
| RESEARCH ARTICLE

Healing Beyond Medicine: Lived Experiences of Individuals Seeking Folk Healing in Kinabuhayan Dolores, Quezon Province

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| ABSTRACT

Folk healing remains a significant component of health-seeking behavior in many Filipino communities, where spiritual beliefs, cultural traditions, and social relationships shape perception of illness and recovery anchored in Madeleine Leininger's Transcultural Nursing Theory and Health Belief Model, which explains how beliefs influence health-related decisions, this study explored the lived experiences of individuals seeking folk healing in Kinabuhayan, Dolores, Quezon Province, a community known for its sacred healing traditions associated with Mt. Banahaw. A qualitative Hermeneutic Phenomenological design was utilized to capture the meaning of the participants attributed their healing joints. Twelve (12) adult participants aged thirty (30) years and above were selected through purposive sampling based on their direct experience with folk healing practices. Data were collected through semi-structured interviews and analyzed using Max Van Manen's phenomenological approach, employing holistic, selective, and detailed reading to interpret the essence of participants' narratives. Findings revealed that individuals were drawn to folk healing due to family traditions, economic barriers to biomedical care and chronic recurring illnesses, and spiritual beliefs regarding illness causation. Participants describe healing as a holistic experience and shaped by ritual practices, sacred landscape, and trusting healer-seeker relationships. Recovery was interpreted through embodied signs of improvement, renewed strong and strengthened faith rather than biomedical diagnosis. Participants also demonstrated a flexible approach to health-seeking by navigating between folk and biomedical systems. This study is limited by its sample size and focus on a single community which may limit transferability. Nevertheless, the findings contributed to a deeper understanding of culturally-grounded health practices and highlighted the importance of culturally-sensitive and holistic nursing care that respectfully bridges traditional and biomedical health systems.

| KEYWORDS

Folk Healing; Experiences; Individuals; Kinabuhayan

| ARTICLE INFORMATION

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1. Introduction

Across generations, healing has been understood not only as the restoration of the physical body but also as the renewal of hope, faith, and spiritual well-being. In many Filipino communities, faith healing commonly referred to as folk healing continues to be a significant part of health-seeking behavior. Folk healing practices often combine prayer, rituals, herbal medicine, and spiritual guidance, reflecting a worldview where illness is perceived as both physical and spiritual imbalance. According to Verela (2023), faith healing is widely perceived as a process through which divine intervention works through a healer who is believed to possess a spiritual gift. This perspective illustrates how healing in many communities transcends biomedical explanations and is deeply rooted in culture, spirituality, and lived experience.

Folk healing remains prevalent not only in the Philippines but also in many parts of the world. Rondilla (2021) explains that traditional healing systems represent a convergence of indigenous knowledge and ancient healing traditions that have endured despite the expansion of modern medical systems. Similarly, Marques and Freeman (2021) emphasize that folk healing continues to contribute to human wellness, particularly in communities where healthcare access is limited. In many developing regions, traditional healers often serve as the first point of healthcare contact due to accessibility, affordability, and cultural familiarity. Youn et al. (2022) further note that across Africa, Asia, and Latin America, traditional healing practices continue to function alongside biomedical care, highlighting the coexistence of cultural and scientific approaches to health. Recent studies also demonstrate that reliance on folk healing persists even in modern healthcare environments. Ahmed, G. E. M. et al. (2023) reported that approximately 70–80% of individuals in several African communities depend on traditional healers as their primary source of care. In the Philippines, the continued reliance on folk healing is similarly evident. Unda, S. J. C. et al. (2023) argue that traditional healing practices remain deeply embedded in Filipino cultural identity, serving not only as treatment methods but also as expressions of faith, family traditions, and communal values. These practices often include herbal remedies, spiritual rituals, and manual healing techniques used to address both physical and emotional ailments.

Despite the widespread presence of folk healing, scholarly understanding of why individuals continue to seek these practices remains limited. Much of the existing literature focuses on documenting traditional healing methods or examining their clinical outcomes rather than exploring the lived experiences and cultural meanings attached to them. For instance, Anwar et al. (2025) documented that many individuals, including patients with chronic illnesses, continue to consult faith healers because healing is perceived not only as a medical intervention but also as a culturally meaningful act of resilience and hope. However, there remains a gap in the literature regarding how individuals interpret their experiences with folk healing and how cultural beliefs shape their decision to seek such care.

Understanding these experiences is particularly important in the context of healthcare delivery, where cultural beliefs significantly influence health behaviors. As healthcare systems increasingly recognize the importance of culturally-sensitive care, examining the perspectives of individuals who engage with traditional healing practices can help bridge the gap between biomedical and cultural approaches to health. Exploring these narratives may provide valuable insights into how people interpret illness, healing, and recovery within their cultural lifeworld.

Against this backdrop, this study aims to explore the lived experiences of individuals who seek folk healing within the community of Kinabuhayan, Dolores, Quezon Province. By examining their narratives, the research seeks to deepen understanding of the cultural beliefs, meanings, and motivations that guide their health-seeking behaviors. The findings of this study are expected to contribute to the growing body of knowledge on traditional healing practices while informing culturally responsive healthcare and holistic nursing care. By acknowledging the role of culture, faith, and tradition in healing, this research highlights the importance of integrating cultural understanding into healthcare practices to promote more inclusive and person-centered health services.

2. Literature Review

Folk Medicine continues to serve as a vital part of healthcare systems across the world, sustained by culture, accessibility, and the limitations of biomedical healthcare. In the Philippines, Rondilla et al. (2021) emphasized that people in Quiapo still turn to folk medicine due to cultural beliefs, positive prior experiences, and dissatisfaction with formal healthcare services. Similar patterns are found internationally. For instance, Baked et al. (2025) in Ethiopia revealed that despite the trust in modern medicine, individuals still seek spiritual healers for chronic illnesses, while Tan et al. (2021) in Rwanda noted that folk healing persists even with universal health coverage particularly for culture-specific conditions like uborozi or perceived poisoning. These findings collectively reveal that folk healing often fills the emotional, cultural, and spiritual gaps left by conventional healthcare systems.

The motivations behind people's reliance on folk healing are remarkably consistent across regions. Mal and Saika (2025) found that Garo women in India depend on ancestral healers called ojhas for generational passed remedies, while Gazzi et al. (2024) observed that patients in Bangladesh choose folk healing for its affordability and cultural familiarity. In Pakistan, Amwar et al. (2025) discovered that cancer patients turn to spiritual and folk healers due to limited access to hospitals, fear of diagnosis, and high treatment costs. These studies emphasize that faith, community trust, and accessibility are central factors sustaining the preference for folk healing practices.

