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Research Article

Exploring the Integration of Traditional Healers into Hospital-based Health Care in Sierra Leone

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Abstract

This study aimed to examine stakeholder perceptions, feasibility, and challenges associated with integrating traditional healers into hospital-based healthcare systems in Sierra Leone, with the objective of identifying opportunities for collaboration and informing policy and practice. A cross-sectional mixed-methods design was employed involving 400 participants drawn from Bo District, Western Area Urban District, and Kenema District. Quantitative data were collected using a structured questionnaire consisting of 35 closed-ended items assessing perceptions of integration feasibility, trust, safety, and institutional readiness, and were analyzed using IBM SPSS version 27. Qualitative data were obtained through 40 key informant interviews and eight focus group discussions and analyzed thematically using NVivo version 12. The results indicated that 86% of respondents supported the integration of traditional healers into hospital-based healthcare, citing cultural relevance, accessibility, and patient trust as key advantages. However, major barriers included the absence of regulatory frameworks, concerns about herbal safety and dosage, limited research capacity, and lack of mutual professional trust. The study concludes that integration is both feasible and necessary for strengthening culturally competent healthcare delivery and advancing Universal Health Coverage in Sierra Leone. It recommends the development of a national integration policy, hospital-based pilot programs, strengthened research and quality assurance mechanisms, and targeted capacity-building initiatives.

Keywords

Traditional Medicine, Traditional Healers, Hospital Integration, Cultural Competence, Health Systems

1. Introduction

Traditional medicine remains a central component of healthcare delivery across sub-Saharan Africa, with more than 80% of the population relying on traditional healers and herbal remedies for primary health care. [1] In Sierra Leone, traditional medicine plays a critical role in managing infectious diseases, chronic conditions, mental health disorders, and maternal health complications, particularly in rural and peri-urban settings where access to biomedical facilities is limited. The absence of structured integration between traditional healers and hospital-based systems poses risks such as delayed referrals, unsafe herbal dosages, drug–herb interactions, and preventable complications [2, 3]. Although the Ministry of Health and Sanitation established a Traditional Medicine Unit, empirical evidence on hospital-level integration remains limited. This study addresses this gap by examining stakeholder readiness and integration pathways.

Across the continent, traditional healers play a critical role in the management of a wide range of health conditions, including

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malaria, infertility, fractures, mental illness, and ailments perceived to have spiritual or psychosocial origins. [2, 10, 11] Their holistic approach to health, integrating physical, psychological, social, and spiritual dimensions resonates strongly with community belief systems and contributes to high levels of trust and acceptability. This trust positions traditional healers as influential actors within community health dynamics and informal referral pathways.

Despite their significance, traditional medicine systems in many African countries continue to operate in parallel to formal biomedical healthcare systems, with limited institutional recognition or collaboration. [3, 21] This separation often results in fragmented service delivery, delayed referrals, potential safety concerns related to unregulated herbal practices, and missed opportunities for coordinated patient care. The lack of structured engagement between traditional and biomedical practitioners has further reinforced professional mistrust and policy neglect.

Evidence from several African countries, including Ghana, Uganda, and Nigeria, demonstrates that structured collaboration between traditional healers and biomedical providers can improve early disease detection, treatment adherence, and community trust in formal health services. [4, 9, 12] In Sierra Leone, the establishment of the Traditional Medicine Unit under the Ministry of Health and Sanitation represents an important step toward the regulation and coordination of traditional medicine practice. [5] However, practical integration within hospital settings remains limited.

Increasingly, cultural competence is recognized as a core requirement for effective public health practice, particularly in pluralistic health systems. [6, 15] Integrating traditional healers into hospital-based healthcare, therefore, presents a strategic opportunity to enhance culturally responsive care, strengthen health system reach, and support progress toward Universal Health Coverage in Sierra Leone.

2. Literature Review

Traditional medicine continues to serve as the primary source of healthcare for approximately 80% of the population in sub-Saharan Africa, underscoring its central role in health service delivery across the region. [1, 14] This reliance is driven by a combination of cultural acceptance, affordability, accessibility, and long-standing trust in indigenous healing systems. In many African societies, traditional medicine is not merely an alternative to biomedical care but an integral part of everyday life and community identity.

Traditional healing practices are grounded in holistic worldviews that integrate physical, psychological, spiritual, and social dimensions of health and illness. [3, 5, 10] This comprehensive approach aligns closely with community perceptions of disease causation and wellness, particularly for conditions believed to have spiritual or psychosocial origins. Consequently, traditional healers are frequently consulted for chronic illnesses, mental health conditions, reproductive health concerns, and culturally defined ailments that may not be adequately addressed within biomedical frameworks.

