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Research Article

Traditional and Complementary Practices in Wound Care: A Cross-Sectional Study Based on Nursing Students' Observations

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Abstract

Objective: This study aimed to identify traditional and complementary medicine practices observed by nursing students in wound care.

Method: This descriptive and cross-sectional study was conducted with nursing students. The sample consisted of 249 students. Data were collected through a sociodemographic questionnaire and a 15-item open-ended form designed to explore traditional and complementary medicine practices in wound care. Descriptive statistics were used for data analysis, and frequency (n) and percentage (%) distributions were calculated. Institutional and ethics committee approvals were obtained prior to the study.

Results: Among the participants, 10.4% were male and 89.6% were female; the largest group was second-year students (32.5%). The most common practice for sunburn was applying yogurt (78.4%). For infection-related wounds, cologne (23.2%), onion juice (19.6%), and St. John's wort oil (19.6%) were frequently observed. In burn injuries, cold-water application (47.9%), yogurt (11.8%), and ice (11.1%) were reported. For surgical wounds, St. John's wort oil (65.2%) and Aloe vera (21.3%) were applied; in traumatic wounds, ice (53.6%) was preferred.

Conclusion: The findings highlight culturally embedded practices in wound care, emphasizing the need to strengthen patient-centered approaches and distinguish non-evidence-based methods to promote evidence-based nursing care.

Keywords: Nursing Students, Wound Care, Traditional Medicine

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1. Introduction

A wound is defined as tissue damage that occurs when the integrity of the skin or underlying tissues is disrupted (1–3). Wound care involves wound cleaning, debridement, maintaining moisture balance, infection control, protection from mechanical trauma, and when necessary, the use of advanced therapeutic methods (4-6). In addition to these modern approaches, traditional and complementary medicine (TCM) practices are also used in wound care (7,8). According to the World Health Organization, TCM consists of culturally based practices used for maintaining health and treating diseases (9). Previous studies have reported that individuals use products such as St. John's wort oil, olive oil, starch, bitter melon, yogurt, and mud for wound care (10). Nurses play a key role in wound care, as they collect health history, provide direct care, and evaluate wound healing outcomes (11) As healthcare professionals who spend the most time with patients, nurses are in a key position to recognize the traditional and complementary medicine practices used by patients and to evaluate their potential effects (12). Therefore, having adequate knowledge about traditional and complementary medicine practices is essential for nurses to ensure patient safety and to provide holistic care (13,14). As future healthcare professionals, nursing students should be aware of the TCM practices used by individuals. Identifying the TCM practices observed by nursing students in wound care may contribute to raising awareness and supporting evidence-based nursing care. Therefore, this study aimed to identify the traditional and complementary medicine practices that nursing students observe in wound

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care within their own living environments, across different types of wounds, to raise awareness of culturally embedded practices and support evidence-based nursing care.

2. Materials and Methods

2.1. Study design

This study was conducted using a cross-sectional design to determine the traditional and complementary medicine practices observed by nursing students at a university in Turkey.

2.2. Study setting and characteristics

This descriptive, cross-sectional study was conducted between September 2024 and November 2024 at the Faculty of Nursing of a university to determine the traditional and complementary medicine practices observed by nursing students.

2.3. Study population and sample

The population of the study consisted of 710 students enrolled in the Faculty of Nursing at a university during the 2024–2025 academic year. The sample included 249 volunteer nursing students, determined with a 95% confidence interval and a 0.05 margin of error (15).

2.4. Inclusion criteria

The inclusion criteria for participation in this study were being a volunteer participant and being enrolled as a nursing student. The exclusion criterion was incomplete completion of the data collection forms used in the study.

2.5. Data collection method

The data collection tools, which were developed by the researchers based on a review of the literature, were administered to the students online via Google Forms (7-9,16).