Folk healing remains an essential part of healthcare systems worldwide, deeply rooted in cultural, ancestral, and spiritual traditions. In the Philippines and across Africa, these practices are sustained by beliefs that connect illness to both natural and

supernatural causes. Studies reveal that ancestral rituals, herbal medicine, and spiritual healing form the foundation of many communities' healthcare systems. Folk healers play a central role in maintaining these practices. From the albularyo and magbubulong in the Philippines to the kru Khmer healers in Cambodia and shamans in Africa, these practitioners combine faith, herbal remedies, and ritual healing to provide holistic care. Their continued presence reflects the deep trust communities place in them, as they address not only physical ailments but also emotional and spiritual distress. Folk healing thus sustains community identity and provides comfort where biomedical services are limited or culturally distant.

Overall, the persistence of folk medicine underscores its vital role in addressing healthcare gaps and preserving cultural heritage. It continues to thrive because it embodies the interconnectedness of faith, identity, and healing responding not only to illness but also to the spiritual and emotional needs of communities. Folk healing remains a symbol of resilience, demonstrating that health is not merely biological but also a reflection of cultural continuity and collective well-being.

3. Methodology

3.1 Research Design

This study employed a qualitative research design using Hermeneutic Interpretative Phenomenological Approach to explore the lived experiences of individuals seeking folk healing in Kinabuhayan, Dolores, Quezon Province. Qualitative research enables the exploration of the subjective meanings, beliefs, and experiences related to social and cultural practices (Bhandari, 2020). Hermeneutic phenomenology focuses on interpreting how individuals understand and give meaning to their lived experiences within their cultural context (Neubauer et al., 2019). This design was appropriate because the study aimed to understand how and why the individuals turn to folk healing and how they interpret their healing experiences.

3.2 Participants

The study involved twelve (12) participants aged thirty (30) years and above and who had experience seeking folk healing. Participants were selected using purposive sampling, a non-probability sampling method that identifies individuals with direct experience relevant to the phenomenon under study (Statistics Canada, 2021). Inclusion criteria require participants to: (1) be at least 30 years old, (2) have visited a folk healer at least six times within the past 12 months, (3) have experienced acute or chronic health concerns, and (4) be residents of Kinabuhayan, Dolores, Quezon Province.

3.3 Research Instrument

Data were collected using a researcher-made semi-structured interview guide designed to explore participants' experiences with folk healing. The instrument consisted of four parts; informed consent, demographic profile, interview questions, and field notes. The interview included twelve open-ended questions focusing on participants' motivations, experiences, and perceptions of folk healing. The instrument underwent content validation by six experts, including two (2) community health nurses, a transcultural nurse, research expert, a guidance counselor, and a psychometrician to ensure clarity and cultural sensitivity.

3.4 Data Gathering Procedure

Institutional approval and community coordination were secured prior to data collection. Participants were informed about the purpose and procedures of the study and provided written informed consent before the interviews were conducted. Prior to the actual data gathering, a practice run (pilot interview) was conducted with two (2) participants who met the study's inclusion criteria. The purpose of this practice run was to assess the clarity, relevance, and validity of the interview questions. Feedback from the pilot interviews helped refine the wording and sequence of the questions to ensure they were understandable, culturally appropriate, and capable of eliciting meaningful responses. After the refinement of the interview guide, data were gathered through face-to-face semi-structured interviews conducted in Kinabuhayan Dolores, Quezon Province. Interviews were audio-recorded with participants' permission and supplement with field notes to capture observations and contextual details. Participants were encouraged to openly share their experiences reasons for seeking folk healing, and their perception of the healing process.

3.5 Ethical Considerations

Ethical Principles were strictly observed throughout the study. Participants provided informed consent and participation was voluntary with the option to withdraw at any time. Confidentiality and anonymity were maintained through the use of

pseudonyms and secure storage of data. The researchers also ensured cultural sensitivity when discussing spiritual belief and folk healing practices within the community.

3.6 Data Analysis

Data were analyzed using van Manen’s Hermeneutic Phenomenological Analysis. Interview recordings were transcribed verbatim and repeatedly read to gain holistic understanding of participants’ narratives. The analysis followed three reading approaches; holistic reading to capture the overall meaning, selective reading to identify significant statements, and detailed line-by-line reading to interpret deeper meanings. Emerging themes were developed through interactive interpretation and reflective writing.

3.7 Results / Findings

This study enhances the academic comprehension of folk healing as a significant and contextually relevant health practice in Kinabuhayan, Dolores, Quezon Province. Employing a Hermeneutic-phenomenological framework, it emphasizes the lived experiences of individuals, portraying them not merely as descriptions of alternative care but as intricate, interpretive narratives influenced by cultural values, belief systems, and quotidian realities. The findings illustrate that folk healing is actively integrated into participants' health-seeking behaviors, establishing it as a complementary and value-rich practice rather than a marginal or adversarial form of care. By identifying emergent themes, the study elucidates how individuals construct meaning regarding illness and healing, underscoring the significance of culturally congruent and holistic nursing practices that honor patients’ life worlds.

Themes Emerged from how the individuals experience and make meaning of the circumstances that lead them to Kinabuhayan Folk Healing

Table 1.1a

A. Thematic Clusters and Emergent Theme 1.1: Folk healing as something you grow up with.

Clustered Codes	Emergent Theme	Description of the Theme
Illnesses from childhood routinely brought to albularyo	Folk healing as something you grow up with	Seeking albularyo care is experienced as something inherited and normalized through family socialization, rather than a one-time decision.
Husband as healer introduced her to local healing practices		
Father is healer and early exposure to 'kababalaghan'		
Mother and community as organised healer 'samahan'		
Family accustomed to seeking albularyo first due to upbringing		

