FAMILY EXPERIENCE IN CARING FOR SICK FAMILY MEMBERS USING SUNDANESE LOCAL WISDOM

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ABSTRACT

Traditional medicine remains embedded in family health practices and cultural traditions. Among Sundanese families, traditional healing may influence how illness is interpreted, managed, and communicated before or alongside professional health care. However, limited qualitative evidence has explored how Sundanese families experience traditional treatment as part of everyday caregiving. This study aimed to explore the lived experiences of Sundanese family members in caring for sick family members through traditional treatment and local wisdom, with particular attention to the meanings, beliefs, practices, and decision-making processes underlying traditional healing. A qualitative phenomenological design was employed. Six Sundanese family members with experience caring for sick relatives using traditional treatment participated in the study through purposive sampling. Data were collected through in-depth interviews and analyzed using Colaizzi's descriptive phenomenological approach. The analysis focused on participants' experiences, perceptions, cultural beliefs, and practices related to traditional healing. Six interconnected themes emerged: traditional treatment as first aid; affordability and accessibility; integration of natural ingredients and beliefs; communicating with plants; obedience to cultural customs; and use of mystical power. The findings indicate that traditional treatment was perceived not merely as an alternative therapeutic practice but as a culturally embedded component of family caregiving. Its use was influenced by practical considerations, family knowledge, intergenerational transmission, spirituality, and relationships with the natural environment. Traditional healing remains influential in Sundanese family caregiving and reflects the interaction between cultural values, family knowledge, spirituality, and health-seeking behavior. The findings highlight the importance of culturally responsive family nursing that recognizes traditional practices while maintaining patient safety and evidence-based care. Nurses should assess traditional health practices as part of cultural and family assessment, communicate respectfully about cultural beliefs, and provide evidence-based guidance concerning the safety and appropriate use of traditional remedies. Culturally sensitive approaches may strengthen therapeutic relationships and support family-centered care.

Keywords: Sundanese culture; Traditional medicine; Family nursing; Local wisdom; Phenomenology

INTRODUCTION

Traditional medicine remains an important component of health care across the world, particularly in communities where cultural traditions, local knowledge, and access to biomedical services interact in everyday health decisions. The World Health Organization (WHO) reports that traditional, complementary, and integrative medicine (TCIM) is used in 170 countries, with traditional practices continuing to serve as an important source of health and well-being for millions of people. In many rural and underserved communities, traditional medicine may become an early or preferred option because it is culturally acceptable, relatively

accessible, and affordable. At the same time, WHO emphasizes the need to strengthen evidence, safety, quality, and appropriate integration of traditional medicine within health systems (World Health Organization [WHO], 2025).

In Indonesia, traditional medicine is closely connected with the country's diverse cultural heritage and locally transmitted health knowledge. Families may use herbal preparations, massage, spiritual practices, prayers, and other traditional approaches before or alongside professional health services. Such practices are not necessarily based only on perceptions of therapeutic effectiveness; they may also reflect family traditions, cultural identity, intergenerational knowledge, economic considerations, and beliefs concerning illness and healing. Consequently, decisions about when and how to seek health care are often embedded within family and community contexts rather than being determined solely by individual preferences. WHO has also recognized Indonesia as one of the countries actively involved in efforts to preserve and appropriately integrate traditional medicine and indigenous knowledge into health systems.

The family is particularly important in this context because family members frequently become the first caregivers when illness occurs. Family nursing conceptualizes health and illness within the context of family relationships, roles, resources, and patterns of interaction. Therefore, understanding family caregiving requires attention not only to the patient's condition but also to the beliefs, values, experiences, and decisions of family members who participate in care. In culturally diverse societies, these factors can substantially influence health practices and treatment choices. Evidence from a qualitative phenomenological study of Sundanese families caring for older adults with diabetes in West Java demonstrated that family culture shaped caregiving behaviors, family health tasks, and the ways family members responded to the needs of older relatives (Badriah et al., 2019).

