree. The responses between medical practitioners and professional nurses do not differ significantly (p =0.277 which are higher compared to a p-value of 0.05 level of significance). A higher p-value shows that there is no substantial evidence to prove that the responses between the medical practitioners and professional nurses were different. Thus, both responded similarly and showed that the majority agreed that government ought to support traditional health practitioners.

Figure 4. 52 Government to support the integration of traditional health practice
4.4.8 Have you ever visited traditional practitioners for consultation?

The majority of professional nurses (38%) in Figure 4.23 had visited traditional practitioners for consultation compared to 36% that had not. The majority of medical practitioners (14%) had never visited traditional practitioners compared to 12% who had. The results did not significantly differ since p-value = 0.06 is greater than the p-value of 0.05 significance level indicating that the responses were similar between the medical practitioners and professional nurses. Thus, there was insufficient evidence to show that the majority of professional nurses had visited traditional practitioners for consultation while the majority of medical practitioners had not.
4.4 ASSESSMENT OF PRACTICE OF HEALTHCARE PROFESSIONALS

4.5.1 Do you advise patients to use traditional medicine?

According to Figure 4.24, the majority of professional nurses (65%) indicated that they did not advise practitioners to use traditional medicine while 10% did. This was compared to 23% of medical practitioners who did not advise practitioners to use traditional medicine while 2% did. Thus, both answered similarly as the results did not differ significantly (p-value =0.057 greater than 0.05). Thus, medical practitioners and professional nurses responded in a similar way. This shows that professional nurses’ did not advise practitioners to use traditional medicine and this did not differ significantly with medical practitioners’ responses. Health professionals were aware of their responsibilities regarding the health education. However, they felt that they were not well equipped to give guidance about the use of the traditional medicine. They only relied on their knowledge since they were also part of their communities.
4.5.2 Do your patients also use traditional medicine in your area?

Figure 4. 55 Patients’ use of traditional medicine

The majority of professional nurses (37%) indicated that patients in their area did not use traditional medicine compared to 30% that were not sure and 7% that indicated that patients also used traditional medicine. This differs from the 13% of medical practitioners who indicated that patients in their area also used traditional medicine while 9% were unsure and 4% indicated that patients also used traditional medicine in their area. However, the results do not vary significantly (p-value = 0.29 which is greater than the p-value of 0.05 indicating that there is insufficient evidence to conclude that patients also use traditional medicine in their area.
4.5.3 Have you admitted any patients with a history of using traditional medicine

Both professional nurses (63%) and medical practitioners (26%) admitted that there were patients with a history of using traditional medicine. The responses did not differ significantly since p-value = 0.27 compared to 0.05 level which shows that there was insufficient evidence to conclude that professional nurses and medical practitioners had admitted patients with a history of using traditional medicine.

4.5.4 Which one of these practices have you seen being practiced in the hospital by the patients at your area of practice?
The use of spiritual performances had been seen being practiced in the hospital by the patients by both professional nurses (36%) and medical practitioners (13%). Medical doctors (14%) and professional nurses (10%) significantly noticed the use of herbal medicine amongst the patients. The results do not differ significantly since a p-value of 0.26 is higher than 0.05 indicating that there is no significant difference between participants’ responses and insufficient evidence to conclude that spiritual performance was the only practice in the hospital by the patients, as in Figure 4.27.

4.5.4 Have you personally used traditional medicine or traditional therapists before?
The majority of medical practitioners (17%) had personally used traditional medicine or traditional therapists compared to 10% that had not while the majority of professional nurses (42%) had not compared to 27% that had, as in Figure 4.28. These results do not differ significantly, p-value = 0.20 compared to 0.05 indicates that there is no significant difference between participants’ responses and insufficient evidence to conclude that health practitioners had previously used traditional medicine or traditional therapists.

4.5.5 Have you ever treated Mental Health Care Users referred by the traditional practitioner?

The majority of professional nurses (49%) had never treated MHCUs referred by the traditional practitioner compared to 16% of medical practitioners. These results do not differ significantly, p-value = 0.22 compared to 0.05 which indicates that there is no significant difference between the participants’ responses. Thus, there was insufficient evidence to conclude that both medical practitioners and professional nurses had never treated MHCUs referred by the traditional practitioners. Refer to Figure 4.32
4.5.6 Have you ever come across patients who visited Mental Health Service soon after visiting traditional practitioners?

![Bar chart showing responses to the question](image)

Figure 4. 60 Patients who visited Mental Health Services soon after visiting a traditional practitioner

In Figure 4.30, the majority of professional nurses (46%) had come across patients who visited Mental Health Service soon after visiting traditional practitioners compared to 19% of medical practitioners. These results do not differ significantly, p-value = 0.08 compared to 0.05 which indicates that there is no significant difference between the participants’ responses. Thus, there was no evidence that both professional nurses and medical practitioners had come across patients who visited Mental Health Service soon after visiting a traditional practitioner.
4.5.7 What are the main reasons for accepting traditional medicine?

The main reasons for accepting traditional medicine are for its effectiveness, cheap costs and lack of mental health care systems. All three combined were indicated by 10% of medical practitioners compared to 12% of professional nurses, according to Figure 4.31. The majority of professional nurses had no opinion (38%). These results do not differ significantly, p-value = 0.30 compared to 0.05 which indicates that there is no significant difference between the participants' responses.

![Reasons for accepting traditional medicine](image)

**Figure 4. 61 Reasons for accepting traditional medicine**

4.5. CONCLUSION

This chapter presented the results of the analyzed data and interpreted them. The level of significance compared was 0.05. The conclusion was presented for each comparison. The results were analysed in line with the objectives of the study. The next chapter discusses the results interpreted in line with the literature presented in chapter two.
CHAPTER FIVE

5.1. DISCUSSION OF THE FINDINGS

5.1.1. INTRODUCTION

This chapter aims to discuss the findings of the research by comparing and giving contrast on issues that prevailed in the current study through the support of the literature.

5.1.2. A LEARNING EXPERIENCE IN TRADITIONAL MEDICINE BEFORE THIS STUDY

Health professionals have learnt about the traditional health practice and have also heard about it although they do not know much about it. The traditional health system is not yet fully integrated into the educational system and very little information about use of traditional health medicine is offered in the academic institution. This is similar to a study conducted by Topuz, Uysal and Yilmaz (2015) on the willingness to learn about the traditional practice. The willingness is viewed as necessary as the health practitioners are duty bound to provide health education on the use of traditional medicine. It will, therefore, provide healthcare professionals with the knowledge and application of the traditional medicine thus affording them an opportunity to advise patients on certain precautions to be taken when using traditional health medicine. Moreover, Bauer and Guerra’s (2014) study in California shows that doctors understood specific traditional health medicine and illnesses that it cures. About nine out of ten participants in the study demonstrated an understanding of the traditional health medicine including over the counter medicine.

Traditional health medicine consists of herbalists, diviners, traditional surgeons and birth attendants as well as spiritual healers. Semenya and Potgieter (2014) study shows that being an herbalist mostly runs through the family and they teach each other depending on one’s willingness to learn and becoming a recognised herbalist. An individual acquires extensive knowledge on the use of the herbal medicine.

Diviners go through extensive training, and they operate through supernatural or religious powers or the combination of the two. They receive the calling from their
ancestors. Therefore, they receive the powers to treat and heal from their ancestors, and they remain powerful if they refrain from specific social life activities such as abstaining from any sexual practice especially if unmarried or if there is an essential task at hand that needs no destruction. The more an individual refrain from sexual intercourse, the stronger the supernatural powers or vision will prevail (Bikitsha, 2015). Faith healers receive a calling from the creator and they are also trained at the university. They heal using the bible and an individual goes to study for the first time at the university after having received a calling from the ancestors.

There are concerns amongst health professionals regarding Traditional Health Practitioners delaying patients’ treatment by keeping them for far too long in their care and only refer them once their health conditions have dismally deteriorated (Van Rooyen, 2015). A study in Ghana showed that health professionals have heard and learnt about traditional medicine and little is known about the traditional health medicine. The Bachelor of Science in herbal medicine is offered in some academic institutions. This programme was also introduced at Kwame Nkrumah University of Science and Technology. Such students go through extensive and vigorous training about the use of traditional herbal medicine (Kretchy, Okere, Osafo, Afrane, Sarkodie & Debrah, 2016). Different studies across the world have found that health professionals have too little knowledge about the traditional health medicine (Adib – Hajbaghery, 2012). Moreover, nurses’ attitude seems to be more favourable as compared to medical doctors. In addition, both nurses and medical doctors recommend traditional health medicine. However, nurses recommended it more as compared to doctors in Iran, India, Ghana, and South Africa.

Traditional health medicine is being used in many ways in different countries, and it is divided according to the type of training attended by an individual (WHO Traditional medicine strategy 2013-2023). In India, traditional practice is divided into two: The Ayurveda, Yoga and Naturopathy, and Unani, Siddha and homoeopathy. The Indian government recognises all these traditional systems and more colleges admit almost 25 586 undergraduates per year and postgraduate are admitted to study advanced courses.

Unlike in South Africa, only a few institutions (universities and colleges) have integrated the Western medicine syllabus with the traditional health practice, and as
much as THP is recognised by the South African government, there is still a lack of political will to support the integration. The “how” part is still a concern amongst all healthcare workers particularly the healthcare professionals. In European countries, and North America, Traditional Health Practitioners such as Chiropractic, traditional herbal practitioners and Osteopathy practitioners obtain their qualifications at university level.