2.6. Data collection tools

In this study, a data collection form developed by the researchers was used to identify the traditional and complementary medicine practices observed by nursing students. The first part of the form included questions about the students' demographic characteristics (age, gender, and year of study), while the second part consisted of 15 open-ended questions regarding the traditional and complementary medicine practices observed in wound care.

Research questions of the study are as follows:

RQ1.What traditional and complementary medicine practices are observed by nursing students to be used for burn-related wounds (including sunburn, scald burns, hot oil burns, chemical burns, and electrical burns) in their living environments?

RQ2.What traditional and complementary medicine practices are observed by nursing students to be used for non-burn-related wounds, including infectious, traumatic, surgical, diabetes-related, pressure, cold-related, animal bite, oral, and itching-related wounds, in their living environments?

RQ3.What are the frequency and distribution of traditional and complementary wound care practices observed by nursing students?

The open-ended questions were developed by the researchers based on practices reported in the literature that may contribute to wound and burn formation. The scope and content appropriateness of the questions were evaluated by obtaining expert opinions from three faculty members specialized in surgical nursing, and the necessary revisions were made in line with their recommendations.

The students were asked to report traditional and complementary medicine practices they had observed or heard of in their daily lives and living environments.

2.7. Data collection process

The data collection form was administered to the participants online via Google Forms. Participants were informed about the purpose of the study and the confidentiality conditions, and both verbal and written informed consent were obtained. Those who agreed to participate in the study completed the data collection form.

2.8. Data analysis

The data obtained from the study were analyzed using the IBM SPSS Statistics 27 software. Descriptive statistics, including frequency (n), percentage (%), mean ($\bar{X}$), and standard deviation (SD), were used in the analysis.

2.9. Ethical approval

Institutional permission and ethical approval were obtained from the University of Health Sciences, XXX Scientific Research Ethics Committee (Approval No: 2024-406, Date: September 10, 2024) prior to conducting the study. Participants were informed about the purpose and procedures of the research, and it was clearly stated that participation was entirely voluntary. The study was conducted in accordance with the principles of the Declaration of Helsinki.

3. Results

Table 1. Characteristics of the Participants (n=249)

Questions	**n**	**%**
Age (Mean ± Sd) 21.8 ± 3.1		
Gender		
Male	26	10.4
Female	223	89.6
Grade at school		
1	58	23.3
2	81	32.5
3	59	23.7
4	51	20.5

The mean age of the nursing students who participated in the study (n=249) was 21.8 years. Among the participants, 10.4% (n=26) were male and 89.6% (n=223) were female. When the distribution of the nursing students according to their year of study was examined, 23.3% (n=58) were first-year students, 32.5% (n=81) were in the second year, 23.7% (n=59) were in the third year, and 20.5% (n=51) were in the fourth year.

Table 2. Traditional and Complementary Practices Observed by Nursing Students in Wound Care

Type of wound	Method used	Frequency (n)	Percentage(%)
Sunburn	Applying yogurt	160	78.0
	Applying ice	12	5.8
	Applying St. John's wort oil	8	3.9
	Applying aloe vera	5	2.5
	Applying petroleum jelly (Vaseline)	4	2.0
	Applying cucumber	2	1.0
Infection	Applying cologne	13	23.0
	Applying onion juice	11	19.7
	Applying St. John's wort oil	11	19.7
	Applying garlic	10	18.0
	Applying herbal mixture	3	5.4
	Cupping therapy	3	5.4
	Applying honey	2	3.6
	Applying ice	2	3.6
	Applying vinegar	1	1.8
Scald wound	Pouring cold water	69	48.0
	Applying yogurt	17	11.8
	Applying ice	16	11.1
	Applying St. John's wort oil	15	10.4
	Applying egg yolk	14	9.7
	Applying granulated sugar	7	4.9
	Applying toothpaste	6	4.2
Cut–penetrating injury	Applying cologne	9	21.0
	Applying St. John's wort oil	9	21.0
	Applying salt	8	19.0
	Applying ash	7	17.0
	Applying povidone-iodine	5	12.0
	Pouring cold water	4	9.5
Burn caused by hot oil	Pouring cold water	76	65.0
	Applying yogurt	10	8.5
	Applying ice	18	15.4
	Applying St. John's wort oil	9	7.7
	Applying toothpaste	4	3.4
	Applying potato	4	3.4
	Applying flour	4	3.4