Sundanese culture provides a particularly relevant context for examining these processes. Values such as *silih asah*, *silih asih*, and *silih asuh*, which emphasize mutual learning, affection, and mutual care, can shape relationships and caregiving practices within families. Traditional health practices may therefore represent more than an alternative therapeutic choice; they can function as expressions of cultural continuity and intergenerational responsibility. The use of medicinal plants, traditional massage, prayers, rituals, and other culturally inherited practices may be understood by families through a combination of practical, social, spiritual, and cultural meanings. However, these meanings may not be readily visible through quantitative measures of treatment utilization or health-seeking behavior.

Previous qualitative research has provided evidence that Sundanese cultural values influence family caregiving and health-related practices. For example, Badriah et al. (2019) found that Sundanese family culture influenced caregiving behaviors among families caring for older people with diabetes. However, that study focused on diabetes caregiving and did not specifically examine how families experience the use of traditional healing practices when caring for sick family members. More broadly, existing literature has documented the importance of traditional medicine, cultural beliefs, and family involvement in health care, but there remains limited phenomenological evidence describing how Sundanese family members themselves interpret, experience, and negotiate traditional treatment within everyday family care. This gap is important because traditional practices may involve both beneficial cultural resources and potential safety considerations, particularly when they are used before professional health services are accessed. WHO therefore emphasizes the importance of generating evidence that can support safe, effective, culturally responsive, and appropriately integrated traditional medicine.

The novelty of this study lies in its focus on the lived experiences and meanings attached to traditional healing practices among Sundanese family members caring for sick relatives. Rather than examining traditional medicine solely as a type of treatment or measuring its

utilization, this study explores how families understand traditional healing, why they choose it, how cultural knowledge is transmitted and practiced, and how traditional approaches are positioned within their broader health-care decisions. A phenomenological perspective is particularly appropriate because it allows the study to capture participants' subjective experiences and the cultural meanings underlying family caregiving practices.

Understanding these experiences has important implications for nursing practice. Nurses who recognize the cultural context of family caregiving may be better positioned to communicate respectfully with families, identify traditional practices that may affect patient safety, and develop culturally responsive family-centered interventions. Such understanding can also support constructive communication between families and health professionals rather than treating traditional beliefs as barriers to professional care. Therefore, this study aimed to explore the lived experiences of Sundanese families in caring for sick family members through traditional treatment and local wisdom, with particular attention to the meanings, beliefs, practices, and decision-making processes underlying their use of traditional healing.

METHOD

Study Design

This study employed a qualitative descriptive phenomenological design to explore the lived experiences of Sundanese family members in caring for sick relatives through traditional treatment and local wisdom. A phenomenological approach was considered appropriate because the study sought to understand participants' experiences, perceptions, beliefs, and meanings associated with traditional healing practices within the context of family caregiving. The study focused on the participants' subjective experiences rather than measuring the effectiveness of traditional treatments.

Participants and Sampling

Participants were recruited using purposive sampling. The study involved six Sundanese family members who had direct experience caring for a sick family member using traditional treatment before seeking or accessing modern health-care services. Participants were selected because they could provide information relevant to the phenomenon under investigation and were able to describe their experiences and perceptions of traditional healing practices.

The inclusion criteria were: (1) being a member of a Sundanese family; (2) having direct experience caring for a sick family member; (3) having used traditional treatment as part of the caregiving process; and (4) being willing and able to participate in an in-depth interview. Participants who were unable to communicate their experiences adequately or withdrew their participation were excluded. Recruitment continued until the researchers considered that the participants provided sufficiently rich information relevant to the research phenomenon.

Data Collection

Data were collected through in-depth, face-to-face interviews conducted in the participants' homes. The interviews explored participants' experiences of caring for sick family members, reasons for using traditional treatment, types of traditional practices used, beliefs concerning traditional healing, family and intergenerational influences, and experiences of seeking professional health-care services. The interviews were guided by open-ended questions to allow participants to describe their experiences in their own words. With participants' permission, interviews were audio-recorded and supplemented with field notes documenting relevant contextual observations and the researcher's reflections.