Ghanaian citizens were called upon to continue using the traditional health medicine as it has good efficacy and benefits. Further, it alluded that great ancestors have been using these herbs and it has always worked for them (White, 2015). Unlike Western medicine that is a recent developed mode of treatment. However, White, (2015) argue that not all medication is safe, and mostly are even more detrimental to woman, children and the disabled. This is due to their reproductive system, a weak immune system and body structure.

In contrast, Agyei-Baffour et al., (2017) shows that pregnant women also take traditional medicine for relief of pain, constipation, facilitation of smooth birth process and pain management.

In Ghana, Traditional health practitioners insists that Western medicine has suddenly shortened the lives of people. Community members rely on the traditional medicine, and there are no surgeries. These authors further state that the Western medicine alone is not good enough as it cannot cure even epilepsy to date (Kretchy et al., 2016). Awareness of THPs is shown in the study. Both professional nurses and medical doctors. Some of the health professionals have observed the practice, learnt through internet, family background and from some of the patients also. It becomes idealistic and possible for the knowledge to be expanded through academic learning. This I because it is not something that the health professionals are learning about.

5.1.3. TRADITIONAL PRACTITIONERS’ INVOLVEMENT

Health professionals, especially the professional nurses appreciate the involvement of THPs. however their involvement is being criticized at times as it is believed that they do not know much about most of the illnesses and they do not use their herbal medicine sparingly to avoid complication and toxic effects. On the other hand, their
role is being appreciated in a sense that they are being regarded as primary health care practitioners and people always consult on them first before visiting the health facilities. As in the study conducted by Mokgobi (2014), physicians and other doctors were sceptical about the traditional involvement of THPs as compared to the psychiatrist who was more understanding and appreciated the work of the Traditional Health Practitioners. Zuma, Wight, Rochat and Moshabela (2016) allude that traditional health practitioners’ role goes beyond the treatment path but also focuses on teaching one’s culture, traditional African religion, custom, counsel, social protectors and educates about one’s culture. It is, therefore, for this reason that people prefer this type of healthcare system. Both professionals agree that the importance of THPs, be involved in the treating of the users. Some of the reasons may be because all traditional health practitioners stays within the community. And they are being used as the first line of treatment. It becomes important to understand interventions rendered by the THPs to the patient so that the continuity and choice of treatment at the Medical facility is chosen according to its suitability.

Mcloyd (2012) states that China, Vietnam, Republic of Korea and the Democratic People’s Republic of Korea are the only countries that have successfully managed to implement the integrated health care system. Acupuncture receives more recognition than any other form of traditional health practice, especially in South Eastern Asia. Traditional health medicine is also covered by the health insurance in certain countries. According to a survey conducted in USA hospitals, it shows that about 42% of these hospitals had already started offering complementary alternative medicine. Some of the reasons are that they want to treat the patient in a holistic manner; body, mind and soul). It is also due to an increase in demand by the patients.

The Muslim healers believe that the traditional health practice is a gift. The two are way too different from each other in the sense that it is not easy for them to work together; the medical doctors are trained to deal with the physiological disorders and illnesses whereas the Muslim healers were taught clerics in applying the Quran which is the use of words to heal an individual. Some of their healing gift was supplemented with green herbs and animal products. Muslim pastors and shrine priests consider themselves as servants and project themselves as people who promote healing and serve their gift from God to their people (Kpobi & Swartz, 2018).
5.1.4. THE ABILITY OF BIOMEDICAL MEDICINE TO TREAT MENTAL ILLNESS

A majority of the health professionals in the current study believe that biomedicine alone can treat mental health illnesses without traditional medicine. In Contrast to this study, Grant (2013) shows that people believe it should be more about working together. Certain illnesses that cannot be managed by the Western medicine should then be referred to the Traditional Health Practitioners. One of the patients alluded that these systems should be interdependent for the sake of benefiting the communities. None of this health care system can work in isolation and neither one should be perceived more important than the other. This is because people in communities prefers traditional health practitioners as the first line of defence, were as in politics and academic space, western medicine is viewed as the important and highly recognised type of the health care system.

Nortjie, Oladeji, Gureje and Seedat’s (2016) study reveals that the traditional health medicine is limited when it comes to the treatment and management of other psychiatric disorders such as Schizophrenia. In addition, there is little evidence that seems to prove that this illness can be controlled completely. In other illnesses such as depression and anxiety, the study shows that patients have been responding well to the traditional health treatment. This means that the traditional health medicine alone cannot treat the mental illnesses however, the intervention or involvement of THPs in other mental illnesses is very effective as it also encourages the family involvement on the treatment, which is beneficial to the rapid response to treatment due to the psychological support.

This result is also seconded by Prabhakar and Hollikati (2015) study where the majority of cultural practices view mental health illness as a curse or demon affliction. This has created a stigma around people affected by this illness. Traditional practitioners are believed to be the most relevant people who can treat mental illness. When it comes to Western medicine, certain mental illnesses such as epilepsy can be controlled especially if it is detected early. The study shows that one of the participants who presented with the mental illness symptoms reported that she felt much better after she consulted a traditional health practitioner after certain traditional rituals were performed (Schoonover et al., 2014). Neba (2011) agrees and further states that traditional health practitioner’s diagnostic method is based more on understanding the
concepts. Some traditional health practitioners use an egg to diagnose, animal bones and fowls are also used to diagnose. Certain herbs are burnt to connect the ancestral spirit with the patient. So far, traditional health medicine is regulated in more than 100 countries. The issue of regulating the traditional health medicine is centred on safety measures (McLeod & Chi Ho Chung, 2012).

A study conducted by Mohammed-Kaloo and Laher (2014) shows that general practitioners acknowledge that they can also treat specific illnesses, but not all of them. Some patients would present with specific supernatural symptoms that are difficult to manage using the Western approach but are suitable for the THPs. The Traditional health practitioners have managed some of the symptoms such as "Jadoo" (witchcraft).

5.1.5. TRADITIONAL HEALTH MEDICINE AND SIDE EFFECTS

The majority of participants in this study agreed that the traditional health medicine has side effects. In addition to that, western health medicine also has side effects hence the western medicine side effects are closely monitored and a made to be known to a public space and it becomes easy for everyone to detect them as they are written in all the medication leaflets. With the traditional health medicine, side effects are less known in public. This is largely because traditional health medicine is anecdotal, and difficult to educate on further. Sometimes side effects may be confused with reactions. Olivier (2013) supports these findings by stating that side effects of the traditional health medicine are not mentioned in most of the studies hence the concern is more on drug-to-drug interactions. This has been raised on most of the studies and reported that drug-to-drug interaction was observed more on patients who are on cancer treatment. Other drug plant ingredients are yet to be tested. There has been an increase in the number of non-compliancy with the treatment as the patients try to avoid mixing the two types of medicines which are the traditional health medicine and Western health medicine.

The study shows that health professionals do not agree that there is no harmful traditional health medicine. Similar findings from Ekor’s (2011) study shows that the issue of safety of the traditional health medicine is overlooked. Instead, the majority of patients who are admitted after the consumption of the traditional medicine is as a
result of either overdose or reaction to specific traditional medicine. Further, the author states that the efficacy of the traditional medicine is also compromised by lack of quality control. There is a misconception that specific natural products are non-toxic, and this leads to poisoning due to self-administration and lack of a regulatory body.

Inhalation of specific traditional health medicine is also contraindicated in other medical illnesses such as asthma, which is not well known by the Traditional Health Practitioners. Regarding traditional health medicine, it is never easy to detect or identify warning toxicity signs or symptoms especially when any discomfort does not accompany them. This is supported by Semenya and Potgieter (2014) that there may be low toxicity or side effects that might not be detected by the THPs and worse can happen especially when there are no antidotes for such a reaction. Very few highly experienced traditional healers know some of the side effects of specific herbal medicine. However, some of the side effects are considered as signs of the effectiveness of that herbal medicine.

5.1.6. BENEFITS OF TRADITIONAL HEALTH TREATMENT

Health professionals agree that it is essential to weigh the risks versus benefits when treating the patients, especially when using traditional health medicine. Traditional health practitioners acknowledge the assistance they receive from healthcare professionals. A study conducted in South Africa by Sorsdahl et al., (2010) shows that one of the traditional health practitioners reported that Western doctors play an essential role in assisting with the management of certain illnesses. They further stated that traditional medicine can effectively work on someone who is physically strong and medical doctors assist them by stabilising the patients by administering a drip and rehydrating them before they can be initiated with the traditional medicine. Moreover, some of the THPs have admitted that they are limited in managing certain illnesses, such as rehydration and management of certain illnesses such as TB and HIV / AIDS (Sorsdahl et al., 2010). This result is also supported by Ekor’s (2013) study and reveals that in many countries, the risk versus benefits of the traditional health medicines is not carefully monitored and it is also not regulated. Further, the perception that traditional health medicines do not have side effects its fallacy, instead more patients have been admitted as a result of undesirable side effects and overdoses. The most common adverse effect results in kidney failure and subsequently death.
Risks versus benefits research in South Africa has not been conducted much in weighing the two. The health standards in traditional circumcision regulate only traditional health surgeons. Act No 66 of 2001 that deals with circumcision in the Eastern Cape province it has not done much in ensuring the safe circumcision of the initiates, this is due to lack of monitoring and evaluation (Van Rooyen, 2015). Moreover, this Act has been heavily criticised by the traditional health surgeons stating that it interferes with their practice.