The use of traditional medicine is especially prevalent in rural and peri-urban settings where distance, cost, workforce shortages, and limited infrastructure constrain access to formal healthcare facilities. [2, 16] In such contexts, traditional healers often function as the first point of contact within informal healthcare systems, providing readily available services and informal referral pathways.

At the global level, the World Health Organization's Traditional Medicine Strategy 2014–2023 advocates for the integration of traditional medicine into national health systems as a means of improving safety, quality, and equitable access to care. [1, 20] Several African countries have operationalized this strategy with varying degrees of success. Ghana, for instance, has established hospital-based traditional medicine units operating under national regulatory frameworks. [2, 9, 17] Similarly, Nigeria and South Africa have developed policies and professional councils to regulate traditional medicine practice [4, 14, 17].

Integration efforts have also demonstrated positive public health outcomes. The inclusion of traditional healers in HIV and mental health programs has improved early case detection, treatment adherence, and stigma reduction [7, 8, 11, 12].

Despite these advances, relationships between biomedical practitioners and traditional healers have historically been characterized by mistrust and professional tension. [6, 13] Evidence increasingly supports a complementary, rather than competitive, model of collaboration. [2, 21] Joint training initiatives, professional exchanges, and referral mechanisms have been shown to improve mutual understanding and strengthen coordinated care [7, 17, 19].

In Sierra Leone, the Ministry of Health established the Traditional Medicine Unit in 2008 to regulate and coordinate traditional medicine practice. [5, 13] However, persistent policy gaps, the absence of a national herbal pharmacopoeia, and limited laboratory capacity continue to constrain effective integration [3, 18, 20].

3. Material and Methods

3.1. Study Design

A cross-sectional mixed-methods design was used to collect both quantitative and qualitative data. Mixed-methods research enables triangulation and strengthens the validity of findings [8].

3.2. Study Area

The study was conducted in three districts of Sierra Leone, namely Bo District, Western Area Urban District, and Kenema District. Bo District, located in the Southern Province, represented a semi-urban population and served as the site of Bo

Government Hospital, one of the country's major referral facilities. The Western Area Urban District encompassed the capital city, Freetown, and included key national institutions such as Connaught Hospital and the Princess Christian Maternity Hospital, which cater to a diverse urban population and provide specialized healthcare services. Kenema District, situated in the Eastern Province, represented predominantly rural communities characterized by strong traditional medicine networks and extensive reliance on indigenous healers. These three locations were strategically selected to capture the geographical, cultural, and institutional diversity of Sierra Leone, thereby ensuring that the findings could be generalized across the country's broader health landscape.

3.3. Study Population

The study population comprised 400 participants including 180 hospital health professionals, 40 hospital administrators, 100 traditional healers, 50 community health workers, and 30 policy and regulatory officials. Participants included hospital staff comprising doctors, nurses, midwives, and pharmacists who are responsible for patient diagnosis, treatment, and medication management within hospital settings. These participants were crucial for understanding the readiness of biomedical professionals to engage in collaborative relationships with traditional healers.

Hospital administrators were also included, given their role in implementing institutional policies, managing staff relations, and overseeing service delivery frameworks that could accommodate integration initiatives. Their perspectives provided essential insight into administrative and logistical feasibility.

In addition, the study involved traditional healers and herbalists representing different healing specializations including herbal pharmacology, spiritual healing, and bone setting. Their inclusion ensured that practitioner's voices from the traditional medicine community were adequately represented in assessing integration opportunities.

Officials from the Ministry of Health (MoH) and the Sierra Leone Nurses and Midwives Council (SLNMC) were engaged to offer regulatory and policy-level perspectives. Community health workers (CHWs) participated because of their role as intermediaries between hospitals and communities; they provided valuable insight into how traditional and biomedical systems currently interact at the grassroots level.

3.4. Sampling and Data Collection

A multistage sampling technique was used involving purposive district selection, random selection of hospitals and healer associations, and proportional sampling within strata. The selection of districts was purposive, targeting areas with distinct geographical and cultural characteristics relevant to traditional medicine practice. Within the chosen districts, hospitals and healer associations were randomly selected to provide an unbiased distribution of participants. Inside these institutions, participants were further selected proportionally based on the size of their staff or membership to guarantee balanced representation among health professionals, administrators, and traditional healers.