Note for completion: The final manuscript should report the actual duration and number of interviews, the interview period, the language used, and the procedure used to determine

data saturation or information adequacy. These details were not reported in the original manuscript and therefore should not be fabricated.

Data Analysis

Data were analyzed using **Colaizzi's descriptive phenomenological method**. The analysis followed seven stages: (1) the researchers repeatedly read the interview transcripts to become familiar with the participants' descriptions; (2) significant statements related to the phenomenon were identified; (3) meanings were formulated from the significant statements; (4) formulated meanings were organized into theme clusters; (5) an exhaustive description of the phenomenon was developed; (6) the fundamental structure of the phenomenon was formulated; and (7) the findings were returned to participants for validation of the essential meanings of their experiences. This systematic procedure enabled the researchers to move from participants' original descriptions toward an integrated description of the phenomenon while maintaining its experiential meaning.

Trustworthiness

Trustworthiness was addressed using the four criteria proposed by Lincoln and Guba: **credibility, transferability, dependability, and confirmability**. Credibility was strengthened through prolonged engagement with participants, careful interviewing, repeated examination of transcripts, and participant validation of the findings. Transferability was supported by providing detailed descriptions of the participants, cultural context, data collection procedures, and findings. Dependability was addressed through systematic documentation of the research and analytical procedures, while confirmability was supported by maintaining an audit trail and using reflexive notes to distinguish participants' accounts from researchers' interpretations. These strategies are consistent with established standards for methodological rigor in qualitative health research.

Ethical Considerations

The study adhered to the principles of voluntary participation, informed consent, confidentiality, anonymity, and participants' right to withdraw from the study at any time without consequences. Participants were informed about the purpose and procedures of the study before the interviews were conducted.

Note for completion: The manuscript must provide the name of the institutional ethics committee and the **ethical clearance number/date** if ethical approval was obtained. The original manuscript only states that informed consent and confidentiality were maintained and does not provide an ethical clearance number.

RESULTS AND DISCUSSION

Result

Overview of the Findings

Six Sundanese family members with experience caring for sick family members using traditional treatment participated in this study. The analysis identified six themes describing how traditional healing was experienced and practiced within family caregiving: **(1) traditional treatment as first aid, (2) affordability and accessibility, (3) integration of natural ingredients and beliefs, (4) communicating with plants, (5) obedience to cultural customs, and (6) use of mystical power**. Together, these themes demonstrate that traditional treatment was perceived not only as a therapeutic practice but also as a culturally embedded component of family caregiving.

The findings indicate that participants' experiences of traditional treatment were shaped by practical considerations, family knowledge, cultural inheritance, spiritual beliefs, and relationships with the natural environment. Traditional healing practices were therefore integrated into the family's broader understanding of illness and caregiving rather than being viewed exclusively as an alternative to professional health care.

Theme 1. Traditional Treatment as First Aid

The first theme was **traditional treatment as first aid**. Participants described traditional treatment as an initial response when a family member became ill. Traditional remedies were used before seeking professional medical treatment, particularly when families considered the illness manageable through familiar household or traditional practices.

The use of traditional treatment as an initial response suggests that family members played an important role in the early management of illness. Decisions concerning treatment were influenced by previous family experience and knowledge regarding traditional remedies. Traditional treatment therefore functioned as part of the family's immediate caregiving response.

This finding also demonstrates that health-seeking behavior occurred as a process rather than as a single decision to choose either traditional or modern medicine. Families could initially rely on familiar traditional practices and subsequently consider professional health services when the condition required further attention.

Theme 2. Affordability and Accessibility

The second theme was **affordability and accessibility**. Participants perceived traditional treatment as relatively inexpensive, practical, and easy to obtain. Some traditional remedies could be prepared using materials that were available within the household or surrounding environment, reducing the need for immediate expenditure on health-care services.