Traditional health practitioners induce vomiting by giving their patients warm salty water to drink or the traditional herbal medicine; they are instructed to put the fingers in the mouth and touch the epiglottis. This irritates the epiglottis and thus induces vomiting. Traditional health practitioners believe that as much as we wash the body outside, it is also imperative that the stomach is cleaned. If it is not cleaned, it is attacked by bad luck and evil spirits (Semenya & Potgieter, 2014). This concurs with White (2015) that THPs address the issue of the person holistically. However, not everyone can have access as some of their practices are not supported by religious practices, and its diagnostic procedure is not accurately reliable. Further, the knowledge is not shared amongst the community and other THPs.

In biomedicine, this can result in internal bleeding and electrolytes' imbalance leading to hypernatremia or hypokalemia. Fleet enema is also used more frequently by the Traditional Health Practitioners whereas in the biomedical health system it is only used as a last resort when the patient is constipated, and other types of relieving agents are unsuccessful. Both these procedures can also be detrimental to biomedical treatment’s effectiveness as the medication is flushed out of the system before it even starts working, especially when the patient uses the enema or induces vomiting immediately after taking the biomedicine (Bikitsha, 2015). There is an ongoing notion that biomedical medicine does not treat other diseases, it merely suppresses them, and the patient can be in remission for a specified period. Such diseases are mostly the sexually transmitted ones such as syphilis and gonorrhoea.

It seems difficult for THPs to physically and objectively diagnose certain illnesses on the patient without subjective data whereas, in biomedicine, some illnesses or diseases can be diagnosed objectively through physical assessment without subjective data. The privilege enjoyed by traditional health practice is being able to
foresee not only the medically related illnesses but even human-made curses or evil spirits, and subsequently, they are also able to prevent such incidents before they occur. These healthcare systems are complementary to each other as the other one can overreach specific areas that other system cannot deal with. Although their healthcare system approach seems so different and diverse. Ekeopara, Chike, Augustine Ugoha and Azubuike (2017) state that more than 30% of biomedicine is directly or indirectly from traditional herbal medicine. Examples are anticancer medicine (Vincristine and Vinbiastine), Anti-malaria (quinine, artemisinin) and decongestants (ephedrine). The concern is more about how this medicine is processed before it is consumed by the patient.

Traditional healthcare practitioners render different types of services such as curative services which are the ordinary type. This is where the patient is treated for any kind of illness. They can also render the service that is classified as “Destructive service”, this type is coupled with good and bad; ‘giving you back the long-lost lover, giving you fortune or making you successful’. Certain rituals include high risk practice by an individual and are imperative at some instance, such as making sacrifices like slaughtering of an animal or to find a specific type of an animal either in a lake or dangerous areas in the mountains and a bush (Ekeopara et al., 2017). Diviners play an essential role in dealing with the mental illness, especially male diviners. They are able to manage the neurosis and help the family to trace their family members who have been lost because of mental illness.

5.1.7. MENTAL HEALTH CARE USERS CONSULTING THE THPs

Health professionals agree that Mental Health Care Users (MHCUs) ought to be allowed to consult THPs. This is in line with Busia and Kasilo (2010) who state that in Senegal, patients are seen by the THPs in the Experimental Centre for Traditional Medicine (CEMETRA) which is recognized by the government. Once patients are discharged by the THPs in this institution, they are referred to the health care system where they are seen by the medical doctors to rule out any toxicity, adverse effects, and damage to internal organs or poisoning by the traditional medicine. Full assessments and tests are conducted, then the patient is discharged once the medical professionals are happy with all the results.
The traditional health practice system differs from country to country, communities and ethnic groups. For example, diviners are known to deal with illnesses by consulting an individual’s ancestors. Treatment differs according to the course of the illness. If the patient is sick as a result of being involved in forbidden things, then the way of treatment is through communication with the ancestors. Whereas if the illness is not self-inflicted, then herbal medicine is used (White, 2015). Certain sacrifices are also made by slaughtering cows, goats or chickens to plead with the patient’s ancestors. In Ghana, when someone is followed by the death cloud, a live cat or dog is buried alive as some form of sacrifice to save one’s life. It is believed that these animals are more closely related to people. Therefore, they take the fall on behalf of the family member. Herbs are also prepared and used as some form of cleansing bad luck.

5.1.8. THE CROSS-REFERRAL ROLE OF TPH AND HEALTH PROFESSIONALS

Health professionals do not agree with the referral of the MHCUs to the THPs. This result is in line with Sorsdahl, Stein and Flisher’s (2013) study where it shows that herbalists were less likely to refer their patients to the mental health care institution. Further, Nemutandani et al., (2016) comment that this is because of a lack of trust between the mental health care system and traditional health practice. Traditional practitioners in eThekwini (South Africa) were dissatisfied about the referral system that only expects them to refer clients to the local clinics as there are no patients to be referred to any of the traditional health practitioners by the Western medicine or any mental health institution (Nzimande, 2012). Some of the Traditional Health Practitioners reported that some of the illnesses are beyond their scope of practice and such patients are referred to the biomedical facilities (Zuma, Wight, Rochat & Moshabela, 2016). According to the study of Van Niekerk et al., (2014) where it included psychologists, social workers, medical doctors, occupational therapists, physiotherapists and nursing psychiatrists, only the professional nurses and occupational therapists admitted to having referred their patients to the THPs.

In Ghana, an effort has been made by the Non-governmental organisations of creating database contacts of all the biomedical practitioners around an area and provide them to the Traditional Health Practitioners to use them in case they need to refer their clients. Moreover, one of the Traditional Health Practitioners acknowledged the efforts
and further alluded that they now know some of the biomedical doctors because of this database and their relationship is flourishing (Krah et al., 2018).

5.1.9. TRADITIONAL ACT OF 2007

The South African traditional health practice was grossly affected by colonialism; it was suppressed and remained inertia for an extended period. In 1953, the South African Medical Association declared the traditional health practice as illegal (Section 27, 2010). The same applies to the diviners who were also declared unlawful under the Witchcraft Suppression Act of 1957 which was amended by the Act of 1950. This was based on safety measures in ensuring the protection of the patients and people in communities. However, this did not yield much better results because of easily availability and accessibility of the herbal medicines. Post-apartheid, in 1996, intentions were made by the government to closely monitor the herbal medicine to ensure the safety of people. In 2004, the Traditional Act practice was enacted but not brought into fruition. Though this Act is now functional, it still has not yet been fully integrated into the healthcare system. The psychiatric institution still has not put it into policy and fully implemented it (Section 27, 2010). Similarly, in Australia, there has been a decline in traditional health practice after colonization as it led to changes in family structures and displacement of communities from their traditional lands making it difficult to pass the knowledge of traditional health medicine to others (Olivier, 2013).

Policies on the traditional health practice in South Africa were established in 2005 but what seems to be missing are the policies that seek to integrate the traditional health medicine into the health system (Boateng, Danso-Appiah & Tersbol, 2016). Further, the delay in regulating the THPs has hindered the integration of traditional health practice into the mental health system. In addition, it has not been easy for the health practitioners to promote the integration or to talk much about the traditional health medicine when they are in practice (Van Niekerk, Dladla, Gumbi, Monareng & Thwala, 2014).

A majority of the health professionals were unaware of the Traditional Act, and they were not aware that it forbids any individual who is unregistered with the council of Traditional Health Practitioners to assess a mental healthcare user. Similar results were reported in Durban on a study conducted by Mbuthu et al., (2012) where it was suggested that the majority of health care workers (78, 9%) were unaware that the
traditional health practice is legislated. Nemutandani et al., (2016) add that the existence of the Traditional Act is still unknown, and this is because no policy supports its implementation. Whereas in Ghana, the Traditional Act was passed in 2000 and regulation of the practice, which allows the hospital and pharmacist to prescribe and dispense specific traditional medicine, was formulated in 2001, and the health professionals are aware of it.

Across all the health professional disciplines, there are pre-existing mother bodies such as the SANC for nurses, HPCSA for doctors, dentists, physiotherapists, dieticians and the Pharmacy Council for pharmacists. The traditional health practice bill that should regulate Sangomas (diviners), and traditional surgeons is still non-functional and traditional health practice remains without their council that should regulate their training as well as practice (Van Niekerk, 2012).

In contrast, Sketchy et al., (2016) in Ghana it shows that health professionals are aware of the existence of the Traditional Health Practitioners statutory body though they do not know its duties and responsibilities. They further reported that it is because they do not function in public and despite their recognition, they are still not well regulated. The healthcare system recognises the traditional health practice and the Traditional and Alternative Medicine Directorate (TAMD) that trains and regulates their professional practice and ensures safety and that good quality traditional medicine is administered to the patients.

Despite THP being so popular, it is still not approved by some of the Acts in the South African constitution. This makes it even more difficult for its integration. The South African fundamental condition of employment Act does not recognize the sick notes from the Traditional Health Practitioners (Mbatha et al., 2012). This simply means that patients at times will not go to the Traditional Health Practitioners for consultation, as they will not be provided with the sick note to submit to their employer as proof of consultation. Further, the Drug Control Amendment Act is also not in line with the Traditional Act, as it does not approve certain herbs or substances that are used by the THPs.

