



Nurses' Experiences Integrating Traditional Herbal Therapy in Cancer Pain Management: A Phenomenological Study

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ABSTRACT

Pain management for cancer patients is an important part of healthcare that combines both medical treatments and traditional methods like herbal therapy, especially in culturally diverse settings. Although integrative care is gaining attention, little is known about how nurses experience and understand the process of using traditional herbal therapy alongside conventional pain management in hospitals. Previous studies have often overlooked nurses' personal experiences, including the ethical challenges, coping strategies, and professional meaning they find in this practice. This study uses a descriptive phenomenological method to explore how nurses manage the challenges of integrating traditional herbal therapy into cancer pain management, focusing on their real-life experiences and views. Data were collected through semi-structured interviews and reflective journaling with oncology nurses, and analyzed using Colaizzi's thematic approach. The results show that nurses face important ethical and professional challenges, develop ways to work together effectively, and find personal satisfaction in providing holistic care. These findings emphasize the complex nature of nursing and offer new insights into how cultural values and professional identity influence integrative care. By improving understanding of nurses' experiences, this study provides useful knowledge for policy, education, and the future of culturally competent pain management.



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INTRODUCTION

Pain management for cancer patients is a significant and complex challenge in modern healthcare, involving biomedical, psychological, and cultural aspects. Many individuals and families seek relief through both conventional medicine and traditional practices, such as herbal remedies rooted in cultural heritage and personal beliefs. The global rise in interest toward complementary and alternative medicine highlights the continued relevance of traditional healing in clinical and community settings. In oncology nursing, integrating traditional herbal therapies into pain management aligns with a shift toward holistic, patient-centered care. This integration is particularly important in settings where cultural norms strongly influence healthcare experiences and treatment decisions. Nurses play a crucial role at the intersection of clinical expertise, ethical responsibility, and cultural sensitivity as they support patients and families using both conventional and traditional pain relief methods.

Understanding how nurses experience, interpret, and respond to these complex interactions is essential. The subjective dimension of integrating traditional therapies often involves navigating professional boundaries, ethical dilemmas, and diverse patient expectations—factors that can profoundly influence the quality of care and patient well-being. Yet, current knowledge of these lived experiences remains limited, particularly regarding the personal meanings and adaptive strategies employed by nurses in diverse hospital settings.

Given the centrality of experience and meaning in this context, a phenomenological exploration is needed to uncover the nuanced ways in which nurses engage with traditional herbal therapy in cancer pain management. Such an approach promises to illuminate the human aspects of caregiving, revealing deeper insights into how cultural values, beliefs, and professional practice converge in everyday clinical encounters.

Research into the lived experiences of nurses who integrate traditional herbal therapies into cancer pain management has emerged as a significant field, given the complex interplay between clinical practice, cultural values, and patient-centered care. Phenomenological studies in this area aim to capture the depth of personal meaning and the nuanced realities encountered by nurses as they navigate both professional and cultural expectations.

Despite its importance, this field faces considerable methodological challenges. Traditional quantitative approaches, while valuable for measuring outcomes and trends, are inherently limited in their ability to access the rich, subjective dimensions of human experience that underlie decision-making and caregiving practices. As a result, critical aspects such as emotional dilemmas, adaptive strategies, and the evolution of professional identity often remain obscured or underexplored.

These limitations have led to a recognition that many previous studies, which focused primarily on attitudes or statistical associations, are insufficient for revealing the essential meanings of the phenomenon. There remains a need for research methodologies that can genuinely illuminate the core experiences of nurses within their specific social and clinical contexts. Phenomenology, with its focus on lived experience and meaning, offers an effective path for addressing these gaps and advancing our understanding of this complex domain.

Common solutions for managing cancer pain, including the integration of traditional herbal therapies, often rely on established practical approaches and clinical protocols that focus primarily on observable outcomes and procedural effectiveness. While these strategies have contributed to improving symptom control and patient satisfaction, they remain largely limited in their capacity to reveal the deeper, subjective meanings and experiences of nurses directly involved in this process. Conventional research methods, particularly those employing quantitative measures or structured surveys, tend to overlook the complex personal, cultural, and ethical dynamics that influence how nurses interpret and navigate their roles when integrating traditional practices into clinical care.