Accessibility also involved familiarity. Because knowledge about traditional remedies had been transmitted within families, participants did not necessarily require specialized resources or formal instruction to apply practices that were already known within their cultural environment.

Thus, economic and practical considerations contributed to the continued use of traditional treatment. The findings suggest that affordability and accessibility were intertwined with cultural familiarity, making traditional treatment a readily available resource within family caregiving.

Theme 3. Integration of Natural Ingredients and Beliefs

The third theme was **integration of natural ingredients and beliefs**. Participants described traditional healing practices involving natural materials and ingredients together with spiritual or culturally meaningful practices. These included herbal remedies, massage, prayers, and other forms of spiritual practice.

The combination of physical and spiritual elements indicates that participants' understanding of healing extended beyond the treatment of physical symptoms. Traditional treatment was experienced within a broader framework in which natural substances, religious or spiritual beliefs, and family practices could coexist.

This theme demonstrates that traditional healing among the participating families represented a holistic understanding of care. Natural remedies were not necessarily separated from cultural and spiritual beliefs; instead, these components could be integrated within the family's approach to caring for an ill relative.

Theme 4. Communicating with Plants

The fourth theme was **communicating with plants**. Participants described beliefs concerning the appropriate treatment of medicinal plants and the importance of showing respect when collecting them. Some participants reported practices involving asking permission before taking medicinal plants from their natural environment.

This finding illustrates that medicinal plants were understood not merely as biological resources but also as elements embedded within a cultural worldview. The act of collecting and

using plants was associated with respect, customary behavior, and beliefs concerning their healing properties.

The theme therefore reflects a distinctive dimension of Sundanese local wisdom in which human relationships with the natural environment may become part of health and healing practices. Such knowledge is transmitted culturally and may influence how families select, obtain, prepare, and use traditional remedies.

Theme 5. Obedience to Cultural Customs

The fifth theme was **obedience to cultural customs**. Participants described traditional healing practices as being influenced by customs and teachings inherited from previous generations. Family members followed procedures and practices that had been learned from parents, grandparents, or other members of their cultural community.

The continuation of these practices indicates the importance of intergenerational transmission in maintaining local health knowledge. Traditional treatment was not simply an individual choice; it was connected to family history and cultural expectations.

Obedience to cultural customs also provided families with a familiar framework for responding to illness. By following inherited practices, family members maintained continuity with established ways of understanding and responding to health problems.

Theme 6. Use of Mystical Power

The sixth theme was **use of mystical power**. Some participants described traditional healing practices involving mystical or spiritual elements, including chants, amulets, and other spiritual practices. These accounts reflected beliefs concerning the possible influence of supernatural or spiritual forces on illness and recovery.

This theme highlights the diversity of beliefs that may exist within traditional healing practices. For the participants who described such practices, healing was not necessarily understood exclusively through physical or biomedical explanations. Instead, spiritual interpretations could coexist with the use of natural remedies and other traditional approaches.

Importantly, this finding represents the participants' reported beliefs and experiences and should not be interpreted as evidence of the clinical effectiveness of mystical practices. From a nursing perspective, recognizing the existence of such beliefs is important because they may influence family decisions regarding treatment and the timing of professional health-care utilization.

Synthesis of the Findings

The six themes collectively demonstrate that traditional treatment was deeply embedded in the caregiving experiences of the participating Sundanese families. The practice served a practical function as an initial response to illness and was supported by its perceived affordability and accessibility. At the same time, traditional healing was connected to natural ingredients, spiritual beliefs, relationships with medicinal plants, inherited cultural customs, and mystical interpretations of illness.

The findings consequently indicate that traditional treatment should be understood within the broader social and cultural context of family caregiving. Rather than functioning solely as an alternative therapeutic method, traditional healing represented a combination of practical knowledge, cultural identity, intergenerational learning, spirituality, and family decision-making.

These findings are consistent with the broader understanding of culturally situated family caregiving, in which health-related decisions are influenced by family relationships, cultural values, and inherited knowledge. Previous research among Sundanese families has similarly demonstrated that cultural values influence family caregiving practices and responses to the health needs of family members (Badriah et al., 2019). However, the present findings extend this understanding by specifically highlighting traditional healing as an important expression of Sundanese local wisdom within family caregiving.