Traditional Health Practitioners were given the rights to issue a medical certificate, as per the KwaZulu Act on the Code of Zulu Law 16 of 1985. On the other hand, the Traditional Health Practitioners were not falling into the category that is classified as
legible health professionals who have the rights to prescribe and issue traditional health practice. However, the government has signed a traditional health practice, which gives the Traditional Health Practitioners a latitude to issue sick notes with effect from the 1st of May 2014.

Traditional health practice is not only governed by the health care system but also the department of environmental affairs where the herbal doctors require valid permission to harvest plants, especially in communal areas as this practice also threatens the conservation of the South African biodiversity (Semenya & Potgieter, 2014). Further, the study reveals that all the Traditional Health Practitioners who participated in the study, did not know such legislation and this Act. Traditional Health Practitioners however perceive it as an impediment in practising their traditional health medicine, and the violation of such legislation is justified by the lack of educational background for these THPs.

As recommended by the World Health Organisation, the South African Traditional Medicine Group (SATMERG) was established in 1997 by the University of the Western Cape. Its sole purpose was to promote the use of traditional health medicine. Research about traditional herbal medicines is conducted to ensure good efficacy and to minimise side effects of traditional health medicines.

5.1.10. SAFETY MEASURES AND TRADITIONAL PRACTICES

Safety practices by the THPs were a concern amongst all the healthcare professionals in the study. Van Rooyen, (2015) shows that the safety of this traditional health medicine, due the lack of scientific evidence and toxicity of specific herbal treatment that is used by THPs and other health professionals, patients are delayed being administered treatment, and by the time they come to the mental health system, the illness would have already advanced. In support, Audet, Blevins, Moon, Sidat, Shepherd, Pires, Vergara and Vermund’s (2012) study conducted in Zambia shows that the issue of safety was related to their practice. These are issues such as the cutting of the patients using a razor blade to create an incision for administering the medication into the patients’ system. In addition, the Traditional Health Practitioners were not referring patients who are infected by HIV/AIDS to the medical health centres. Schoonover, Lipkin, Javid, Rosen, Solanki, Shah and Katz (2014) cite that in India, the Ahmedabad, Gujarat, the Dava and Dua project were initiated to establish the
relationship between the traditional healers and the mental health care practitioners. The primary objective of this project was to eradicate harmful practices by the THPs.

A majority of people consider traditional medicine to be safe as it consists of natural herbs. However, its toxicity is underrated. Some traditional medicine is contraindicated to other Western medicine, and some are even more toxic on their own. It is argued that as much as herbs have contraindications, risks and benefits, they are also the same as the Western medicine. Efforts should also be made to reduce those disadvantages or toxicity and increase efficacy and safety. However, the government has not been able to come up with a strategy of how this traditional health medicine will be regulated, thus the herbal medicine is getting more popular (Van Niekerk, 2012).

In China, the safety research practice has been established in ensuring the safe administration of herbal injections. Initiation has been taken by the American pharmaceutical development drug where the herbal medicine is isolated and tested in tissue culture and animals before being used on a human being. Moreover, traditional health medicine has also been tried and tested on human beings before being dispersed to the public. The only problem encountered is that herbal medicines are used in combination, and they are easily accessible anywhere (Kaptchuk & Tilburd, 2008). According to the World Health Organisation strategy (2013) there is also many unqualified practitioners and people are susceptible to being exposed to unsafe practices, misleading, unreliable information regarding the effects and unwanted side effects of the traditional medicine.

Van Rooyen, (2015) concurs that traditional medicine toxicity is prevalent due to the lack of its systematic evidence research base and patients take some of this medicine indefinitely. Health professionals admitted that they have explicitly discouraged the patients from consulting the Traditional Health Practitioners. Kretchy et al. (2016) allude that instead, some of the health professionals have been using the traditional health medicine on their capacity and have also encouraged patients where they felt it necessary. Nonetheless, these health care professionals would not recommend much of the herbal medicine because of their lack of traditional health medicine knowledge.

5.1.11. APPROVAL OF TRADITIONAL HEALTHCARE PRACTICE
Traditional health practice was approved by the doctors and professional nurses in this study. This finding is also supported by Schoonover, Lipkin, Javid, Rosen, Solanki, Shah and Katz’s (2014) study where they reported that those who only visited the Traditional Health Practitioners saw some significant improvement on their mental illness and they approve the traditional health practice being integrated into the mental health system. On the contrary, another study conducted here in South Africa shows that about 49.5% of healthcare professionals think that the traditional health practice is well regulated. In addition, 46.7% of these health professionals think that the traditional health practice is not suitable for people and it should not be recognised and 41.0% reported that it does not have a critical role to play here in South Africa (Mokgobi, 2014). In conclusion, there is still doubt amongst the health professionals especially medical doctors on whether the government should approve the traditional health medicine. This is merely because these two systems are still functioning in isolation the world over and especially in South Africa.

Tomar (2016) states that it is only in China and India where one can find traditional health practice being officially practised and it is widespread predominantly in rural areas. Sri Lanka has been successful in the integration of the healthcare system (Agyei-Baffour, Kudolo, Quansah & Boateng, 2017). According to Tomar (2016) about 95% of the whole population in developing countries are highly dependent on herbal medicine. Further, more than 75% of the population in America and European countries are also using herbal medicine. Whereas in Ghana, efforts have been made by amending the national health policy following an establishment of the herbal medicine practice in 2005. The integration system was piloted in 18 Ghanaian government hospitals before its full implementation. Additionally, trained herbal medicine practitioners were granted rights to consult and prescribe in both private and government hospitals (Agyei-Baffour et al., 2017).

The challenge is the growing population, and a decrease in land where the traditional health medicine is found. This means that the Traditional Health Practitioners must travel the long distances to source the herbs and the storage is becoming a problem, as they do not have bags or bottles to store their traditional medicines (Krah, et al., 2018).
5.1.12. EDUCATION BETWEEN HEALTH CARE PROFESSIONALS AND TRADITIONAL HEALTH PRACTITIONERS BY OCCUPATION

Education and willingness to learn about the traditional health medicine and the need to educate Traditional Health Practitioners also prevailed in the study. This finding is in line with a study conducted by Alarcon (2009). This author states that it is essential to understand the cultural background of the patients and it is imperative for the health practitioner to learn about the traditional health medicine so that the patient is managed and advised accordingly. The same sentiments are shared by the Traditional Health Practitioners in a study conducted in South Africa, Kwa Zulu Natal. A majority of the participants were more than willing to learn and support the integration (Gandugade, Nlooto & Naidoo, 2017). Owakwe and Otakpor (2014) reveal that there has been a great success in educating Traditional Health Practitioners about the management of HIV/AIDS. THPs are still not recognised though their services are gaining momentum in the health care system. In KwaZulu Natal, eThekwini, Traditional Health Practitioners have partnered with the Department of Health and cross-education about prevention of illnesses, palliative care, voluntary counselling, record keeping, and referrals are provided (Mbathe, Street, Ngcobo & Gqaleni, 2012).

Support for integration is welcomed by most of health professionals. This result is in line with Haartman and Gone’s (2012) study where it shows that the health professionals supported the integration. However, they were concerned about the diversity of these two systems. They alluded that protocols as compared to reality impoverished urban living be addressed, multi-tribal representation versus relational consistency with cultural keepers, enthusiasm for traditional healing versus uncertainty about who is trustworthy.

Whereas in Ghana, nurses believe that traditional health practice is a god given gift and the practice has been carried out throughout the years by their ancestors. Other participants even substantiated their support for the integration by quoting from the Bible “Ezekiel 47 verse 12 where it says: the fruits that are bare by the trees shall be eaten and their leaves shall be used for medicine” (Asure, 2015).

Health professionals felt there is the need for the Traditional Health Practitioners to be given health education about the management of certain illnesses including practicing safety measures. This result collaborates with the study conducted in Durban,
eThekwini municipality, where THPs stated that they were willing to work together with the Western medicine doctors. However, they felt undermined by the Western health practitioners as they do not have the formal knowledge of their practice (Gandugade, Nloto & Naidoo, 2017). In addition, the training of THPs about the mental health system is supported by several studies with the intention of integrating the two spheres. It is believed that specific traditional health practices may compromise the safety of the patients. The nature of the traditional practice is perceived to be unhealthy by health professionals. This is due to its lack of evidence-based research about their practice and treatment, the lack of a regulatory body to ensure that optimum safe standard practice is achieved at all costs and the fact that it lacks extensive formal training (Van Rooyen, 2015; Campbell et al., 2010; Junaid et al., 2012).

According to the WHO (1995) the THPs’ guidelines were set at aiming to integrate the practitioners into the biomedicine health system especially in primary health care. Governments were encouraged by the WHO to streamline their policies to accommodate the traditional health practice in primary health care. Traditional health practitioners were given health education in identifying certain illnesses that cannot be diagnosed and managed by them at their practices. These were illnesses such as infant diarrhoea that can be managed by the preparation of oral rehydration, poor habits of unhygienic practice, childhood communicable diseases, maternal and infant mortality and referral of severe cases to the nearest healthcare facilities. There has been a great response of willingness to learn. However, the majority of the Traditional Health Practitioners have little formal educational background (Semenya & Potgieter, 2014).