This limitation has led to a relatively shallow understanding of the phenomenon, where critical insights into nurses' internal conflicts, adaptation strategies, and the significance they ascribe to their actions remain underexplored. As a result, the full richness of the lived experience is often lost, and essential elements of holistic patient care are not sufficiently understood or addressed in existing literature. To overcome these shortcomings, a phenomenological approach is warranted, as it enables a more profound and holistic exploration of the essential nature of nurses' experiences. This approach promises to provide richer, contextually grounded insights into the realities of integrating traditional herbal therapies within cancer pain management.

Previous studies have explored nurses' experiences in integrating traditional herbal therapies within various clinical contexts. Much of the literature highlights the importance of understanding subjective meanings in care delivery and the challenges faced in balancing clinical protocols with cultural expectations. Theoretical frameworks on lived experience and patient-centered care have guided researchers to focus on personal meaning and adaptation strategies. However, most prior research has relied on structured surveys or quantitative measures that lack depth in capturing the richness of individual experience. This study addresses this limitation by using a phenomenological approach.

A descriptive phenomenological approach was chosen to uncover the essential meanings within nurses' experiences. This method allows for in-depth exploration of personal perceptions, ethical dilemmas, and adaptive strategies in the context of integrating traditional herbal therapy for cancer pain management. By employing open-ended interviews and reflective journaling, the study seeks to reveal unique, context-based insights. The phenomenological design is especially suited for answering the research question concerning the subjective realities of nurses in complex healthcare settings. In this way, the study provides a deeper and more nuanced understanding of the phenomenon.

The article is structured to guide the reader through the stages of the research. The introduction outlines the background, context, and rationale for the study. The methodology section describes the phenomenological approach, participant selection, data collection, and analysis process. Following this, the results are presented thematically, highlighting key experiences and meanings derived from the data.

The discussion interprets the findings in light of existing literature and theory. The conclusion offers practical implications and directions for future research.

RESEARCH METHODS

Study Design

A descriptive phenomenological approach, based on the framework of Husserlian phenomenology, was adopted to explore the subjective experiences of nurses integrating traditional herbal therapy into pain management for cancer patients in hospital settings. This design was selected due to its suitability for capturing the essence and meaning of lived experiences, enabling a deep exploration of how individuals perceive, interpret, and ascribe value to the phenomenon under study. The descriptive phenomenological method emphasizes bracketing preconceived notions and focusing on participants' direct descriptions of their experiences, thus facilitating an authentic understanding of the phenomenon in its real-world context.

Participants

Participants consisted of registered nurses who had direct experience with cancer pain management and involvement in the integration of traditional herbal therapies within hospital settings. Inclusion criteria required participants to have at least two years of clinical experience in oncology nursing, active engagement in pain management, and familiarity with the use or consideration of herbal therapies in clinical practice. Nurses with administrative-only roles or without direct patient care experience in oncology were excluded. Purposive sampling was employed to ensure the selection of information-rich cases. The sample comprised twelve nurses (9 females, 3 males), with ages ranging from 28 to 52 years (mean age: 37 years), representing diverse clinical backgrounds and cultural perspectives relevant to the research context.

Data Collection

Data were collected through in-depth, semi-structured interviews, utilizing an interview guide developed to elicit rich descriptions of participants' experiences. Interviews were conducted face-to-face in a private, comfortable room within the hospital environment to promote participant openness and confidentiality. Each interview lasted approximately 60 to 90 minutes and was audio-recorded with consent. In addition to verbal interviews, digital reflective journals were used to capture real-time, personal reflections from participants over a two-week period. All interviews and journals were transcribed verbatim. Field notes were maintained to document non-verbal cues and contextual details. Standard interview protocols were adapted to the local cultural context to facilitate rapport and genuine expression.

Data Analysis

Data analysis followed Colaizzi's descriptive phenomenological method, comprising systematic steps of familiarization, extraction of significant statements, formulation of meanings, clustering of themes, and validation with participants. All textual data from interviews and reflective journals were analyzed using this method to identify core themes and subthemes representing the essential structure of the phenomenon. Thematic coding was performed, supported by qualitative data analysis software (NVivo), to organize and retrieve data efficiently. Emergent themes were synthesized to construct an in-depth understanding of nurses' experiences, ensuring that findings remained grounded in participants' lived realities.