Summary of the Six Themes

Theme	Main Finding	Meaning in Family Caregiving
Traditional treatment as first aid	Traditional treatment was used as an initial response to illness.	Families relied on familiar practices before seeking professional care.
Affordability and accessibility	Traditional remedies were considered inexpensive and readily available.	Practical and economic factors supported continued use.
Integration of natural ingredients and beliefs	Natural remedies were combined with prayer, massage, and spiritual beliefs.	Healing was understood through both physical and cultural dimensions.
Communicating with plants	Medicinal plants were treated with respect and customary practices.	Relationships with nature formed part of local healing knowledge.
Obedience to cultural customs	Practices were inherited from previous generations.	Traditional knowledge was maintained through intergenerational transmission.
Use of mystical power	Some participants reported mystical and spiritual healing practices.	Spiritual beliefs influenced interpretations of illness and healing.

Overall, the findings reveal that Sundanese local wisdom remains influential in family caregiving. Traditional healing practices are sustained not only because of their perceived practical benefits but also because they carry cultural and spiritual meanings that are transmitted across generations. For nursing practice, these findings highlight the importance of understanding families' cultural perspectives when assessing health-seeking behavior and developing culturally responsive family-centered care.

Discussion

This study explored how Sundanese families experience traditional treatment when caring for sick family members. Six interconnected themes emerged: traditional treatment as first aid, affordability and accessibility, integration of natural ingredients and beliefs, communicating with plants, obedience to cultural customs, and the use of mystical power. Taken together, these findings indicate that traditional healing within Sundanese families is not simply a choice between traditional and biomedical treatment. Rather, it represents a culturally embedded caregiving process shaped by practical considerations, family knowledge, intergenerational traditions, spirituality, and relationships with the natural environment.

Traditional Treatment as First Aid

The finding that traditional treatment was used as an initial response to illness suggests that family members function as important decision-makers in the early stages of illness. Traditional remedies may be considered appropriate when symptoms are perceived as manageable and when families already possess knowledge about the treatment. This finding is consistent with the broader understanding that traditional medicine remains widely used globally and is often embedded in people's everyday health practices. The World Health Organization (WHO, 2025) reports that traditional, complementary, and integrative medicine is used in 170 countries, demonstrating its continuing relevance in contemporary health care.

The finding is also consistent with research involving Sundanese families in West Java. Badriah et al. (2019) found that family culture influenced how families performed health-care

tasks and made decisions concerning the care of older family members. Their findings demonstrate that health-care decisions among Sundanese families are strongly influenced by cultural expectations and family relationships. The present study extends this understanding by showing that traditional treatment can become part of the family's immediate response to illness.

From a nursing perspective, this finding is important because nurses should not assume that patients have entered the health system without previous treatment. Assessment of traditional remedies and practices should therefore be incorporated into family health assessment. Asking families respectfully about treatments already used can help nurses identify possible interactions, delays in seeking appropriate care, or practices that require additional safety information.

Affordability and Accessibility

Affordability and accessibility emerged as important reasons for the continued use of traditional treatment. Participants perceived traditional remedies as inexpensive, practical, and relatively easy to obtain. This finding suggests that economic and geographical considerations may interact with cultural familiarity in shaping family health decisions.

The accessibility of traditional medicine is also recognized at the global level. WHO (2025) emphasizes that traditional medicine remains an important component of health and well-being and that its integration into health systems should address accessibility, quality, safety, and evidence. However, accessibility alone does not establish effectiveness. A treatment may be culturally familiar and inexpensive while still requiring evaluation regarding dosage, preparation, contraindications, contamination, interactions, and appropriate timing of referral.