The lack of documentation of the traditional health practice has created a gap between the two health systems. The knowledge of competent and knowledgeable Traditional Health Practitioners cannot be easily shared as it is not documented anywhere. Nevertheless, through the direct personal training under such traditional health practitioners, one stands to learn a lot. The notion held by some of the Traditional Health Practitioners is that health professionals also impede the development of their practice either by making negative remarks or through their research studies that predominantly discredit the practice of traditional health medicine (Neba, 2011).
While, there may be a resistance from the biomedical health system in recognising the traditional health practice, in Ghana, their herbal medicine industry is growing and these herbs are advertised in radios and some in newspapers including those Traditional Health Practitioners who are able to treat psychiatric illnesses (Kpobi & Swartz, 2018). On the contrary, Krah et al., (2018) noted a decline in interest in the traditional health practice amongst the youth. This is exacerbated by learning opportunities in academic institutions and traditional health practice is no longer seen as attractive like it was before. Moreover, traditional health practice is hardly recognised as a career as most of the THPs do not survive solely on this practice. Instead, they have permanent jobs in other places. Traditional health practice is done during their free time.

Traditional psychiatrists mainly deal with schizophrenia and few of other mental disorders. These patients are usually chained, and they are beaten if they are suspected of being possessed by demons, where the patient will reveal as to where they got them. These patients are restrained and given sedative and tranquilliser herbal medicines to calm them. Plus, they are also given the psychiatric herbal medicine to start with the treatment once they are calm. The psychiatric treatment is a very long process, and usually, the patients will stay at the Traditional Health Practitioner’s house for months or years until the patient is treated.

5.1.13. SUPPORT COOPERATION OF MODERN AND TRADITIONAL HEALTH PRACTITIONER AND INTEGRATION OF THE TWO SYSTEMS

There is an excellent support of the integration by the health professionals. In Gandugade et al., (2017); Tolera et al. (2011); Lorenc et al., (2012); Gureje et al., (2015) study, they show that families preferred the THP as their first area of consultation. This is because traditional practitioners get to spend more time with the MHCU as compared to the medical doctor who only sees the patient for a few minutes. On the contrary, Nemutandani et al., (2016) study does not see the possibility of integrating the traditional health practice into the mental healthcare system. This is because these two spheres do not support each other and because of the treatment approach in the mental healthcare system and the limitation of the traditional health practice that does not investigate or treat other mental health illnesses. Uwakwe and Otakpor (2014) reiterates that as much as it is challenging to integrate this system, it
is essential to integrate it since the Traditional Health Practitioners are the first preferred healthcare providers then followed by the Western health medicine. This corroborates with the study of Krah et al., (2018) that suggests that healthcare workers are less eager to integrate with the Traditional Health Practitioners due to certain reasons. One of them is the use of non-evidence based medicines and the lack of measurements of dosages taken by the patients.

However, Olivier (2013) found that nurses in primary health care systems had anecdotal information about the use of traditional health medicine has been kept safe as a reference when they want to advise or prescribe specific traditional medicine to the patients. The South African Medical Association endorses and supports the integration; however, there is still a lack of clarity about the job description and categorisation of the THP. Medical doctors in KwaZulu Natal expect the Traditional Health Practitioners to do door to door home visits and refer the patients to the healthcare system, if needed. The THPs did not receive this well as they also feel they are referred to as ‘doctors’, therefore their job should be more the same as one those of medical doctors (Nzimande, 2012).

Studies in Nigeria and South Africa show that there has been a delay in the treatment of mental healthcare users, either by consulting first at the Traditional Health Practitioners or not consulting in any healthcare system at all (Zuma et al., 2016; Nzimande, 2016).

Due to inequality in society, especially in African countries, biomedicine continues to dominate the health care system due to the support it gets from the government and the academic institutions that conduct research timeously. It is also because of policies that seek to promote Western medicine, yet THPs remain stagnant and continue to use the old system of treatment in diagnosing and managing illnesses while the Western medicine advances in terms of its technological diagnostic and treatment approach. The community continues to consult the THPs before opting for the Western healthcare system (Kill & Salamonse, 2013).

According to Ekeopara et al., (2017) traditional health practice is the comprehensive health care system that treats an individual in all aspects and spheres of one’s life. However, it does not offer the rehabilitation process especially for the disabled ones. This means that the families of the disabled have the full responsibility of taking care
of such individuals. On a positive note, the community helps one another in the form of the spirit of "ubuntu".

**5.1.14. PREFERRED HEALTHCARE PROVIDER**

The most preferred healthcare provider in the study was the mental health system as opposed to the traditional health practice. A study conducted by Mokgobi (2015) shows that there is a selective approval to the THP and doctors approve the traditional health practice. However, they preferred only one category of traditional health practice which is the herbalist. They showed more interest in this herbal medicine as it is the most commonly used by the patients. Most of the studies support THP hence the concern is always about their practice and the interaction with the Western medicine.

The consultation of Traditional Health Practitioners has always been justified by the fact that the Western medicine is inadequate and unaffordable. Another reason is that it has not been able to cure and manage certain illnesses such as HIV/ Aids. Thandar’s (2017) studies have shown that most of the herbal medicine is well accepted by the patients who undergo a few side effects as compared to the pharmaceutical drugs. Patients who suffer from chronic illnesses respond well to the herbal treatment. Whereas in biomedicine, certain drugs had to be recalled after they were found to have more risks and complications than the desired benefits. Some of these were the Vioxx drug that used to treat arthritis; it caused cardiovascular problems (Semenya & Potgieter, 2014). In support, Traditional Health Practitioners offer other services such as a bone setter before the establishment of the chiropodist and orthopaedic hospitals. Traditional Health Practitioners used to treat joint pains, and dislocated joints were pulled for realignment back to their regular positions. Mental illnesses are well managed by diviners (Ekeopara et al., 2017).

Some of this herbal medicine is affordable and available without prescriptions at the pharmacies. Bikitsha (2015) cites that herbs can even be grown in the gardens at home. However, all these benefits of the traditional health medicine are also accompanied by disadvantages since these herbal medicines are not strictly regulated. In addition, people are at risk of buying unapproved herbs and different brands are always manufactured thus making it difficult to prescribe a desired and
efficient dosage for such medicine. Another risk is that of harvesting the plant that may look more like the real one where patients are at risk of being poisoned by wild herbs. The inability of traditional health medicine to manage, especially acute illness and serious illnesses such as a heart attack or even appendicitis, remains a challenge (Semenya & Potgieter, 2014).

5.1.15. ADMISSION OF PATIENTS USING TRADITIONAL HEALTH MEDICINE

Only a few patients admitted by the health professionals had used the traditional health medicine before the admission at the mental health care institution. Same as in a study conducted in Durban by Grant (2013), nurses were attending to patients with a history of administering the traditional medicine, especially on their children. One nurse stated that they had seen patients who were dehydrated, some suffering from respiratory distress and sudden deaths occurred because of traditional medicine. Some of the patients admitted to having been using the concoction of specific traditional medicine and they used the traditional medicine with the Western medicine concurrently. It has also been challenging to identify those who have been referred to the Western healthcare system by the Traditional Health Practitioners, as they do not always produce a referral letter to either the doctor or professional nurse at the healthcare service Centre (Nzimande, 2012). This may be due to the criticism and disregard of the traditional health medicine by health professionals.

Van Rooyen (2015) shows concern that THPs would instead keep the patients at their facilities and later discharge them when their conditions deteriorate. These patients admit that they had been seeking help from Traditional Health Practitioners for some time.

That which is perceived as an attitude towards the use of traditional health medicine by the healthcare professionals regarding the use of traditional health medicine is perpetuated by the lack of knowledge and understanding of the use of traditional health medicine (Thandar, 2017). Further, the acceptance of traditional health medicine by the health professionals (nurses and general practitioners) is prevalent in rural communities and primary health care facilities in countries such as Saudi Arabia, Iran, Qatar and Australia.

A majority of the health professionals (professional nurses and medical doctors) do not advise the patients about the use of traditional health medicine. This constitutes
almost 90% of these participants. However, a study conducted by Junaid et al., (2012) shows that doctors refused MHCUs an opportunity to use the traditional health medicine though they acknowledged that the use of traditional medicine is prevalent in the community. In support of this study’s results, Van Rooyen (2015) shows that patients have been discouraged severely by the health professionals as they stated that the traditional medicine interacts with the efficacy of the Western medicine. Patients delay the Western treatment because the THPs do not refer them immediately and lastly, the health professionals cannot trust their treatment due to lack of scientific evidence. Further, they are concerned about non-sterile procedures and unhygienic practices that do not meet the healthcare safety standards. Lastly, these patients take the treatment indefinitely.

Health professionals have observed patients performing traditional health practices, mainly being spiritual and followed by the use of herbal medicine. According to the health professionals in this study, either medical doctors or professional nurses observed very few MHCUs using the traditional medicine at the healthcare facility. Junaid et al. (2012) study also reveals that doctors and nurses observed MHCUSs using the traditional health medicine in their health facilities and they preferred not to intervene.

5.1.16. PATIENTS WHO VISITED MENTAL HEALTH SERVICE SOON AFTER A VISITING A TRADITIONAL PRACTITIONER

Health professionals had previously admitted that there were patients who had been attended by the Traditional Health Practitioners before they were brought to the mental health institution. This result is the same as in Van Rooyen’s (2015) study where it shows that health professionals saw patients that were first attended to by the THPs. What they found with these patients were complications of illnesses or diseases, some of whom were dehydrated and had damaged internal organs, poisoning and sores around the feet. Krah, De Kruijf and Ragno (2017) state that one of the healthcare workers blamed the patients for failing their biomedical health system. Further, they stated that patients would never tell the health professionals that they had consulted the traditional health practitioner when they were presenting with complications.