Data were collected using a validated structured questionnaire and semi-structured interview guides. Data collection was carried out over a five-month period, from March to July 2025. Quantitative data were gathered through structured questionnaires that included closed-ended questions designed to assess integration feasibility, levels of trust between practitioners, perceptions of safety, and institutional readiness for collaboration. To complement these numerical findings, qualitative data were collected through 40 key informant interviews and 8 focus group discussions with traditional healers, health workers, and administrative personnel. These qualitative sessions provided more profound insights into the lived experiences, expectations, and perceived barriers to integration.

All data collectors received training to ensure methodological rigor and adherence to ethical standards. Participants were fully informed about the study's purpose and written consent was obtained before participation. Ethical clearance for the study was granted by the Njala University Institutional Review Board (IRB/NU/PH-2025-003) and the Ministry of Health (MoH) Research Ethics Committee, ensuring compliance with national and international ethical research guidelines.

3.5. Data Analysis

The data analysis process involved both quantitative and qualitative approaches to ensure a comprehensive understanding of the findings. Quantitative data obtained from the structured questionnaires were entered, cleaned, and analyzed using IBM SPSS version 27. Descriptive statistics, including frequencies, means, and percentages, were generated to summarize participants' responses and present an overview of key variables such as perceptions of integration feasibility, trust, safety, and institutional readiness. To determine relationships between variables, chi-square tests of association were conducted to examine whether significant differences existed between professional categories and their attitudes toward the integration of traditional healers into hospital-based healthcare systems. A p-value of less than 0.05 was considered statistically significant, indicating a meaningful association between the variables under study.

For the qualitative component, data collected through interviews and focus group discussions were transcribed verbatim to maintain accuracy and authenticity. The transcribed texts were then organized and analyzed thematically using NVivo version 12, which allowed for systematic coding and identification of recurring patterns and concepts. Through this process, four major themes emerged from the qualitative data: the perceived value of traditional healers, opportunities for collaboration, barriers to integration, and institutional and policy

readiness. These themes provided insights into how participants viewed the roles and contributions of traditional healers, the potential benefits of integration, the challenges that could hinder collaboration, and the preparedness of institutions and policies to support such initiatives.

To strengthen the reliability and depth of interpretation, triangulation was employed to integrate findings from both the quantitative and qualitative analyses. This approach allowed the comparison and cross-validation of data from different sources, ensuring that the results were comprehensive and reflective of multiple perspectives. By combining statistical evidence with contextual narratives, the study achieved a balanced and holistic understanding of stakeholder perceptions regarding the integration of traditional healers into Sierra Leone's hospital-based healthcare system.

4. Results

4.1. Demographic Characteristics

Table 1. Demograph Characteristics of Respondent.

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	208	52
	Female	192	48
Mean Age		38 years (SD ± 9.2)	
Years of Professional Experience	Less than 5 years	56	14
	5–10 years	64	16
	More than 10 years	280	70
Training Background of Traditional Healers	Informal apprenticeships	60	60
	Attended TMU workshops	30	30
	Other training or untrained	10	10
Total Respondents		400	100

The sample comprised 400 participants, of whom 52% were male and 48% female. The mean age was 38 years (SD ± 9.2), and most respondents had extensive professional experience, with 70% reporting more than ten years in active practice. Among traditional healers, 60% had received training through informal apprenticeships, while 30% had participated in capacity-building workshops organized by the Traditional Medicine Unit (TMU) under the Ministry of Health (MoH).

4.2. Perceptions of Traditional Medicine and Healers

Table 2. Perceptions of Traditional Medicine and Healers.

Statement	Agreement (%)	Neutral (%)	Disagreement (%)
Traditional medicine is vital to Sierra Leone's healthcare system	86	8	6
Healers help address community health gaps (e.g., mental health, chronic illness)	78	12	10
Traditional healers are trusted more by communities than biomedical staff	81	10	9
Integration of traditional and modern medicine would improve healthcare access	84	9	7

The majority (86%) of respondents agreed that traditional medicine is vital to the healthcare system in Sierra Leone. Biomedical professionals (78%) acknowledged that healers play an essential role in filling community health gaps, particularly in mental health and chronic illness management. Qualitative responses reinforced this finding, with participants noting that traditional healers command significant community trust. A nurse from Bo Government Hospital remarked that "People trust their herbalists more than us because they speak their language and understand their problems," highlighting the social embeddedness of traditional healers. This finding suggests that structured collaboration could leverage existing community trust to enhance hospital service utilization.

4.3. Opportunities for Integration

Table 3. Opportunities for Integration.