Therefore, nurses should avoid approaching traditional treatment only as a barrier to biomedical care. Instead, nurses can use culturally respectful communication to identify why families choose traditional remedies and then provide appropriate information regarding safety and indications for professional assessment. This approach is consistent with contemporary transcultural nursing, which emphasizes care that is congruent with patients' cultural values while maintaining professional and clinical standards (Leininger, 1996).

Integration of Natural Ingredients and Beliefs

The third theme demonstrated that participants combined natural ingredients with beliefs and practices such as massage, prayer, and spiritual activities. This finding indicates that the concept of healing among participants was multidimensional. Physical symptoms, spiritual beliefs, family traditions, and perceptions of nature could be considered simultaneously.

This finding can be interpreted using Leininger's Culture Care Diversity and Universality perspective. Leininger (1996) argued that nursing care should recognize cultural meanings, values, and practices because culturally congruent care can improve the appropriateness of nursing interventions. In the present study, natural remedies and spiritual practices were embedded within the participants' cultural understanding of illness rather than functioning as isolated therapeutic procedures.

However, cultural respect should not be confused with unconditional acceptance of every traditional practice. The current WHO strategy specifically emphasizes evidence, safety, quality, and appropriate integration of traditional medicine into health systems (WHO, 2025). Consequently, nurses should preserve respectful communication while distinguishing between culturally meaningful practices and practices that may pose clinical risks.

Communicating with Plants and the Cultural Meaning of Nature

The fourth theme, communicating with plants, provides an important insight into the cultural meaning of medicinal plants. Participants described practices involving respect for plants and, in some cases, asking permission before collecting them. This finding suggests that medicinal plants were perceived not merely as pharmacological resources but as elements within a broader relationship between humans and nature.

This interpretation is important because traditional medicine can contain knowledge concerning local biodiversity, plant use, preparation, and cultural practices that has been transmitted over generations. The WHO Global Traditional Medicine Strategy 2025–2034 explicitly recognizes the importance of traditional knowledge and indigenous knowledge while emphasizing sustainability, evidence generation, safety, and responsible integration.

For nursing, the implication is not that nurses should validate supernatural explanations as clinical facts. Instead, nurses should understand what these beliefs mean to the family. Such understanding can facilitate therapeutic communication and prevent cultural misunderstanding. A culturally sensitive nurse can acknowledge the symbolic and cultural importance of medicinal plants while simultaneously explaining evidence-based information about their safe use.

Obedience to Cultural Customs and Intergenerational Transmission

The fifth theme showed that traditional healing practices were maintained through inherited customs and teachings. This finding emphasizes the role of intergenerational transmission in sustaining local health knowledge. Traditional treatment was therefore not simply an individual preference but part of a family knowledge system.

This interpretation is consistent with Badriah et al. (2019), who demonstrated that Sundanese family culture influences caregiving behaviors and the performance of family health tasks. Their study showed that cultural expectations concerning family relationships could affect health-care decisions and caregiving behaviors. A subsequent study by Badriah et al. (2021) further reported that a Sundanese culture-sensitive family nursing model improved family behavior in controlling blood glucose among older adults with diabetes, supporting the practical value of incorporating cultural considerations into family nursing interventions.

The present findings therefore strengthen the argument that family nursing interventions should be culturally informed. Nurses may need to identify who in the family holds traditional health knowledge, who makes treatment decisions, and how health information is transmitted between generations. Such assessment can help nurses negotiate care plans that respect family traditions while promoting safe health practices.

Use of Mystical Power

The sixth theme concerned mystical or spiritual practices, including chants, amulets, and other forms of spiritual healing. This finding demonstrates that some participants understood illness through explanations that extended beyond physical or biomedical mechanisms.

This finding should be interpreted carefully. The study describes participants' beliefs and experiences; it does not demonstrate the clinical effectiveness of mystical practices. Nevertheless, these beliefs can influence health-seeking behavior and the relationship between families and health professionals. Ignoring such beliefs may create communication barriers, whereas respectfully exploring them can provide nurses with a better understanding of the family's explanatory model of illness.