5.1.17. PERSONALLY, USED TRADITIONAL MEDICINE OR TRADITIONAL THERAPISTS BEFORE
Medical doctors in the study admitted to having personally used the traditional health medicine as compared to the professional nurses where only a few had used the traditional medicine. A study conducted by Junaid et al. (2012) supports this where about 62 (34, 4%) out of 180 doctors admitted to having personally used the traditional medicine. On the contrary, others denied having used any of the traditional health medicine. Asure (2015) states that nurses reported having personally used the traditional medicine if not on their children and at times they used both the traditional medicine as well as the Western medicine for complementary benefits.

A study conducted in the USA shows that healthcare professionals are likely to use the traditional health medicines. This is because of their personal experience on the use of the Complementary Alternative Medicine (CAM). It is reported that most of them who are working in the ambulatory care settings are exposed to the use of the traditional health medicine (Johnson, Ward, Knutson & Sendelbach, 2012).

Thandar et al., (2017) agree that most of the health care professionals do not ask their patients whether they are currently using the traditional health medicines or not. Armstrong, Thiebaut, Brown and Napal (2011) support this. Similarly, in the USA and Ghana, patients feel that it is unnecessary to disclose unless if they are asked, and they do not want to be vilified by the health professionals because they are aware of their attitude about the traditional health medicine (Agyei-Baffour, 2017). Further, even in Australia, patients do not disclose that they are on the traditional medicine and some of these patients are use both the Western medicine and traditional health medicine.

5.1.18. HEALTH PROFESSIONALS TREATING THE PATIENTS REFERRED BY THPs

Only a few patients are referred to the mental healthcare facility by the Traditional Health Practitioners. Previous studies show that Traditional Health Practitioners are reluctant to collaborate with the healthcare professionals as they think that this will reduce their recognition by their patients. Additionally, the Western health medicine is recognised and endorsed by the government and international associations thus this will further suppress and dictate their practice. Instead, health practitioners have raised their concerns surrounding the personal hygiene and safe practice measures by the Traditional Health Practitioners.
5.1.19. THE RESPONSIBILITY OF HEALTH PROFESSIONALS TO GIVE HEALTH EDUCATION ABOUT THE USE OF TRADITIONAL HEALTH MEDICINE

Same sentiments of the current study are shared in Grant’s (2013) study showing that the nurses advise patients timeously. However, they stated that they are reluctant to discuss traditional medicine with their patients since they do not know much about them. Both the patients and nurses were unable to discuss the traditional medicine openly so, however, the nurses were able to elaborate more on the effects of the traditional medicine when it is taken without the knowledge of the healthcare professional. This can lead to drug to drug interaction and moreover patients cannot take enemas when they are pregnant due to bowel spasm that may also trigger the uterine contractions leading to preterm labour or miscarriage. Nurses alluded that patients need to be sensitized of such dangers and practices and these systems ought to be integrated so that much is known about both. This results are qualified to conclude that professional nurses and medical doctors knows their responsibility that it is imperative to give health education on mental health care users who are using traditional health medicine. Few health professionals indicated that it’s not their responsibility to give health education about use of traditional health medicine. All health professionals must give health education in general about health matters but it must be confined and limited to their scope of practice.

5.1.20. PARTICIPANTS (HEALTH PROFESSIONALS) HAVE PERSONALLY CONSULTED TRADITIONAL HEALTH PRACTITIONERS

A majority of the medical doctors admitted to having consulted the Traditional Health Practitioners as compared to few of the professional nurses who had not personally consulted the THPs. These results are similar to the study conducted by Grant (2013). Some nurses admitted to having visited the Traditional Health Practitioners and using the traditional medicine. They were aware that the traditional medicine lacks scientific evidence on its efficacy and detrimental effects. However, because they are from culturally bound communities that use these medicines, they know what works and what does not work.
5.1.21. REASONS FOR ACCEPTING TRADITIONAL HEALTH PRACTITIONERS

There are many different reasons why patients consult the Traditional Health Practitioners, as relayed by the participants in this study. However majority of the health professionals had no opinion. Those commented, reported that it is because it is effective, cheap and it is also due to lack of mental health facilities. Traditional health practice is prevalent in rural areas part of South Africa and that is where there is a lack of mental health facilities. Most of the communities have to travel a long distance when seeking mental health care assistance. A study conducted in the Eastern Cape Province, South Africa, reveals that lack of transport and lack of Western health facilities in the rural areas are some of the reasons why people resort to THPs. Families find it difficult to reach these Western facilities, and it becomes even more costly when the patient has to be accompanied by one of their family members (Braathen, Vergunst, Mji, Mannan & Swarts, 2013).

Mwaka, Okello and Orach (2014) reveal that is is the same in Uganda. Patients stated that they consult Traditional Health Practitioners because there are no health facilities next to their homes. In addition, the health care system has unexplainable procedures; patients reported that there are too many places to consider and if one cannot read the signs one will probably not even have someone to assist them with the directions. Another factor was due to the long waiting time at the healthcare facilities and also the unavailability of medicines. Lastly, the THPs are always available and one does not wait for a long time for consultation. Schoonover et al., (2014) conclude that Traditional Health Practitioners are an integral part of communities and people consult the traditional healers for different reasons. These may be physical illness and help with general life. The most critical issue is that these Traditional Health Practitioners are known by the patients’ families.

Same in the study of Ekor (2014) conducted in Ghana, people chose the traditional health medicine because they felt that the Western medicine can not cure other illnesses. The issue of the confidentiality was a concern to other patients stating that they felt that their information is not safe with the health care professionals. Further, they revealed that they have no freedom of choice to choose whom they want to be assisted by. Moreover, they prefered the traditional health medicine because it is easily accessible and does not have a lot of unwanted side effects as compared to
Western medicine. A study in India showed that some of the patients feel that the medical doctors do not attend to their psychological needs yet the THPs provide them with ample time, and their families are also included in the health treatment (Prabhakar & Hollikati, 2015).

Traditional medicine is considered cheap and easily accessible and is recommended for most chronic illnesses such as arthritis. Most traditional medicines are used as broad spectrum for diseases and one traditional medicine can treat many different illnesses. In addition, most traditional medicine is well endured by most of the patients with less adverse reactions. Traditional Health Practitioners are cheap and affordable as one can negotiate the consultation price, and even late payments are allowed. In other instances, consultation is offered in exchange for agricultural seeds, salt, palm oil and goats. This is all not possible with the Western health professionals. Furthermore, the use of traditional health medicine is utilized more by people from low socio-economic status and the ones with wealth or high socioeconomic status are very few (Agyei-Baffour et al., 2017). Further, reasons for consulting the traditional health practitioner vary according to the type of the illness. It is believed that the biomedicine can effectively manage some of the illnesses and some are better left for the traditional health practitioner. Only when the condition has deteriorated, can then biomedicine intervene.

5.2. CONCLUSION

The research question was: what are the attitudes, knowledge and practices of professional nurses and medical doctors regarding the integration of traditional practitioners into the mental health system?

Previous studies have shown that the majority of the MHCUs are readmitted at the mental health institutions because of non-compliance to the treatment. Mental health tradition has been placed at the centre of most of the patients who are non-compliant to the treatment. This is because they attend to their practice and are not referred to the mental health care system on time.
There are multiple reasons for this, and one of them was related to the health professionals (professional nurses and medical doctors). This was outlined under the following categories.

I. Knowledge of professional nurses and medical doctors regarding the integration of traditional medicine into the mental health system.

II. The attitude of professional nurses and medical doctors regarding the integration of traditional medicine into the mental health system.

III. The practice of professional nurses and medical doctors regarding the integration of traditional medicine into the mental health system.

The study focused on the professional nurses and medical doctors who work at the Weskoppies Hospital. Participants in the study were selected randomly. The study involved everyone who was willing to participate. The data were collected in three months using questionnaires.

The study had a total of 86 participants. Fifty-four (54) females and 32 males participated in the study. About 85 of them were Blacks and there was one Indian. Only six questionnaires were spoilt and were not considered for the study. All the participants were South African nationals. A majority of the participants were single; 35 participants.

Most of the participants had a Diploma in Nursing (36) followed by a Degree in Medicine (13), Degree in Nursing (12), and Advanced Nursing in Psychiatry (10), Post Diploma in Medicine (7), Master’s in Medicine (1), and Master’s in Nursing (1).

A majority of the participants were Christians (69%) followed by ZCC (15%). Only one respondent was Islamic (2%), and the other one did not belong to any denomination. The average age of respondents was between 30 and 45 years.

In all the questions prepared, the respondents were not compelled to give a definite answer. However, they were always given an option to answer either: Do Not Know, Not Sure, Neither Agree nor Disagree. This applied to all the questions including the ones with true or false options.

The traditional health council consists of 24 members, and the majority are the traditional health practitioners. This includes other disciplines such as medical practitioners, pharmacists as well as someone who is employed within the department
of health. The constituent of this council promotes the integration of traditional health practice into the mental health system. Healthcare workers who are part of this council bring the knowledge and the experience they have within the health care system. We certainly cannot talk about the traditional health practice without the mental health care system. The scope and function of the traditional health practice council are more like the South African Nursing Council (SANC) as well as the Health Professional Council of South Africa.