The theme “Folk healing as something you grow up with” demonstrates how the custom of consulting an albularyo is ingrained in early socialization and family life, influencing health-seeking behavior throughout generations. As evidenced by statements like “*Kinamulatan na namin na ito talaga ay lugar ng mga mangagamot dahil mismo ang aking tatay eh mangagamot din,*” **[We grew up knowing that this is actually a place of healers because my father himself is also a healer.]** participants emphasized that folk healing is something they “*grew up with.*” Eleven participants confirmed that exposure to traditional healers started in childhood and extended from common to serious illnesses. Healing practices, such as participation in organized healing groups (samahan) and beliefs in *kababalaghan*, were viewed as common, reliable, and culturally acceptable rather than unusual or exceptional. “*Sa totoo lang eh, kaya kami pumupunta sa mga manggagamot rito eh dahil lang talaga sa kinalakihan ko na... kalimitan eh*”

dahil sa mga pamilya ko gusto dito nalang," **[To be honest, the reason we go to healers here is because I grew up with it... often, my family prefers it here.]** another participant observed, emphasizing that seeking advice from an albularyo is an inherited practice influenced by family values, shared beliefs, and enduring relational ties rather than a conscious adult decision. This generational transfer incorporates folk healing into family identity and normalizes it as a first line of treatment. Leininger's Transcultural Nursing Theory, in particular the ideas of Cultural Care Universality and Cultural Care Diversity, which hold that the universal need for healing is expressed through culturally specific practices that are meaningful and acceptable within a particular community, is strongly supported by these findings. Folk healing is an example of culture-congruent care in this setting, supporting Leininger's claim that culturally-appropriate interventions increase acceptance, relevance, and efficacy. Furthermore, the results align with the Health Belief Model, particularly with regard to perceived benefits and cues to action, since positive experiences and family support are strong motivators that strengthen trust in albularyo care while lowering perceived barriers. Therefore, culturally shared interpretations of illness and recovery that are passed down through generations have a greater influence on health-seeking behavior than biomedical evaluation. Supporting research by Sabino et al. (2025), Rondilla et al. (2021), and Bombales and Torres (2024) further confirms that folk healing is still relevant despite the availability of biomedical services because it is based on cultural beliefs, economic practicality, and experiential validation rather than ignorance. Overall, *Folk healing as something you grow up with*, highlights the significant influence that cultural customs have on health-related behaviors, underscoring the necessity for nurses and other healthcare professionals to embrace culturally sensitive methods that protect, accommodate, or negotiate traditional beliefs in order to build therapeutic relationships, promote holistic, culturally grounded care, and build trust.

Table 1.2b

B. Thematic Clusters and Emergent Theme 1.2: Economic hardship and structural barriers.

Clustered Codes	Emergent Theme	Description of the Theme
Severe poverty and distance to town/hospital	Economic hardship and structural barriers	Participants frame going to Kinabuhayan as the practical option because hospitals and doctors are expensive, far, and hard to access.
Financial limits and home location favour albularyo over doctors		
Financial costs and transports needs make hospital care difficult		
Chooses healers because they accept donations of fixed fees		

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Table 1.3c

C. Thematic Clusters and Emergent Theme 1.3: Chronic, serious, or recurring illness as trigger.

Clustered Codes	Emergent Theme	Description of the Theme
Childhood asthma and later episodes led to repeated albularyo care; Chronic acidity and other longstanding complaints treated by healers; First went for body and joint pain from heavy farm work; Common fevers, ubo, sipon, trangkaso, toothache, and 'nabinat' bring people to healers	Chronic, serious, or recurring illness as triggering factors in seeking healers	Actual suffering from chronic, serious, or recurring ailments drives people to seek help, and successful cures reinforce their decision to return.

The theme "Chronic, serious, or recurring illness as triggering factors in seeking healers" highlights how chronic, severe, or recurrent illnesses act as significant catalysts influencing health-seeking behavior towards an albularyo, highlighting the importance of personal illness experiences over cultural preferences alone. Participants articulated enduring and recurrent health issues, including childhood trauma, chronic hyperacidity, musculoskeletal pain from agricultural labor, and prevalent yet persistent ailments such as fever, cough, influenza, toothache, and nabinat, as principal motivations for seeking the services of traditional healers. Four participants explicitly stated that they sought treatment for chronic conditions, with positive outcomes reinforcing their ongoing reliance on folk healing.

One participant said, "*Kauna unahan na lumapit ako sa albularyo eh... masakit ang katawan ko... mga kasukasuan ganon... dahil syempre aakyat ka ng bundok... ang dinadaing ko talaga noon eh bakit hindi nawawala yung sakit ng braso ko,*"[**The first time I visited a folk healer was... when my body was aching... my joints and that... because of course, I climb the mountain. What I kept complaining before about was why the pain in my arm would not go away.**] how persistent symptoms made it hard to go about daily life and made people seek care. These experiences demonstrate that seeking the assistance of an albularyo is not only a culturally inherited tradition but also a pragmatic solution to persistent physical discomfort, with recurrent alleviation enhancing trust and establishing traditional healers as reliable providers of long-term care. According to Madeleine Leininger's Transcultural Nursing Theory, this pattern shows the idea of culturally congruent care, which means that the universal experience of chronic illness is dealt with through practices that are meaningful to the culture and fit with the community's beliefs, values, and ways of life. In this sense, folk healing deals with more than just the physical parts of being sick; it also deals with the social and symbolic meanings of suffering and recovery, which keeps it relevant. The Health Belief Model elucidates this behavior by emphasizing increased perceived susceptibility and severity resulting from persistent symptoms, thereby elevating the likelihood of seeking intervention. When biomedical care is constrained by structural barriers such as cost, distance, or inefficiency, individuals resort to more accessible and reliable alternatives. Positive past experiences make people think there are more benefits and fewer barriers, which leads to more visits and more faith in traditional healing. Peltzer and Pengpid (2019) provide supporting literature that shows that in rural areas, persistent symptoms and previous successful outcomes lead to continued use of traditional healers. Mal and Saikia (2025) also show that perceived effectiveness, cultural identity, and the accessibility and affordability of traditional practitioners all play a role in their continued use. The theme "Chronic, serious, or recurring illness as triggering factors in seeking healers" illustrates that chronic and recurrent illnesses serve as significant

motivators for pursuing culturally familiar and experientially validated care. This emphasizes the necessity for healthcare providers to create culturally sensitive and context-responsive interventions that recognize the realities of chronic illness and the persistent significance of traditional healing in community health practices.

Table 1.4d

D. Thematic Clusters and Emergent Theme 1.4: Spirit encounters and cultural etiologies

Clustered Codes	Emergent Theme	Description of the Theme
Episode interpreted as <i>engkanto</i> possession treated by healer; Healing knowledge as mystical ancestral inheritance via dwarfs, sirena, babaylan; <i>Tapal</i> (poultice), and <i>orasyon</i> as tools to remove spirit-caused illness	Spirit Encounters and Cultural Etiologies	Some health problems are made sense through spirits (<i>engkanto</i> , possession) and inherited <i>orasyon</i> , which makes folk healing the appropriate response.