Transcultural nursing provides an appropriate framework for this situation. Leininger's theory emphasizes the importance of understanding cultural meanings and adapting care so that it is culturally congruent. In practice, nurses can acknowledge spiritual beliefs while explaining which symptoms require professional assessment and which traditional practices may be continued safely alongside clinical treatment.

Implications for Family-Centered and Transcultural Nursing

The six themes collectively demonstrate that culturally responsive nursing should move beyond simply identifying cultural differences. Nurses need to understand how cultural beliefs interact with family decision-making, economic resources, traditional knowledge, spirituality, and health-care access.

The findings support three practical approaches. First, nurses should routinely assess the traditional treatments used by families rather than assuming that biomedical treatment is the only source of care. Second, nurses should provide culturally respectful education concerning the safety, possible interactions, and limitations of traditional remedies. Third, nurses should use negotiation rather than confrontation when traditional beliefs conflict with evidence-based care.

This approach is particularly relevant in Indonesia, where cultural diversity requires health professionals to work with families whose understandings of illness and healing may differ from biomedical models. The WHO Global Traditional Medicine Strategy 2025–2034 similarly emphasizes evidence-based integration, safety, quality, equity, and respect for cultural heritage.

Contribution of the Study

The principal contribution of this study is its focus on traditional healing as a **family caregiving phenomenon within Sundanese local wisdom**, rather than examining traditional medicine solely as a therapeutic modality. The findings show that traditional treatment is simultaneously practical, economic, cultural, spiritual, and intergenerational.

This perspective adds to previous research on Sundanese family caregiving. Whereas Badriah et al. (2019) demonstrated the influence of Sundanese culture on family caregiving among older adults with diabetes, the present study highlights how local wisdom shapes the experience and practice of traditional healing among families caring for sick relatives. The findings therefore support the development of culturally responsive family nursing approaches that recognize traditional health practices while maintaining patient safety and evidence-based professional care.

LIMITATION OF THE STUDY

This study has several limitations that should be considered when interpreting the findings. First, the study involved only six Sundanese family members within a specific cultural setting. The relatively small and culturally homogeneous participant group limits the transferability of the findings to families from other ethnic, geographical, or cultural backgrounds. The themes identified in this study should therefore be understood as context-specific descriptions of participants' experiences rather than representations of all Sundanese families or Indonesian communities.

Second, the study focused specifically on traditional treatment within Sundanese family caregiving. The cultural context may have influenced both participants' descriptions of illness and healing and the researchers' interpretation of those experiences. Cultural assumptions may therefore introduce potential cultural bias, particularly when interpreting practices involving medicinal plants, spiritual beliefs, cultural customs, and mystical practices. The findings should consequently be interpreted within the cultural context in which the study was conducted.

Third, as with other qualitative phenomenological studies, researcher involvement in interviewing and interpretation may have introduced interviewer and interpretive bias. Participants may have emphasized experiences that they considered socially or culturally acceptable, while researchers' own understanding of Sundanese culture and traditional medicine may have influenced the interpretation of participants' accounts. Reflexive practices and systematic analysis are therefore important to minimize the influence of researchers' preconceptions.

Fourth, the available study documentation does not provide detailed demographic characteristics of all participants, such as age, education, occupation, relationship to the sick family member, and duration of caregiving. The absence of these contextual characteristics limits the extent to which readers can assess similarities between the study participants and

other populations. Future studies should provide comprehensive participant characteristics to strengthen the transparency and transferability of qualitative findings.

Finally, the study describes participants' experiences and perceptions of traditional healing but does not evaluate the clinical effectiveness, safety, dosage, or potential interactions of the traditional treatments reported. The findings should therefore not be interpreted as evidence supporting the therapeutic effectiveness of particular traditional remedies or mystical practices. Future research should combine qualitative exploration with clinical, pharmacological, and safety assessments of commonly used traditional treatments.

Despite these limitations, the study provides contextual insight into how traditional healing practices are embedded within Sundanese family caregiving. The findings may contribute to culturally responsive nursing practice by encouraging nurses to recognize family beliefs and traditional practices while maintaining appropriate professional standards, patient safety, and evidence-based care.