Opportunity Identified	Support (%)	Description
Referral collaboration between healers and hospitals	82	Encourages mutual patient referral and cooperation
Joint training and knowledge exchange	77	Promotes mutual respect and standardization of care
Complementary care models combining herbal and biomedical treatments	73	Integrates safe, evidence-based use of traditional remedies

The results identified multiple opportunities for collaboration. A large majority (82%) supported establishing referral systems between healers and hospitals, while 77% favored joint training programs. Both groups also recognized the value of integrating safe and scientifically tested herbal treatments with biomedical care. Traditional healers in Kenema expressed readiness to refer complicated cases such as childbirth complications or severe infections if officially recognized by the health system.

4.4. Barriers to Integration

Table 4. Barriers to Integration.

Identified Barrier	Agreement (%)	Rank (Severity)
Absence of clear regulatory and policy framework	90	1
Concerns about herbal safety and dosage	84	2
Lack of mutual trust and professional respect	68	3
Inadequate research and laboratory facilities	59	4

Despite widespread support, several barriers hinder effective integration. The absence of a clear regulatory framework (90%) and safety concerns about herbal dosage (84%) were the most cited challenges. Many biomedical practitioners expressed discomfort with the lack of standardized herbal formulations. A pharmacist in Freetown commented, "We cannot integrate something we cannot regulate or test." This finding aligns with regional studies emphasizing the need for national safety and quality assurance mechanisms (Gyasi et al., 2021; Abena et al., 2022).

4.5. Institutional and Policy Readiness

Table 5. Institutional and Policy Readines.

Institutional Factor	Aware/Agree (%)	Comment
Awareness of TMU's existence and role	63	The TMU provides a policy foundation for traditional medicine regulation
Existence of collaboration framework in hospitals	22	Few hospitals have formal partnerships with healers
Willingness to pilot integration programs	74	Administrators expressed readiness if guided by government policy

The MoH Traditional Medicine Unit (TMU) was recognized as an existing institutional foundation for integration. However, most hospitals lacked clear collaboration guidelines. Only 22% reported prior joint activities with traditional healers. Despite this, 74% of health administrators and practitioners expressed willingness to pilot integration programs once appropriate policies and regulatory systems were established.

5. Discussion

The findings demonstrate that integrating traditional healers into hospital-based healthcare in Sierra Leone is both feasible and culturally appropriate [2, 4, 21]. High levels of community trust in traditional healers support the potential for collaboration to improve access, continuity, and patient-centered care. These findings reinforce evidence from other sub-Saharan African contexts where traditional healers remain deeply embedded in community health-seeking behavior and continue to play a critical role in primary healthcare delivery.

Traditional healers contribute significantly to cultural acceptability, patient trust, and access to care, particularly among populations that may be underserved by formal biomedical services. [10, 14, 15] Their holistic approach to health, which incorporates physical, psychological, social, and spiritual dimensions, aligns closely with community belief systems and local interpretations of illness. This alignment enhances patient confidence and may facilitate earlier engagement with health services. Integrating traditional healers into hospital-based care therefore presents an opportunity to bridge longstanding gaps between communities and biomedical institutions, potentially improving service utilization, treatment adherence, and continuity of care.

Despite these advantages, the study identified several critical barriers that must be addressed to ensure successful integration. Major challenges include regulatory gaps, concerns regarding the safety, quality, and dosage of herbal medicines, and persistent professional mistrust between biomedical practitioners and traditional healers. [3, 4, 18] The absence of comprehensive national regulatory frameworks and standardized herbal pharmacopoeia raises legitimate safety concerns among biomedical professionals, particularly pharmacists and clinicians responsible for patient outcomes. These barriers mirror experiences in other African countries where early integration initiatives were undermined by weak policy guidance and limited oversight mechanisms.

Importantly, the findings align closely with the World Health Organization Traditional Medicine Strategy, which emphasizes regulation, research, education, and policy development as foundational pillars for effective integration. [1, 20] The strategy underscores the need for evidence-based validation of traditional practices, capacity building for practitioners, and institutional mechanisms that support collaboration while safeguarding patient safety. In this regard, Sierra Leone's Traditional Medicine Unit provides a valuable institutional entry point, though its mandate requires further operationalization within hospital settings.

Cultural competence among biomedical professionals emerged as a critical enabler of sustainable collaboration. [6, 15] Effective integration requires not only technical and regulatory solutions but also a shift in professional attitudes toward greater respect for indigenous knowledge systems. Training programs that promote intercultural understanding and interprofessional collaboration are therefore essential. By fostering mutual respect and clearly defined roles, Sierra Leone can develop a pluralistic healthcare system that leverages the strengths of both traditional and biomedical practices while advancing progress toward Universal Health Coverage.