The theme "Spirit Encounters and Cultural Etiologies" emphasizes how individuals interpret illness through spiritual frameworks grounded in indigenous beliefs and ancestral knowledge, influencing their health-seeking behavior towards *albularyos*. Two participants characterized illnesses as repercussions of interactions with supernatural entities, including *engkanto*, spirit intrusion, or possession, conceptualizing sickness as a disruption that transcends the physical body, as illustrated by the statement, "*nagkasakit ako na parang naibigan ako ng engkanto kung baga sumanib sa kinang yung engkanto.*" **[I got sick because I felt like an *engkanto* (supernatural spirit) liked me, like it possessed me.]** From this point of view, healing needs special spiritual help, like rituals, *tapal* (poultice), and *orasyon*, which are seen as culturally acceptable and spiritually powerful ways to deal with problems caused by unseen forces. People think that the ability to do these things comes from their ancestors or from a mystical calling, which shows how closely related the spiritual world is to making decisions about health. This comprehension corresponds with Madeleine Leininger's Transcultural Nursing Theory, specifically the notion of culturally congruent care, where health practices are influenced by culturally ingrained meanings and belief systems; in this framework, spiritual healing is regarded not as distinct from healthcare but as a fundamental and significant response to illness. The Health Belief Model elucidates this behavior by linking illness to spiritual causes, which amplifies perceived susceptibility and severity, thereby generating compelling cues to action that lead individuals to spiritual healers regarded as possessing the authority and expertise to restore equilibrium. The ongoing practice of rituals and symbolic healing reinforces perceived benefits and effectiveness, thereby maintaining trust and reliance on these culturally endorsed practices. Supporting literature corroborates these findings, with Tomaquin (2022) indicating that in the Philippines, ailments such as spirit possession, witchcraft, and other culturally defined conditions are perceived as outside the realm of biomedical treatment and are instead addressed through traditional healing practices transmitted through generations. Additionally, Cerio (2020) documented that in Camarines Sur, folk healing entails a complex interplay of spiritual, ritual, and ethnobotanical knowledge, highlighting the significance of personalistic etiologies in local health paradigms. The theme "Spirit Encounters and Cultural Etiologies" illustrates that spiritual interpretations of illness significantly influence health-seeking behaviors. This underscores the necessity for healthcare professionals to implement culturally sensitive and spiritually informed methodologies that honor patients' belief systems and promote holistic, compassionate, and community-oriented care.

Table 1.5e

E. Thematic Clusters and Emergent Theme 1.5: Drawn by sacredness, *bukal* and 'impossible' cures

Clustered Codes	Emergent Theme	Description of the Theme
Spring/ <i>bukal</i> water recommended even for baby's milk; Kinabuhayan described as 'sagrado,' 'mahiwaga,' 'santonglugar'; Perception that healers can exceed hospital outcomes in supposedly surgical or incurable cases	Drawn by sacredness, spring, and 'impossible' cures	Kinabuhayan is seen as a sacred place where water, land, and stories of 'impossible' cures pull people in and justify their continued visits.

The theme “Drawn by sacredness, spring, and ‘impossible’ cures” illustrates how beliefs about sacred space and extraordinary healing power strongly affect how people look for health care in Kinabuhayan. One participant said that the site was holy and mysterious, highlighting the healing properties of its spring (bukal) and the belief that its water keeps people from getting sick. They said, *“Alam mo kagaya namin na ano... yung sa tubig diba... hindi kami nagkakasakit pag ayon ang iniinom...don palang hindi ba may kakaiba na? ”Kaya don naniwala na kami talaga na ah dito kaya gumaling ang isang tao.*” **[You know for people like us...with the water... we don’t get sick when it is what we drink. In that sense, isn’t it something unusual? That is why we truly believe that this is where a person can be healed.]** The participant described Kinabuhayan as a place where the natural environment, especially the spring water that is safe for babies, has sacred meaning and healing properties. Stories of healers getting results that people thought were “impossible,” like curing diseases that were thought to be incurable or needing surgery, made people even more sure that the site could heal them. These beliefs create the idea that healing has no limits in this holy space, which makes people want to come back and trust the space over and over again as they look for both physical and spiritual comfort. According to Madeleine Leininger’s Transcultural Nursing Theory, this theme shows how cultural care can be both universal and diverse. The universal desire for healing is shown through spiritual meanings and practices that are part of a culture. Kinabuhayan functions as a culturally harmonious healing space where faith, belief, and traditional practices are intrinsically linked to health behaviors, underscoring the significance of acknowledging spiritual dimensions in the provision of holistic care. The Health Belief Model elucidates this behavior via the constructs of perceived benefits and cues to action, as the belief in miraculous healing outcomes beyond biomedical capability markedly enhances perceived effectiveness and drives individuals to pursue care at the location. Kinabuhayan’s sacredness, the symbolic power of the spring, and stories of miraculous recoveries all serve as strong calls to action that strengthen faith in traditional healers and keep people coming back to the site. According to Sekagya et al. (2024), spiritually significant places are very important in shaping health-seeking behavior, especially for severe or complex illnesses. This is because believing in sacredness and miraculous outcomes builds trust and encourages people to keep using traditional healing practices. The theme “Drawn by sacredness, spring, and ‘impossible’ cures” shows that sacred places, spiritual meaning, and beliefs about miraculous healing are strong motivators for people to seek medical help. This shows how important it is for healthcare providers to use culturally sensitive and spiritually informed approaches that respect these beliefs while also meeting the health needs of individuals and communities as a whole.

THEMES EMERGED FROM HOW INDIVIDUALS EXPERIENCE AND MAKE MEANING OF THE SACRED LANDSCAPE, RITUAL PRACTICES AND HEALER-SEEKER INTERACTIONS DURING THEIR VISITS TO KINABUHAYAN DOLORES QUEZON PROVINCE

Table 2.1a

F. Thematic Clusters and Emergent Theme 2.1: Rooted in culture: Primary forms of treatment

Codes	Emergent Theme	Description of the Theme
Tapal (poultice), with Latin ‘sulat/orasyon’ placed on body or tooth; Hilot (massage) for ulo and body pains; Suob (Steam) and respiratory illness; Bulong (Incantation); Detailed herbal remedies like guyabano leaves, pansit-pansitan.	Rooted in culture: Primary forms of treatment	Rituals and herbal prescriptions are understood as the primary form of treatment, through which sacred power is applied to the body.