CONCLUSIONS AND SUGGESTIONS

Conclusion

This study demonstrates that traditional healing remains an important component of family caregiving among the participating Sundanese families. Six interconnected themes emerged from the findings: traditional treatment as first aid, affordability and accessibility, integration of natural ingredients and beliefs, communicating with plants, obedience to cultural customs, and the use of mystical power. These themes indicate that traditional treatment is not understood solely as an alternative therapeutic approach but as a culturally embedded caregiving practice shaped by family knowledge, economic considerations, spirituality, intergenerational traditions, and relationships with the natural environment.

The findings contribute to the understanding of **family-centered and transcultural nursing** by demonstrating that health-care decisions may be strongly influenced by local cultural values and inherited knowledge. Traditional practices should therefore not automatically be regarded as barriers to professional health care. Instead, nurses need to understand the meanings and functions of these practices while simultaneously ensuring patient safety and promoting evidence-based care. This finding is particularly relevant in culturally diverse communities where traditional and biomedical approaches may coexist.

Implications for Nursing Practice

The findings have several implications for nursing practice. First, nurses should include assessment of traditional health practices as part of family and cultural assessment. Nurses need to ask patients and family members about traditional remedies, herbal preparations, massage, spiritual practices, and other forms of treatment that may have been used before or alongside professional health care.

Second, nurses should develop culturally sensitive communication strategies. Rather than immediately rejecting traditional beliefs, nurses should establish respectful dialogue with families to understand the cultural meanings underlying their practices. Such communication can strengthen therapeutic relationships and reduce potential conflicts between family beliefs and professional recommendations.

Third, nurses should provide evidence-based education concerning the **safety, appropriate use, potential risks, and possible interactions** of traditional remedies. Cultural respect should be accompanied by professional responsibility. When a traditional practice may potentially delay necessary treatment or create health risks, nurses should explain the concern clearly and respectfully and assist families in making informed decisions.

Fourth, family members who possess traditional health knowledge should be recognized as important participants in the caregiving process. Family-centered nursing interventions can incorporate culturally relevant knowledge while negotiating practices that are compatible with patient safety and professional nursing standards.

Implications for Nursing Education and Research

For nursing education, the findings support the incorporation of **cultural competence, transcultural nursing, traditional medicine, and family-centered care** into nursing curricula. Nursing students should be prepared to recognize how cultural beliefs influence illness interpretation, treatment choices, and health-seeking behavior.

For future research, further qualitative studies involving more diverse Sundanese communities and other Indonesian ethnic groups are needed to determine whether similar patterns occur across different cultural settings. Future studies should also investigate the safety and clinical effectiveness of commonly used traditional remedies and explore how traditional practices can be appropriately integrated with evidence-based nursing and health-care services.

Overall, the study contributes to transcultural nursing by highlighting traditional healing as a meaningful component of Sundanese family caregiving. The central implication is that culturally responsive nursing should **respect local wisdom without compromising patient safety, professional standards, or evidence-based practice**.

ETHICAL CONSIDERATIONS

This study adhered to ethical principles for qualitative research involving human participants. Before data collection, participants were informed about the purpose, procedures, and voluntary nature of the study. Informed consent was obtained from all participants before the interviews were conducted. Participants were informed that they had the right to participate voluntarily and to withdraw from the study at any time without consequences. Confidentiality and anonymity were maintained throughout the research process, and information obtained during the interviews was used solely for research purposes.

The researchers also respected participants' cultural beliefs and traditional health practices throughout the interviews and interpretation of the findings. Particular care was taken when discussing spiritual, cultural, and traditional healing practices to avoid judgment or stigmatization.

Ethical approval: The original study documentation available for this manuscript does not provide the name of the approving ethics committee or an ethical clearance number. These details should be added to the final manuscript if ethical approval was formally obtained.

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Conflict of Interest Statement:

The authors declare no conflict of interest related to this study.

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