Table 2. (Continued)

Type of wound	Method used	Frequency (n)	Percentage(%)
Chemical burn	Washing with cold water	34	76.0
	Washing with soapy water	3	6.7
	Applying yogurt	3	6.7
	Applying ice	2	4.4
	Applying St. John's wort oil	1	2.2
	Washing with milk	1	2.2
Electrical burn	Applying soil	18	67.0
	Applying ice	6	22.0
	Applying sawdust water mixture	1	3.7
	Applying yogurt	1	3.7
Surgical wound	Applying St. John's wort oil	15	65.0
	Applying Aloe Vera	5	21.0
	Cold application	3	1.3
	Applying olive oil	3	1.3
Trauma-related wound	Applying ice	59	54.0
	Applying raw meat	13	12.0
	Applying chewed bread	12	11.0
	Applying olive	7	6.4
	Applying St. John's wort oil	6	5.5
	Applying olive oil	4	3.6
	Applying petroleum jelly (vaseline)	3	2.7
Diabetic wound	Hirudotherapy	3	1.2
	Applying St. John's wort oil	2	0.8
	Hot application	2	0.8
Pressure injury	Applying St. John's wort oil	2	0.8
	Applying ice	2	0.8
Frostbite wound	Hot application	28	12.0
	Applying petroleum jelly (vaseline)	6	2.7
Animal bite wound	Pouring cologne	22	9.1
	Applying yogurt	10	4.1
	Washing with soapy water	7	2.9
	Pouring cold water	5	2.1
	Applying mud	5	2.1
	Applying St. John's wort oil	4	1.7

Table 2. (Continued)

Intraoral wound	Rinsing the mouth with salt water	84	48.0
	Rinsing the mouth with baking soda water	31	17.7
	Consuming black mulberry extract	21	28.0
	Rinsing the mouth with vinegar	11	14.7
	Holding clove in the mouth	8	4.6
	Consuming granulated sugar	4	2.3
	Consuming sumac	3	1.7
Itching-related wound	Applying cologne	52	54.0
	Pouring cold water	21	21.7
	Applying aloe vera	6	6.2
	Applying St. John's wort oil	4	4.1
	Washing with soapy water	3	3.1

*Participants provided multiple responses.

The traditional and complementary medicine practices observed by nursing students in wound care are presented in Table 2. The most frequently observed practice for wound care after sunburn was applying yogurt (78.4%, n=160). For wounds caused by infection, the most commonly observed practices were applying cologne (23.2%, n=13), onion juice (19.64%, n=11), and St. John's wort oil (19.64%, n=11). In the case of scald burns, the most frequently observed practices were pouring cold water on the wound (47.91%, n=69), applying yogurt (11.80%, n=17), placing ice (11.11%, n=16), and applying St. John's wort oil (10.41%, n=15). The methods most frequently observed by the participants for injuries caused by sharp or penetrating objects were applying cologne (21.4%, n=9), applying St. John's wort oil (21.4%, n=9), and pressing salt onto the wound (19.04%, n=8). For burns resulting from contact with frying oil and those caused by chemical substances, the most commonly observed practice was pouring cold water on the wound (64.95%, n=76; 75.55%, n=34, respectively). The method most frequently observed in electrical burns was applying soil to the burned area (66.6%, n=18). The methods most frequently observed by the participants for wound care at surgical sites were applying St. John's wort oil (65.2%, n=15) and applying Aloe Vera (21.3%, n=5). The most frequently observed practices used for oral wounds were rinsing the mouth with salt water (48%, n=84), rinsing with baking soda solution (17.71%, n=31), and consuming black mulberry extract (28%, n=21).