The theme “Rooted in culture: Primary forms of treatment” includes healing methods like tapal (poultice), , hilot (massage), suob (Steam), bulong (Incantation), tawas, and herbal treatments. This shows that ritual, spirituality, and physical care are all connected in a culturally rooted way. Participants characterized these practices as effective and reliable, as evidenced by the statement, *“Pag inuubo sasabihin ng manggagamot na eto uminom ka ng dahon ng kalamansi para maibsan yang ubo mo... mga pinapainom na herbal pag talaga namang uminom ka eh mawawala talaga,”* **[When coughing, a healer would suggest to drink calamansi leaves to relieve your cough... those herbal drinks really... when you really take it, the cough truly goes away.]** underscoring the perceived efficacy of herbal remedies in conjunction with ritual interventions. Eleven participants indicated that these methods represent the principal practice of folk healers, illustrating a holistic framework in which illness is perceived as both a physical and spiritual disturbance. Practices such as tapal (poultice), inscribed with prayers, hilot (massage) for restoring muscular and energy balance, *suob (Steam)* and *hablas* for respiratory relief, and *bulong (Incantation)* and *tawas* for spiritual diagnosis and protection collectively reflect a system in which healing involves

bodily, spiritual, and symbolic processes. Herbal treatments, such as banana, guyabano leaves, and pansit-pansitan, further emphasize the combination of natural remedies and ritual practice, showing how prayer, nature, and physical care can all work together to make someone feel better. From the viewpoint of Madeleine Leininger's Transcultural Nursing Theory, this theme emphasizes the tenets of cultural care universality and diversity, as well as the significance of culturally congruent care. It illustrates that the universal need for healing is manifested through culturally embedded practices influenced by belief systems, spirituality, and collective knowledge. These ritual-based interventions are socially accepted, passed down from one generation to the next, and reinforced by experience, which makes them meaningful and acceptable ways to care for people in the community. Healthcare providers who recognize and respect these practices build trust, improve communication, and support holistic care by bringing together cultural and biomedical points of view. The Health Belief Model elucidates this behavior, positing that a robust belief in the efficacy of rituals amplifies perceived benefits, diminishes perceived barriers, and fortifies cues to action, thereby motivating individuals to partake in these practices. Repeated positive outcomes, along with community testimonies and shared experiences, boost confidence in ritual healing, which keeps it as a main or extra form of care. Empirical evidence corroborates these findings, as Rondilla et al. (2021) illustrate that Filipino communities frequently combine herbal medicine with ritual practices to treat both acute and chronic conditions, highlighting that healing is assessed not only by symptom alleviation but also by emotional solace, spiritual reassurance, and cultural continuity. The theme "Rooted in culture: Primary forms of treatment" emphasizes that healing is a multifaceted process that integrates ritual, spirituality, culture, and herbal therapy, offering physical relief, emotional support, and spiritual safeguarding. By understanding this dynamic, nurses and other healthcare professionals can provide culturally sensitive, patient-centered care that respects traditional beliefs while also encouraging safe and effective integration with biomedical treatment.

Table 2.2b

G. Thematic Clusters and Emergent Theme 2.2: Navigating folk and biomedical systems

Codes	Emergent Theme	Description of the Theme
Healers monitor for several days then may advise 'mag-doctor'; 'Doktor pa rin' for certain serious conditions; Folk healing preferred for common or spirit-related sakit; Belief that both doctors and albularyo can heal but are used for different problems	Navigating folk and biomedical systems	Participants and healers actively move between folk and biomedical logics, assigning different illnesses to different experts and seeing both as potentially healing.

The theme "Navigating folk and biomedical systems" shows how people move between traditional and biomedical health systems based on how serious they think their illness is and where it came from. Nine out of twelve participants stressed that folk healing is often sought for minor or spiritually attributed ailments, while biomedical care is preferred for chronic, life-threatening, or urgent conditions, as illustrated by the statement, "*Mas ano namin ang albularyo kumbaga walang bayad pero paniniwala din naman kami sa doktor kasi pag ano nga...pag hindi nila kaya pupunta kami sa doktor.*" **[We prefer folk healers... it is because there is no payment but we still believe the doctors because if it is no longer manageable by folk healers, we see a doctor.]** This dual approach exemplifies a pragmatic and contextually aware strategy wherein care decisions are guided by previous experiences, societal norms, accessibility, and perceived efficacy, rather than by chance. According to Madeleine Leininger's Transcultural Nursing Theory, this theme highlights the concepts of cultural care universality and diversity, where the universal necessity for healing is influenced by cultural interpretations of illness, leading to a synergistic application of folk and biomedical therapies. Patients and healers deliberately combine traditional practices for culturally significant symptoms with biomedical interventions for conditions believed to surpass the efficacy of folk healing, illustrating culturally congruent care that honors traditions while delivering prompt medical assistance. The Health Belief Model elucidates this behavior by highlighting perceived susceptibility, severity, and benefits; individuals who perceive a high level of risk or seriousness are more inclined to seek biomedical practitioners, whereas those with minor or spiritually framed ailments tend to depend on folk healing. Visible treatment success strengthens both pathways, promoting ongoing dual-system health-seeking behavior. Lasco et al. (2025) confirm this trend, demonstrating that Filipino patients frequently amalgamate traditional and modern medicine, choosing providers based on the nature of the illness, perceived efficacy, and accessibility, thus integrating both systems to enhance health outcomes while respecting cultural beliefs. Overall, *Navigating folk and biomedical systems*, shows how folk and biomedical care can work together in a flexible and changing way. This

shows how important it is for nurses and other healthcare workers to offer culturally sensitive care that respects traditional practices while also making sure that people can get formal medical care quickly.

Table 2.3c

H. Thematic Clusters and Emergent Theme 2.3: Healers as channels of God, Saints, and inherited power

Codes	Emergent Theme	Description of the Theme
Healers as ‘sangkapan lamang ng Diyos’; Tapal (poultice), texts said to come from dwarfs and sirena via babaylan; Orasyon and dasal being inherited across generations	Healers as channels of God, saint, and inherited power	Healers are seen as instruments of God and tradition, mediating between the sacred and the sick through inherited prayers and written texts.