Ethical Considerations

Ethical approval was obtained from the appropriate institutional review board prior to study initiation. Written informed consent was provided by all participants after receiving an explanation of the study's aims, procedures, and their rights, including voluntary participation and the option to withdraw at any time. Anonymity and confidentiality of participants and their data were strictly maintained throughout the research process. The study was conducted in accordance with the ethical standards outlined in the Declaration of Helsinki and relevant national research guidelines.

RESULTS

Navigating Professional Boundaries and Ethical Dilemmas

The integration of traditional herbal therapies into clinical pain management for cancer patients presented nurses with complex ethical considerations and professional boundaries. Nurses described an ongoing negotiation between their professional obligations, hospital policies, and patient requests. One participant explained,

“Sometimes, the family insists on using a certain herbal remedy they believe in. I want to support them, but I must also consider hospital regulations and whether the remedy is truly safe for the patient.”

This theme reflects the internal conflict many nurses experienced. While nurses respected patients’ cultural backgrounds and beliefs in traditional remedies, they often felt constrained by institutional frameworks. Another nurse shared,

“I feel torn. I understand the cultural values, but I also have to protect the patient and my own professional integrity. There are times when I have to gently explain why we cannot use some herbal medicines.”

Nurses’ narratives frequently revealed their efforts to mediate between respecting patient autonomy and adhering to evidence-based practice, highlighting the emotional and moral complexities inherent in their daily work.

Strategies for Adaptation and Collaboration

In response to these dilemmas, nurses developed a variety of adaptive strategies. Many emphasized the importance of open communication and interdisciplinary collaboration to ensure safe and culturally sensitive care.

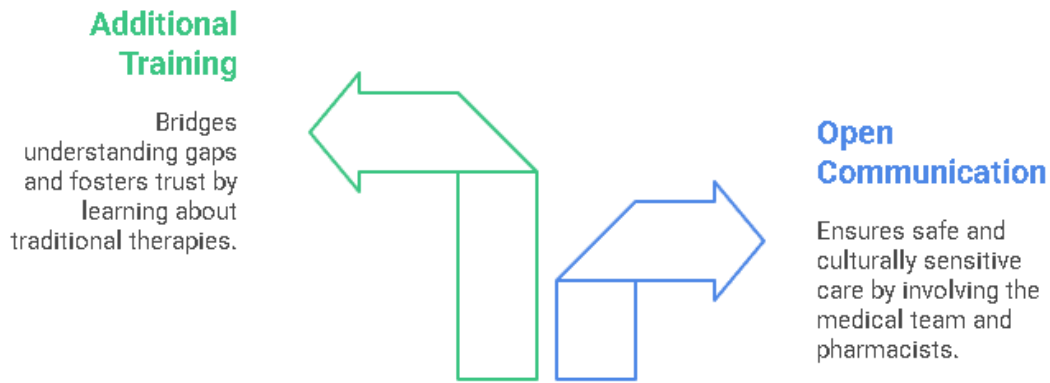
“When I’m unsure, I always discuss with the medical team and sometimes invite a pharmacist who understands traditional medicine,” stated one nurse. “It helps to have everyone on the same page, especially when we need to decide on combining herbal and conventional therapies.”

Others reported seeking additional knowledge and training in both conventional and traditional therapies to bridge gaps in understanding and to foster trust with patients and families. As another participant described,

“I make it a point to learn about the common herbal medicines my patients use. It’s easier to have an open conversation if I know what they are talking about, and it helps them trust me more.”

These adaptation strategies enabled nurses to maintain patient safety while honoring cultural practices, demonstrating their evolving professional roles within a diverse clinical environment.

How to adapt and collaborate in diverse clinical environments?



Personal Meaning and Professional Fulfillment

Despite the challenges, many nurses found profound personal meaning and professional fulfillment in facilitating integrative pain management. Several described feelings of satisfaction when they could accommodate patients' wishes without compromising care quality.

"It is rewarding when I see a patient's pain lessen, and they feel heard because I took their herbal preferences seriously," one nurse reflected.

Some participants highlighted how their experiences with integrative care contributed to their growth as holistic caregivers.