4. Discussion

In this study, nursing students reported observing various traditional and complementary medicine (TCM) practices in wound care, including yogurt, St. John's wort oil, Aloe vera, honey, cologne, onion juice, garlic, egg, salt, and petroleum jelly. These findings indicate that TCM continues to influence wound care decisions in the community and suggest that nursing students should be aware of these culturally embedded practices when taking patient history.

Aloe vera has antiviral, antibacterial, and antiseptic properties and may support wound healing (16-20). Honey also exhibits antibacterial activity due to its osmotic effect, hydrogen peroxide content, and phytochemical composition, and has been reported to facilitate debridement and reduce inflammation (21-24). Although some substances show therapeutic potential in controlled studies, their use in daily practice is often unregulated and not tailored to the specific wound type, underscoring the need for nursing students to differentiate between evidence-informed and unsafe practices. Cologne, which contains ethyl alcohol and essences, has been traditionally used as an antiseptic in infected wounds and

minor skin injuries (25-26). Onion extract contains flavonoids, sulfur compounds, and antioxidants that may positively affect wound healing and scar formation (27-29). Garlic also has antimicrobial and anti-inflammatory properties, and has been used as a complementary method in wound care (30-33). St. John's wort oil may accelerate healing due to its antimicrobial and fibroblast-stimulating effects (29,33-35). In addition, products such as egg white, salt, and petroleum jelly have been used in various cultures for wound healing due to their moisturizing, regenerative, and protective effects (36-40). Recent descriptive studies have reported patterns similar to those observed in the present study, indicating that traditional and complementary practices such as Hypericum perforatum (St. John's wort), aloe vera, and honey are commonly used in community-based wound care and are not limited to student observations (41-45). Systematic reviews further suggest that plant-based and bee-derived products continue to be investigated for their antimicrobial and wound-healing potential; however, variability in study quality limits strong clinical recommendations (46-50). Although honey has shown promising effects on dermal repair and angiogenesis, heterogeneity in study designs restricts the strength of current evidence (51,52). These results highlight that nursing students encounter a wide variety of non-evidence-based practices in wound care. Therefore, awareness of TCM methods is important so that student nurses can recognize potentially harmful interventions and guide patients toward evidence-based nursing care. Our findings indicate that nursing education should place greater emphasis on helping students recognize traditional and complementary medicine practices and develop cultural competence. In this context, students should be encouraged to evaluate each practice on an individual basis, respect its cultural meaning, and work collaboratively with patients to incorporate safe practices while discouraging those that may be harmful.

5. Conclusion and Recommendations

This study, by identifying the traditional and complementary medicine practices observed by nursing students in wound care, represents an important step toward both recognizing current practices and evaluating their scientific foundations. The identified practices may contribute to strengthening cultural sensitivity and the understanding of patient-centered care, while also enabling the distinction of non–evidence-based methods and the development of appropriate, evidence-informed nursing care approaches.

Limitations

This study was conducted with nursing students from a single institution, which limits the generalizability of the findings. Data were obtained through self-report, which may be influenced by recall bias. Traditional and complementary medicine practices were not evaluated clinically, only based on observation. Future research could include multiple universities and clinical validation of reported practices. In addition, the absence of data regarding the presence of elderly individuals in participants' families and the use of open-ended questions limited the ability to evaluate the potential influence of family characteristics and to conduct quantitative comparisons across class levels.

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Article Information Form

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The second author, Bediye Öztaş, contributed to the development of the academic and theoretical framework of the study, performed the data analysis, interpreted the findings, provided methodological supervision, critically reviewed the Results and Discussion sections, and conducted the scientific review of the manuscript.

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Artificial Intelligence Statement: During the preparation of this manuscript, ChatGPT (OpenAI) was used solely to improve language quality and academic clarity. The AI tool was not used in the study design, data collection, statistical analyses, or interpretation of the results. The use of artificial intelligence was minimal, and full scientific responsibility for the content of the manuscript rests with the authors.

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