The theme “Healers as channels of God, saint, and inherited power” emphasize their role as respected intermediaries between the human and spiritual realms, portraying illness as a disruption not only of physical health but also of spiritual equilibrium, ethical integrity, or universal harmony. Seven participants underscored this viewpoint, characterizing healers as conduits whose legitimacy is derived from God, saints, nature spirits, or ancestral lineage rather than formal education, as illustrated by the statement, “*Kwento ng aking Tatay na nanggaling ang kanilang alam Sa mga duwendeng puti tapos sa sirena, kasama yon sa talambuhay niya.*” **[My father told me that their knowledge came from white dwarfs and mermaids, it is a part of his life story.]** They write down everything they say. “*This is not a gift from a person; it is written by the babaylan.*” People believe that *tapal* (poultice), *orasyon*, and prayer can help heal them physically and spiritually. Mythological stories, like those of dwarfs (duwende) or sirens, place health in a cosmology where the visible and invisible worlds are always interacting. Madeleine Leininger’s Transcultural Nursing Theory says that this theme is important because it shows how important it is to provide culturally appropriate care that recognizes the differences in healing practices. Healers’ roles as spiritual intermediaries combine caregiving with religious beliefs, ancestral traditions, and community values. Nurses who understand this dynamic can create therapeutic partnerships, lessen cultural dissonance, and provide patient-centered care that honors traditions while upholding biomedical standards, addressing the physical, emotional, cultural, and spiritual aspects of health. The Health Belief Model elucidates that the perceived sacred legitimacy of healers amplifies perceived benefits, confidence, and adherence, while the intergenerational transmission of *orasyon* and sacred rites propels individuals towards culturally endorsed treatment pathways. The research conducted by Bombales et al. (2024) corroborates these findings, demonstrating that healers operate as medical practitioners, spiritual leaders, and guardians of culture, with their legitimacy grounded in sacred vocation, ancestral wisdom, and communal acknowledgment, which collectively uphold social authority and therapeutic effectiveness. In general, the theme “Healers as channels of God, saint, and inherited power”, shows that traditional healing goes beyond just physical intervention and includes spiritual intercession, cultural identity, and ancestral legacy. Understanding this complicated role helps nurses and other healthcare workers give care that is culturally sensitive, spiritually informed, and focused on the community. This builds trust, helps patients stick to their treatment plans, and makes it easier for traditional and modern healthcare systems to work together.

Table 2.4d

I. Thematic Clusters and Emergent Theme 2.4: Moral and trusting healer-seeker ties

Codes	Emergent Theme	Description of the Theme
Moral demand to be ‘tapat’ and not just ‘mag-try’; Critique of those without real pananalig; Donation-based system, no fixed fee; Healers sometimes visiting homes; Calm and cooperative interactions in fieldnotes	Moral and trusting healer-seeker ties	Care is embedded in moral expectations of sincerity, faith, and reciprocity, with donation-based payments and often kin- or community-based relationships.

The theme “Moral and trusting healer-seeker ties” emphasizes that healing in traditional Filipino contexts transcends mere technical proficiency, incorporating moral integrity, spiritual honesty, and relational trust between the healer and the seeker. Six participants stressed the importance of faith (pananalig) and sincerity, as evidenced by the statement, “*Kung may paniniwala ka sa mga ganyan ganyan eh mapapagaling ka talaga kasi dito sa talaga sa*

Kinabuhayan eh madaming manggagamot." [If you have belief in those, you will really be healed because here, in Kinabuhayan, there are many healers.] This illustrates that healing is a communal moral endeavor necessitating humility, openness, and ethical preparedness. The refusal of casual or opportunistic patients and the donation-based system strengthen a relational and ethical framework, promoting gratitude, social responsibility, and humility. Healing is therefore situated within relational contexts characterized by emotional presence, compassion, and personal investment, thereby transforming the experience into a profoundly personal and ethically grounded practice rather than a mere transactional clinical service. Madeleine Leininger's Transcultural Nursing Theory shows that cultural values, spiritual beliefs, and social norms affect how people care for others, what they think is right and wrong, and how they interact with patients. Trust is built not by institutional authority or formal credentials, but by being close to someone, being honest, and being emotionally involved all the time. This is an example of culturally appropriate care that helps patients understand, follow through, and feel better. The Health Belief Model posits that faith in the healer's moral legitimacy and ethical behavior amplifies perceived benefits and self-efficacy while diminishing obstacles to care. The donation-based system promotes accessibility, emotional security, and moral reassurance, whereas repeated positive experiences strengthen motivational cues and foster continued engagement with traditional healing in conjunction with biomedical treatment. Empirical research corroborates these findings; Canet (2025) illustrates that healer effectiveness is significantly linked to ethical conduct, authenticity, emotional availability, and relational continuity, emphasizing that social and emotional connections are essential for resilience, psychological well-being, and community cohesion. The theme "Moral and trusting healer-seeker ties" exemplifies that healing is intrinsically a moral, relational, and culturally situated process, wherein therapeutic efficacy is contingent upon trust, ethical integrity, emotional engagement, and collective accountability. By understanding these aspects, nurses and other healthcare professionals can provide culturally sensitive, patient-centered care, build stronger therapeutic relationships, and improve outcomes by incorporating relational ethics, empathy, and respect into their work.

Table 2.5e

J. Thematic Clusters and Emergent Theme 2.5: Kinabuhayan as sacred and powerful landscape

Codes	Emergent Theme	Description of the Theme
Kinabuhayan described as 'sagrado,' 'mahiwaga,' 'may himala'; Sacred spring water seen as healing medium; Place believed able to cure even 'impossible' illnesses	Kinabuhayan as sacred and powerful landscape	The physical place mountain, bukal, and surroundings is experienced as a healing agent infused with mystery, miracles, and divine presence.

The theme "Kinabuhayan as sacred and powerful landscape" shows how sacred landscapes are an important part of traditional Filipino healing practices. This is based on the idea that nature plays an active role in restoring health. Three participants stressed that Kinabuhayan, a mountain, spring, and the land around it is not only a physical space but also a spiritual one, full of divine presence and supernatural power. People think that the sacred spring water is a powerful healing medium that can cleanse the body, renew the spirit, and restore balance. This is shown in the saying, "Ang nagpapagamot dito at para gumaling ka...dapat ano...dapat naniniwala kang gagaling ka." "That's all others need to know about why this place is so healing." [The healer seekers here and if you want to be healed... you must... you must believe that you will be healed.] In this case, healing is seen as a spiritual journey, where faith in the land's power helps with physical recovery, and going back to the site over and over again builds trust in its healing powers, even for conditions that traditional medicine says can't be cured. When you look at "Kinabuhayan as sacred and powerful landscape" through Madeleine Leininger's Transcultural Nursing Theory, you can see how important cultural care universality and diversity are. It shows that while the desire for healing is universal, the ways to get there are shaped by cultural beliefs, spiritual frameworks, and environmental symbolism. By recognizing the sacredness of Kinabuhayan, nurses and other healthcare workers can provide culturally appropriate care, respect patients' spiritual beliefs, build trust, and communicate in a way that combines traditional practices with biomedical treatment. The Health Belief Model elucidates this behavior by focusing on perceived benefits, perceived severity, and action cues. The belief in the healing properties of sacred land and spring water drives continuous engagement, ritual participation, and enduring trust in these culturally rooted practices, while communal testimonies offer psychological solace, hope, and emotional resilience. Empirical research, including Tahil et al. (2021), corroborates this perspective, indicating that rural Filipino and Southeast Asian communities often pursue healing from sacred natural sites, perceiving mountains, springs, and forests as embodiments of

divine energy and spiritual authority, especially for ailments unresponsive to biomedical interventions. In general, the theme “Kinabuhayan as sacred and powerful landscape” shows that healing goes beyond just physical treatment and is a whole process that includes spirituality, cultural identity, and the transformative nature of sacred space. Being aware of this point of view helps healthcare workers give care that is respectful of traditional beliefs while also supporting effective biomedical care that is culturally sensitive, spiritually informed, and patient-centered.