Previous studies have shown that the traditional health medicine is widespread hence; there has not been transparency about it. This becomes a burden to the mental health system. The suppression of the traditional medicine is due to lack of initiative to implement the integration of the traditional health practice into the mental healthcare system.

What seems to confuse the health professionals is the lack of clarity and plan on how the integration will be carried out by the government. Previous studies have shown that policymakers remain the big role players in setting up the system that will set up the integration. Moreover, the little knowledge those health care professionals have, are also duty bound to educate and advise the patients about the use of the Western medicine together with the traditional medicine to prevent overdoses and interactions of the two types of treatment.
6. CHAPTER SIX

CONCLUSION, STUDY LIMITATIONS AND RECOMMENDATIONS

6.1. CONCLUSION

Based on the study: Determining the knowledge attitude and practice of medical doctors and professionals regarding the integration of traditional health medicine into the mental health system. It is concluded that the integration of traditional health practice into the mental health system is welcomed by the health professionals and it remains the responsibility of the government to ensure the effective implementation of the integrated health care system.

Previous studies show that the lack of knowledge of the health professionals about the use of traditional health medicine is detrimental to the patients. The traditional health Act is not known by most of the health professionals, which leads to the reluctance to promote the integration system (Neba, 2011). Patients are not advised but discouraged on the use of the traditional health medicine. Only a few health professionals in this study and previous studies were aware that they are obliged to give health education and advise the patients based on their treatment of choice.

The other pulling factor is the nature of the mental health system practice and the traditional health practice. The Western health system has become popular and favoured by the governments, and there has been a lot of innovations and improvement through research conducted in academic institutions. Whereas the traditional health practice remains inertia despite the advancement of illnesses. Their practice system (diagnosing, managing and treating illnesses) remains archaic, and this continues to overburden the Western health medicine due to a delay on the referral of the patients who cannot be managed at the traditional health practices.

The issue of stigma on the traditional health practice has caused a decline in a number of the youth who are possibly supposed to be traditional health practitioners without fresh minds and thinking the traditional health system, the practice remains stagnant and not advancing. The common ground between these two types of health care systems needs to discover a strategy of working together without impeding the other’s role and responsibility.
The criticism across both health systems (traditional health practice and biomedical practice) occurs in isolation. Each type of the system criticises the other indirectly so, it may mainly be through the patient. Patients are then discouraged to take treatment as instructed either by the biomedical doctors or the THPs against Western medications. In rare cases, one finds the patient being given prudent advice and health education but mostly patients are encouraged to stop taking other treatments. This may lead to a delay in recovery.

6.2. LIMITATIONS OF THE STUDY

There was poor participation in this study by the targeted group. Different reasons were stated for the non-participation of some participants. Some reasons given were “I do not want to participate because I never get to see the results of the study at the end”. Not interested as I do not have time”. The study only focused on one institution, and the results could only be generalised to that institution. The study would have yielded different results if it were conducted in more than one psychiatric institution.

The study only focused on professional nurses and medical doctors at the hospital situated in Tshwane. Other health professionals did not take part in the study, though they play an important role in the treatment and rehabilitation of Mhcus. These healthcare workers included occupational therapists, pharmacists, psychologists as well as social workers. Other categories under nursing that were not included in the study were the enrolled nursing Auxiliary and nursing Auxiliary. Their views are also critical as they play a significant role in the treatment and rehabilitation of patients.

Traditional health practitioners were excluded in the study though they were the subject of discussion. Their views and perceptions would have given a clear logic about the integration system of these two spheres. It also focused only on a specific hospital in Tshwane. Therefore, the results can only be generalised to that hospital. Better results may have been acquired if the study was conducted in all the hospitals in Tshwane Municipality or the Gauteng Province.
6.3. RECOMMENDATIONS

These recommendations are made regarding the Department of Health, doctors and nurses’ education, practice and research:

6.3.1 Doctors and Nurses Education

- The heads or managers of institutions ought to encourage participation of staff members in research studies to be able to recognise the research gaps for future studies.
- The introduction of the traditional health practice in the healthcare professionals’ curriculum at the universities remains a critical element of fast-tracking the integration of the traditional health practice into the mental health practice.

6.3.2 Doctors and Nursing Practice

Clinical teaching departments ought to provide training within the hospitals about the government policies that promote traditional health integration into the mental health system.

6.3.3 Doctors and Nursing Research

- More research ought to be conducted regarding the traditional health practice. The views and beliefs of these practitioners are essential in understanding their practice and how they perceive the mental health care system.

6.3.4. Government Department of Health

- Government ought to develop policies and structures that support the integration process. This can be achieved mainly by having these spheres working together utilising a workable strategy.
• Interlink psychiatry institutions with primary health care centres in promoting the integration, communication, consultation and management of mental health illness.

• It is imperative that the government concertize all the healthcare workers regarding the integration of the traditional health practice into the mental health system. Community outreach programmes ought to provide health education about the mental health illnesses. This may ensure the patients’ compliance and prevent delays in treatment.
6.4. LIST OF REFERENCES


Grant, M., Haskins, L., Gaede, B, & Horwood, C. 2013. *Bridging the gap: exploring the attitudes and beliefs of nurses and patients about coexisting traditional and


Nlooto, M. 2015. Views and experiences of healthcare professionals towards the use of African traditional, complementary and alternative medicine among


Nzimande, B. 2012. **Exploring nature of partnership between African traditional and conventional health care in eThekwini district.** Degree in Master of Technology in nursing. Durban: Durban university of Technology.

Olivier, S.L. 2013. **The role of traditional medicine practice in primary healthcare within aboriginal Australia: A review of literature.** *Journal of Ethnobiology and Ethnomedicine,* Australia. 9:46.


Annexure: A.

QUESTIONNAIRE

Section A: DEMOGRAPHICS

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<th>Age</th>
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Specify: _______________

Citizenship: ☐ South African ☐ Other, specify_________________

Marital/Relationship Status:

- Single ☐ Married ☐ Domestic partnership ☐ Separated ☐ Divorced ☐ Widowed ☐

Education Level: Diploma in Nursing ☐ Degree in Nursing ☐ Advanced Nursing Psychiatry ☐

Degree in medicine ☐ Post diploma in Medicine ☐ master’s in medicine ☐ master’s in nursing ☐ PhD ☐

Occupation: Professional nurse ☐ medical Practitioner ☐

Religious Denomination: ________________________
### SECTION B: ASSESSMENT KNOWLEDGE OF HEALTH PROFESSIONALS REGARDING INTEGRATION

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<td>Have you heard or learnt about traditional health or Medicine practice before (prior to this interview)?</td>
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<tr>
<td>Traditional practitioners should be involved in the mental health care system as they have an important role to play</td>
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<td>Traditional health practitioners can treat other mental illness at homes</td>
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<td>It is my responsibility as a health professional to give health education, and advise the Mental Health Care Users on the use of traditional medicine in conjunction with medical treatment them</td>
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<tr>
<td>Western medicine alone can cure mental illness without traditional medicine</td>
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According to traditional health Act of 2007, assessing a mental status of the patient if not registered under the traditional health practitioner is forbidden

TRUE □ FALSE □ do not know □
Traditional health Act of 2007 gazette of South Africa makes provisions for the appointments of the traditional practitioners in the health institutions

TRUE ☐ FALSE ☐ do not know ☐

SECTION C ATTITUDE OF HEALTH PROFESSIONAL TOWARDS INTEGRATION

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<td>Do you consider traditional medicine to be safe?</td>
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<td>Do you feel there is a need for you to be given education by a traditional practitioner about traditional medicine?</td>
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Do you support cooperation of modern and traditional health practitioner and integration of the two systems?

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<td>No</td>
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<tr>
<td>It will not make any difference</td>
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<tr>
<td>Which statement is closest to your feelings about patients using traditional medicines (choose one only the applicable)</td>
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</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>I feel concerned and desire to stop them</td>
<td></td>
</tr>
<tr>
<td>I feel concerned but tend to stay away from them</td>
<td></td>
</tr>
<tr>
<td>I feel concerned and willing to give them courage</td>
<td></td>
</tr>
<tr>
<td>It is their problem and I have no reason to interfere</td>
<td></td>
</tr>
<tr>
<td>I have no particular feeling</td>
<td></td>
</tr>
<tr>
<td>Others (please explain)</td>
<td></td>
</tr>
</tbody>
</table>

**Do you agree with the training of traditional practitioners on the mental health care system for the improvement of practice in mental health care system?**

YES ☐ NO ☐ Uncertain ☐

**Which Health Care Provider Do You Prefer?**

<table>
<thead>
<tr>
<th>Mental health practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
</tr>
<tr>
<td>Both</td>
</tr>
</tbody>
</table>
Do you agree with government to support Traditional Health Practitioners?

YES ☐ NO ☐

Have You Ever Visited Traditional Practitioner for Consultation?

YES ☐ NO ☐

Section D  Assessment of Practice of health care professionals

Do You Advise Patients to Use Traditional Medication?

YES ☐ NO ☐

Do your patients also use traditional medicine in your practice area?

YES ☐ NO ☐ not sure ☐

Have you admitted any patient with a history of using traditional medicine?

YES ☐ NO ☐ do not know ☐

Which one of these practices have you seen being practised in hospital by the patients at your area of practice?