6. Summary, Conclusion and Recommendations

6.1. Summary

This study explored the feasibility, perceptions, and institutional readiness for integrating traditional healers into hospital-based healthcare systems in Sierra Leone. Using a mixed-methods design and a sample size of 400 participants drawn

from Bo, Kenema, and Western Area Urban Districts, the research gathered quantitative data through structured questionnaires and qualitative insights through interviews and focus group discussions. The sample included health professionals, traditional healers, administrators, and policymakers.

The results revealed strong support for integration, with 86% of respondents acknowledging that traditional medicine remains a vital component of Sierra Leone's healthcare system. The findings also showed that traditional healers play a key role in providing culturally acceptable care, particularly in mental health and chronic illness management. Opportunities for collaboration were widely recognized 82% supported referral partnerships, 77% favored joint training, and 73% endorsed complementary care models.

Despite this enthusiasm, several barriers were identified. The absence of clear regulatory policies (90%), concerns about herbal safety (84%), limited research capacity (59%), and professional mistrust (68%) remain significant challenges. Institutional readiness was moderate, as only 22% of hospitals had prior collaborations with healers, though 74% expressed willingness to pilot integration programs if backed by government policy. Overall, the findings underscore a positive outlook toward integration, provided that clear frameworks, mutual trust, and safety mechanisms are established.

6.2. Conclusion

Integrating traditional healers into hospital-based healthcare offers a strategic pathway to strengthen culturally competent care and advance Universal Health Coverage in Sierra Leone. Policy reform, institutional readiness, and evidence-based practice are essential to ensure safe and effective implementation. [1, 2, 5, 21] Given the widespread reliance on traditional medicine and the deep trust communities place in indigenous healers, structured collaboration offers a practical pathway for improving healthcare access, continuity, and acceptability. By formally recognizing traditional healers as complementary partners in care, the health system can better respond to community needs while addressing longstanding gaps between formal institutions and grassroots health-seeking practices.

This study demonstrates that integration has the potential to enhance early disease detection, improve referral pathways, and foster mutual trust between communities and biomedical providers. However, successful implementation depends on the establishment of clear regulatory frameworks, standardized safety and quality assurance mechanisms, and well-defined professional roles. Without these safeguards, the risks associated with unregulated practice and professional mistrust may undermine integration efforts.

Importantly, integration should be grounded in evidence-based policy development, inter-professional education, and cultural competence training for biomedical practitioners. Strengthening the operational capacity of the Traditional Medicine Unit and embedding collaboration within hospital systems will be essential. When implemented within a structured, ethical, and regulated framework, the integration of traditional healers can significantly contribute to equitable, inclusive, and sustainable progress toward Universal Health Coverage in Sierra Leone [1, 2, 5, 21].

6.3. Recommendations

1. The Ministry of Health and Sanitation should develop and implement a comprehensive National Traditional Medicine Integration Policy that clearly defines accreditation standards, scopes of practice, referral protocols, and ethical guidelines for collaboration between traditional healers and biomedical professionals. This framework should include the development of a national herbal pharmacopoeia, standardized dosage guidelines, and mandatory registration of practitioners under the Traditional Medicine Unit.

2. Pilot integration programs should be introduced in selected tertiary and secondary hospitals across Sierra Leone, beginning in districts with strong traditional medicine networks. These pilots should operationalize structured two-way referral systems, joint case discussions, and co-supervised service delivery models under hospital governance.

3. Academic institutions and professional regulatory bodies should integrate cultural competence, traditional medicine safety, and inter-professional collaboration into medical, nursing, pharmacy, and public health curricula. In-service training and continuous professional development programs should also be provided for practicing biomedical staff and traditional healers to foster mutual respect, shared understanding, and effective teamwork.

4. Further research should prioritize clinical, pharmacological, and health-systems evaluations of commonly used herbal medicines and integrated care models in Sierra Leone. Specifically, a longitudinal and experimental studies are needed to assess the safety, efficacy, dosage standardization, and potential interactions of herbal remedies with biomedical treatments within hospital and community settings.

Abbreviations

TMU	Traditional Medicine Unit
UHC	Universal Health Coverage
IRB	Institutional Review Board
LMICs	Low- and Middle-Income Countries
FGD	Focus Group Discussion
KII	Key Informant Interview

Author Contributions

Angella Magdalene George: Conceptualization, Formal Analysis, Data curation, Writing – review & editing, Methodology, Resources

Conflicts of Interest

The author declares no conflicts of interest.

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