3. THEMES EMERGED ON HOW THE INDIVIDUALS EXPERIENCE AND MAKE MEANING OF “GETTING BETTER” OVER TIME

Table 3.1a

K. Thematic Clusters and Emergent Theme 3.1: Faith as the mechanism of healing

Codes	Emergent Theme	Description of the Theme
Statements like ‘kung may paniniwala ka... gagaling ka talaga’; ‘Number one eh magtiwala ka lang’; Comparisons that even doctors cannot heal if you don’t believe; Stories of recovery after prayer and candles (e.g., breast cancer anecdote)	Faith as the mechanism of healing	Improvement is interpreted as evidence that faith in God, the healer, and the place is what truly produces healing, alongside herbs and rituals.

The theme “Faith as the mechanism of healing” underscores that belief constitutes the primary therapeutic agent in Kinabuhayan folk healing, with participants crediting recovery chiefly to paniniwala, trust in God, the healer, and the sacred site, rather than exclusively to physical remedies. The phrases “kung may paniniwala ka, gagaling ka talaga” and “magtiwala ka lang” [**If you have faith, you will really be healed.**] show that faith is seen as a source of healing and hope, even when medical care is available. Stories about prayer, rituals, offerings, and devotion show that belief can be a way to heal in this cultural context. From the viewpoint of Transcultural Nursing, spiritual beliefs influence culturally constructed interpretations of health and recovery, necessitating culturally congruent care (Murgia et al., 2022). Faith in Kinabuhayan is not just an addition to treatment; it is a key part of it. Rituals, herbal remedies, and tapal (poultice), are all seen as ways for God to help. The Health Belief Model elucidates that robust faith amplifies perceived benefits and self-efficacy, fostering ongoing participation in healing practices and enhancing outcomes. Empirical evidence corroborates this assertion, demonstrating that spiritual and religious interventions enhance well-being, coping mechanisms, and overall health outcomes (de Diego-Cordero et al., 2022; Badanta et al., 2022). In this way, Faith as the mechanism of healing, shows that faith is the main thing that heals. Nurses can then give culturally sensitive, spiritually informed care while also using biomedical treatment in the right way.

Table 3.2b

L. Thematic Clusters and Emergent Theme 3.2: Ease, strength, and returning to work: Embodied signs of recovery

Codes	Emergent Theme	Description of the Theme
Reports of ‘gumiginhawa,’ ‘nawawala ang sakit,’ feeling ‘parang may kapangyarihan’; Symptoms resolving in a few days; Tapal (poultice), falling off when healed; No side effects; Return of appetite, sleep, and capacity to farm or work	Ease, strength, and returning to work: Embodied signs of recovery	Recovery is tracked through bodily sensations and ability to resume everyday work and roles, rather than through numerical or diagnostic indicators.

The theme “Ease, strength, and returning to work: Embodied signs of recovery” stresses that healing in Kinabuhayan is shown by physical sensations and restored function, not by biomedical tests. Participants characterized recovery as “gumiginhawa,” an experienced sensation of relief characterized by diminished pain, enhanced strength, and the resumption of customary activities such as eating and sleeping. The capacity to resume employment, especially in agriculture, constitutes a principal indicator of wellness, encompassing physical, personal, and socio-economic aspects of health. Experiential indicators such as the natural detachment of tapal (poultice), rapid symptom relief, and absence of adverse effects are interpreted as signs of successful healing, as expressed in “Nagpaalbularyo ako na

gumaling agad ako.” **[I seek a folk healer, I immediately recovered.]** On this context, health is characterized by functionality and social engagement, reflecting a culturally informed conception of recovery. From the viewpoint of Transcultural Nursing, this illustrates that recovery is a universal aspiration, yet culturally articulated through embodied and functional outcomes, thereby necessitating culturally congruent care (Murgia et al., 2022). For Kinabuhayan practitioners, perceived physical enhancement and renewed productivity hold greater significance than laboratory findings or medical diagnoses, underscoring the necessity to acknowledge culturally specific indicators of wellness in patient-centered care. The Health Belief Model elucidates that observable enhancements such as diminished pain and resumption of daily activities reinforce perceived advantages and authenticate healing practices, thereby encouraging sustained adherence. Empirical evidence substantiates this viewpoint, indicating that patients frequently assess recovery based on functional enhancement and quality of life rather than clinical indicators (de Diego-Cordero et al., 2022; Badanta et al., 2022; Hu et al., 2019). Consequently, Ease, strength, and returning to work: Embodied signs of recovery, define healing as an embodied and functional process, wherein wellness is assessed through relief, restored strength, and reintegration into daily life and work, thereby allowing nurses to provide culturally responsive and holistic care while incorporating biomedical methodologies.

Table 3.3c

M. Thematic Clusters and Emergent Theme 3.3: Cycle of consultation and referral

Codes	Emergent Theme	Description of the Theme
Patterns of first going to albularyo then to doctor if not fully healed; Healers checking from day 1 to day 7 then suggesting hospital; Use of medical missions after folk cure does not fully work	Cycle of consultation and referral	‘Getting better’ is seen as a process that can involve multiple visits and sometimes moving from albularyo to doctor or vice versa until relief is achieved.

The theme "Cycle of Consultation and Referral" highlights the repetitive and diverse ways that people in Kinabuhayan seek health care, as they carefully choose between traditional healing and biomedical systems. Participants recounted initially seeking the counsel of an albularyo for early symptoms and later being directed to medical care when inadequate improvement was observed, as indicated by the phrase *“Walang pagbabago, magpacheck-up ka.”* **[There are no changes, you should get a check-up.]** This pattern shows a practical and flexible way of doing things, where patients are always checking how well their treatment is working and what resources they have. From the standpoint of Transcultural Nursing, this exemplifies the dynamic interplay of cultural care universality and diversity, where the objective of healing is common, yet the approaches are influenced by cultural beliefs, interpretations, and trust-based relationships (Kaihlainen et al., 2019). The coexistence of traditional and biomedical care exemplifies a culturally coherent and integrative approach, addressing both the physical and spiritual dimensions of illness while emphasizing the necessity for culturally congruent care. The Health Belief Model elucidates that recurrent consultations are shaped by evolving perceptions of severity, susceptibility, and treatment efficacy, whereby insufficient improvement heightens perceived risk and catalyzes a shift to biomedical care, while favorable outcomes bolster trust and inform subsequent decisions. Empirical evidence substantiates this assertion, indicating that patients frequently transition among various healthcare systems due to factors such as accessibility, cultural beliefs, and perceived efficacy (Aantjes et al., 2020; Musoke et al., 2021; James et al., 2021). Consequently, Cycle of Consultation and Referral, demonstrates that health-seeking is a dynamic, cyclical, and context-dependent process, allowing nurses and healthcare professionals to deliver culturally responsive, patient-centered care that honors lived experiences while judiciously incorporating traditional and biomedical methodologies

Table 3.4d

N. Thematic Clusters and Emergent Theme 3.4: Strengthening trust and identity

Codes	Emergent Theme	Description of the Theme
Repeated cures leading to lifelong commitment to albularyo; Statements that pananaw changed over time because of healing; Growing pride in culture and religion; Community stories of 'impossible' cases that confirm collective faith	Strengthening trust and identity	'Getting better' is seen as a process that can involve multiple visits and sometimes moving from albularyo to doctor or vice versa until relief is achieved.