<table>
<thead>
<tr>
<th>Use of herbal medicine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual performance</td>
<td></td>
</tr>
<tr>
<td>Herbal supplements</td>
<td></td>
</tr>
</tbody>
</table>
Have you personally used traditional medicine or traditional therapies before?

YES ☐ NO ☐ not sure ☐

Have you ever treated Mental Health Care Users referred by the traditional practitioner?

YES ☐ NO ☐ not sure ☐

Have you ever come across patients who visited Mental Health Service soon after visiting the Traditional practitioner?

YES ☐ NO ☐
What are the main reasons for the acceptance of traditional medicine?

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
</tr>
<tr>
<td>Cheap</td>
</tr>
<tr>
<td>Lack of mental health care system</td>
</tr>
<tr>
<td>All three combined</td>
</tr>
<tr>
<td>No opinion</td>
</tr>
</tbody>
</table>
Annexure: B

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

Molutlegi Street, Ga-Rankuwa 0208
Tel: (012) 521 5617/3698 | fax: (012) 521 3749
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPROVAL NOTICE - NEW APPLICATION

06 April 2017
Mr. VFJ Masemola
Department of Nursing Science
P.O. Box 162
Medunsa, 0204

MEETING: 03/2017
SMUREC Ethics Reference Number: SMUREC/HTS2017: PG

The New Application received on 14 February 2017, was reviewed by members of Sefako Makgatho University Research Ethics Committee 02 March 2017 and was approved on 06 April 2017.

Title: Determining the knowledge, attitude and practices of professional nurses and medical doctors regarding integration of traditional service into mental healthcare at a hospital in Tshwane

Researcher: Mr. VFJ Masemola
Supervisor: Dr. MM Tlau
Co-supervisor: Mrs. M Thobakgale
Department: Nursing Science
School: Health Care Sciences
Degree: M.Cur. Advanced Psychiatry Nursing

Please note the following information about your approved research protocol:

Protocol Approval Period: 06 April 2017 – 06 April 2018

Please remember to use your protocol number (SMUREC/HTS2017: PG) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modification, or monitor the conduct of your research and the consent process.

After Ethical Review: Please note a template of the progress report is obtainable in the Research Office and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit. Translation of the consent document in the language applicable to the study participants should be submitted.

International Organisation (ICRG00008991), Institutional Review Board (IRB000010356) Expiry date: 09 December 2018, Federal Wide Assurance (FWA000023943) Expiry date: 31 August 2017 and NHREC No: REC 210408-003

Sincerely

[Signature]
PROF C BAKER
DEPUTY CHAIRPERSON SMUREC
Dear prospective Respondent

TITLE: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICE INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE

I Masemola Vusi have been granted permission by the CEO to conduct a survey using the questionnaire based on the above-mentioned research topic.

For me to be able to get the required information of the above-mentioned study, I request you to complete the questionnaires that is written in English to be distributed to you. The completed questionnaires will only be accessible to the supervisors and statistician.

I undertake the following ethical principles throughout the research process.

- Your participation is voluntary, and you can withdraw at any time.
- Your anonymity will be maintained throughout the study by using the unique code rather than your name when discussing information pertaining to the study to protect your person and dignity.

The questionnaires will be kept in a safe and locked place for 2 years after completion of the study.

Feedback will be made available on request of individual participants at the end of the study as a summary of the research findings.

For further information related to your participation in the study, please contact the researcher.

Yours sincerely

Masemola Vusi

Email address: vusim@tuks.co.za
Cell: 07225826
I have read the information and heard the aims; objectives of the study and I was provided with an opportunity to ask questions where I did not understand. Ample of time was given to re-think about the issue.

Objectives and aims of the study are clear and understandable to me. I was not pressurized or manipulated to participate on the study.

I am aware that materials may be used in scientific publications which will be electronically available throughout the world. I give concern provided that my name is not revealed. I know that this project has been approved by the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC), and I am fully aware that the results of this project may be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed. I hereby give consent to participate in this study.

Name of participant________________ signature __________________

Witness ________________ Signature________________________

Date ___________________

Time ___________________

Place ___________________
Annexure E:

LETTER TO THE CHIEF EXECUTIVE OFFICER OF WESKOPPIES HOSPITAL

THE CEO

Dear Madam

TITLE: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICE INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE

I Vusi Masemola request permission for access to approach healthcare professionals with the above-mentioned criteria. I must hand out questionnaires for completion regarding the proposed study as this research project forms part of my master’s degree at Sefako Makgatho Health Sciences University. I hope that the findings will assist with the development for the better integration of traditional beliefs to assist them in future with better understanding of the patient’s beliefs. Anonymity of respondents will be maintained throughout the study by using the unique code rather than the name of an individual when discussing information pertaining to the study to protect the person and dignity. The name of the hospital shall not be revealed and neither the information obtained may be linked somehow to the hospital.

The study proposal is attached

Thanking you in advance

Yours sincerely

Vusi Masemola
Annexure: F

Letter to the Management of Nursing

Dear Madam

TITLE: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICE INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE

I Vusi Masemola request permission for access to approach healthcare professionals (Professional nurses) with the above-mentioned criteria to hand out the questionnaires that assess the knowledge, attitude and practice of the healthcare professionals towards the integration of traditional practice into the health system.

The study will be focusing specifically on the doctors and professional nurses who have more than 2 years of experience in this psychiatric institution. I hope the findings will help with the development and support program to assist them in the future with the management of the patients regarding the issue of integration of the traditional practice into the mental health system.

The proposal of the study is attached

Thanks in advance

Yours sincerely

Masemola Vusi.
Annexure G:

To the Clinical Manager of Psychiatry

Psychiatry Clinical Manager
Dear Madam

**TITLE: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICE INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE**

I Vusi Masemola request permission for access to approach healthcare professionals with the above-mentioned criteria to hand out the questionnaires that assess the knowledge, attitude and practice of the healthcare professionals towards the integration of traditional practice into the health system.

The study will be focusing specifically on the doctors and professional nurses who have more than 2 years of experience in this psychiatric institution. I hope the findings will help with the development and support program to assist them in the future with the management of the patients regarding the issue of integration of the traditional practice into the mental health system.

The proposal of the study is attached

Thanks in advance

Yours sincerely

Masemola Vusi.
APPENDIX 2

STATISTICAL ANALYSES

The Chairperson,
Sefako Makgatho University Research Ethics Committee (SMUREC),
Box 163
SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

Dear Sir/Madam

STATISTICAL ANALYSES

I have studied the research protocol of

V F J MASEMOLA

entitled: Determining the knowledge, attitude and practices of professional nurses and medical doctors regarding integration of traditional service into mental health care at a hospital in Tshwane

and I agree to assist with the statistical analyses.

Yours sincerely,

[Signature]

Signature: Statistician

[Name in block letters]

[Date]

Please delete which is not applicable. If you do not agree to assist with the statistical analyses, please provide reasons on a separate sheet.
Annexure : I

Weskoppies Hospital facility Research approval

The approval is subject to approval by the Ethics Committee of the Sefako Makgatho University

APPROVAL BY HOSPITAL CHIEF EXECUTIVE OFFICER

Mrs. M.A. Mabena Chief Executive Officer / Superintendent of Weskoppies Hospital hereby agree that this research/evaluation be conducted in Weskoppies hospital.

The officer conducting the trial will be: Vusi Masemola

Research title: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICE INTO MENTAL HEALTHCARE.

Institution: Weskoppies Hospital

Supervisor: DR TLAPU M.M / MS THOBAKGALE E.M

<table>
<thead>
<tr>
<th>HOSPITAL CEO / Superintendent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Initial(s) Surname</td>
<td>Day</td>
</tr>
<tr>
<td>Mabena</td>
<td>18</td>
</tr>
</tbody>
</table>

Application and approval supported by

CLINICAL MANAGER, WESKOPPIES HOSPITAL

14/06/2017
Annexure: J

Weskoppies Hospital
Private Bag X113
PRETORIA
0001
SOUTH AFRICA
Tel No. +27 12 319 9680/1
Fax No. +27 12 319 9697

Enquiries: Ms. P B Schoonwinkel
Ref No.: 

Mr. Vusi Masemola
Professional Nurse

PERMISSION TO CONDUCT RESEARCH

1. Your undated letter, received on 19 May 2017 refers.

2. Your request to conduct research on the topic: “Determining the Knowledge, Attitude and Practices of Professional Nurses and Doctors regarding integration of Traditional Service into Mental Health Care at a hospital in Tshwane” is approved.

3. The internal Policy on Ethical Research in Weskoppies Hospital (GN40) refers.

Yours sincerely

Ms. P B Schoonwinkel
Manager Nursing
22/05/2017
24 August 2018

DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the SMU dissertation entitled: DETERMINING THE KNOWLEDGE, ATTITUDE AND PRACTICES OF PROFESSIONAL NURSES AND MEDICAL DOCTORS REGARDING INTEGRATION OF TRADITIONAL SERVICES INTO MENTAL HEALTHCARE AT A HOSPITAL IN TSHWANE by Mr VFJ Masemola.

My involvement was restricted to language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, proofreading, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party subsequent to the editor’s edit. The client is responsible for the quality and accuracy of the final submission.

Sincerely,

Pholie Zengele
Associate Member

Membership number: ZEN001
Membership year: March 2018 to February 2019

076 103 4817
info@zenedit.co.za
www.zenedit.co.za

www.editors.org.za