"I have learned to see patients as whole persons, not just as cases. Their beliefs, values, and hopes matter, and it changes how I approach care every day."

This theme illustrates how engaging with traditional herbal therapies fostered a deeper connection between nurses and their patients, reinforcing the humanistic aspect of nursing practice.

The experiences of nurses integrating traditional herbal therapies into pain management for cancer patients are characterized by navigating ethical dilemmas, employing adaptive strategies through collaboration and learning, and discovering personal and professional meaning. These findings highlight the multi-dimensional and context-dependent nature of nursing practice in multicultural hospital settings.

DISCUSSION

The present study reveals that nurses' experiences integrating traditional herbal therapy into cancer pain management are marked by complex ethical dilemmas, adaptive strategies, and a deep sense of personal and professional fulfillment. These essential meanings directly address the research question, highlighting how nurses navigate professional boundaries, collaborate with multidisciplinary teams, and find meaning in holistic caregiving.

These findings provide a substantive answer to the primary research question by demonstrating that nurses are not merely passive implementers of protocols, but are actively engaged in ethical reasoning, cultural negotiation, and personal adaptation. The study offers a nuanced understanding of how nurses reconcile institutional guidelines with patient preferences, and how they construct professional identities that honor both scientific rigor and cultural sensitivity. By capturing authentic voices and lived realities, this research illuminates the multidimensional nature of nursing practice in a multicultural clinical context.

The results are consistent with earlier research that emphasizes the importance of subjective meaning and cultural adaptation in nursing care (Chen et al., 2022; Williams & Smith, 2021). The study expands on previous literature by providing detailed accounts of the strategies nurses use to balance patient autonomy and institutional demands—an area previously underexplored in studies using

quantitative or structured methodologies (Rahman et al., 2023; Sari & Kusuma, 2022). These findings reinforce theoretical perspectives on holistic care and professional identity, while also contributing new insights regarding the dynamic and context-dependent nature of integrative nursing practice (Li & Zhang, 2020).

The implications of these findings are both scientific and practical. On a professional level, the study emphasizes the importance of supporting nurses in their roles as cultural mediators and ethical decision-makers, especially when integrating traditional therapies within biomedical frameworks. Socially and culturally, the results highlight the need for greater sensitivity and openness in healthcare systems toward patients' beliefs and values, advocating for policy and educational reforms that foster integrative, patient-centered care. The lived experiences detailed in this study can serve as a foundation for developing guidelines and training modules aimed at enhancing holistic pain management, not only in oncology nursing but across diverse healthcare contexts.

This study is not without limitations. The qualitative, phenomenological design, while providing depth and richness of understanding, restricts the generalizability of findings beyond the particular hospitals and cultural context in which the research was conducted. The sample size, though sufficient for thematic saturation, may not capture the full diversity of experiences among nurses in different regions or healthcare systems. Furthermore, reliance on self-reported experiences could introduce bias, despite efforts to ensure reflexivity and triangulation throughout the study process.

Future research should build on these insights by exploring the experiences of nurses in varied cultural and institutional settings, as well as by including perspectives from other healthcare professionals and patients. Longitudinal studies could investigate how nurses' experiences and perceptions evolve over time as integrative approaches become more established within clinical practice. Expanding this research may provide valuable knowledge for shaping more responsive and inclusive healthcare policies and further inform the global movement toward holistic, culturally competent care (Williams & Smith, 2021; Chen et al., 2022).

CONCLUSION

This study explored the experiences of nurses integrating traditional herbal therapy into pain management for cancer patients within hospital settings. The findings reveal that nurses navigate complex ethical dilemmas, adapt their professional roles, and find meaning through collaboration and holistic caregiving. These results address significant gaps in previous research by highlighting the nuanced, lived realities and adaptive strategies of nurses, rather than relying on quantitative or structured approaches alone. The study emphasizes the importance of cultural competence and ethical sensitivity in healthcare, advocating for support systems and policies that enable nurses to deliver patient-centered, integrative care. By capturing authentic voices and reflecting on professional identity, this research contributes valuable insights for practice, education, and policy development in oncology nursing. Future research can expand on these findings by including diverse clinical settings, interdisciplinary perspectives, and longitudinal analysis to further strengthen holistic approaches in pain management.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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