The theme "Strengthening Trust and Identity" illustrates how consistent participation in folk healing enhances individual confidence and cultural identity. Participants recounted successive healing experiences that bolstered their confidence in albularyo practices, as evidenced by statements such as *"Sinubukan ko ito ng isang beses eh gumana... Sinubukan ko uli ito ng sinubukan eh gumana naman talaga."* **[I tried it once and it worked... I tried it again and again and it really did work.]** These repeated results not only strengthen faith in healing practices, but they also boost cultural pride, social ties, and the passing down of knowledge from one generation to the next. Stories of "impossible" cures help people feel like they belong and are part of a group, and they are passed down through cultural memory. From the standpoint of Transcultural Nursing, this illustrates how cultural care universality and diversity influence health experiences, wherein trust, faith, and identity are fundamental elements of wellness (Kaihlansen et al., 2019). Although recovery is a universal objective, the significance and methods of healing in Kinabuhayan are culturally rooted, with repeated successful experiences enhancing spiritual belief, collective identity, and community cohesion. The Health Belief Model elucidates that favorable outcomes enhance perceived benefits and self-efficacy, thereby reinforcing the ongoing dependence on traditional practices, particularly when bolstered by community narratives and collective experiences. Empirical evidence substantiates this assertion, demonstrating that spirituality and cultural beliefs markedly affect health behaviors, enhance identity, and promote coping and well-being (Timmins et al., 2021; Musa et al., 2020; Puchalski et al., 2019). Strengthening Trust and Identity shows that taking part in folk healing over and over again builds trust, strengthens cultural and spiritual identity, and brings the community together. This shows how important it is for nurses to provide culturally responsive and holistic care that respects local beliefs while also using biomedical methods.

4. Conclusion

This study demonstrates that seeking folk healing in Kinabuhayan is not experienced by participants as an isolated or episodic health decision, but as a lifelong socially inherited orientation to care rooted in family socialization, moral obligations and shared cultural meanings. Early exposure to albularyo practices inherited ritual and repeated narratives of successful cures normalized folk healing as the first and most legitimate response to illness. Within the Health Belief Model, these patterns reflected deeply internalized perceived benefits and cues to action where decisions to seek are shaped as much by belief, upbringing and familiarity as by perceived illness severity. Structural constraints such as poverty, distance and inaccessibility to biomedical facilities further reinforce this orientation positioning Kinabuhayan as both culturally resonant and practically viable.

Participants' experience in Kinabuhayan further reveal healing as a spatially and ritually grounded phenomenon. The mountain landscape, bukal (spring) and surrounding environment are experienced as active healing agents imbued with sacred power, while rituals such as tapal (poultice), hilot (massage), suob (Steam), bulong (Incantation) and herbal preparations are understood as primary means through which healing is enacted. Healers are perceived not merely as service providers but as moral spiritual intermediaries who channel divine and inherited power. Trust sincerity and reciprocity rather than contractual payment, govern healer seeker relationships importantly, participants do not reject biomedicine outright, instead they practice flexible movements between biomedical systems, assigning illness to different forms of properties and accepting referral when deemed necessary. "Getting better" is interpreted through embodied and functional indicators of recovery, such as gaan (ease), lakas (strength) and the capacity to resume work and familial roles rather than through biomedical diagnostics. Healing is repeatedly attributed to paniniwala (belief), understood as faith in God, the healer and sacred place itself. Improvement over time reinforces trust, leading to cycles of return and deepening the sense of identity anchored in Kinabuhayan folk healing. In this sense, belief is not merely supportive of treatment but is perceived as constitutive of healing itself.

These findings affirm that health illness and care practices are culturally constructed and must be understood within the lifeworld of those who experience them. Participants' reliance on folk healing reflects culturally congruent care that aligns with their values, beliefs and economic realities and social structures. Participants' decisions reflect high perceived benefits, strong cues to action, family, belief and place which are manageable perceived barriers, while biomedicine is engaged selectively when several perceived limits of folk healing arise. Together these findings underscore the importance of culturally sensitive and pluralistic nursing care, wherein nurses recognize folk healing is not as opposition to biomedical practice but as a parallel system of meaning that shapes health behavior. This assessment allows nurses to bridge folk and biomedical worlds ethically, respectfully and effectively.

5. Recommendations

In accordance with the findings and conclusions of the study, several recommendations are proposed to address the lived experiences of individuals seeking folk healing in Kinabuhayan Dolores, Quezon Province. Community leaders, elders and traditional healers are encouraged to collaborate with barangay health workers and nurses to deliver culturally sensitive health education that respects local beliefs, rituals, and the sacredness of the area. Health promotion initiatives may include to community discussions on recognizing early signs of serious illness, appropriate referral practices and the safe integration of traditional and biomedical care, thereby enhancing practices and the safe integration of traditional and biomedical care, thereby enhancing preventive health awareness while preserving cultural practices. Traditional healers are likewise encouraged to promote safety by maintaining cleanliness, observing ethical boundaries and avoiding harmful practices, while fostering open communication and collaboration with healthcare professionals to build trust and improve trust and improve health outcomes. Nurses guided by Leininger's Transcultural Nursing Theory, should incorporate assessment of patients' cultural beliefs, spiritual practices, and reliance on folk healing into comprehensive care, while providing holistic support that strengthens therapeutic relationships and promotes patient-centered outcomes. Furthermore, future researchers are encouraged to explore folk healing practices in diverse regions to capture variations in belief, rituals and healer seeker relationships, and to utilize quantitative findings, ultimately contributing to culturally sensitive interventions, evidence-based nursing practice, and inclusive health policies that integrate both traditional to biomedical perspectives.

6. Statement and Declaration

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