



CULTURAL COMPETENCY IN THE MASSAGE THERAPY PROFESSION

THEORY-INTO-ACTION

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Massage therapy is a human service profession requiring close contact and disclosure within its structure; this is known as the therapeutic relationship between massage therapist and the individual. Massage therapists in some venues are considered allied health professionals and in others are viewed as wellness or luxury service providers. In either case, personal consideration of each client or patient is essential for effective treatment outcomes. Differences such as gender, race, religious beliefs, and sexual orientation must be addressed in a way that can establish a safe, relaxing treatment environment while creating benefit for the client or patient. Additionally, the massage therapy field is somewhat lacking in diversity in terms of practitioner demographics. The latest industry report states that the industry is dominated by female practitioners at 89% within the age range of 35 – 54 (American Massage Therapy Association [AMTA], 2018) but no data is collected with regards to race, religion, or sexual orientation. While it may not seem valuable to acquire, this information could be a catalyst for the expansion of true cultural competency for massage therapy practitioners and the clients or patients they serve. Moreover, cultural diversity has become a recent continuing education requirement for licensure renewal in many states and advanced certifications. Examining ways in which massage therapy practitioners, both entry-level and experienced, can appreciate and consider cultural differences within the context of a treatment session, as well as the peer aspects in the workplace are the primary foci of this plan.

FOUNDATION OF PLAN

Creating a sound foundation is somewhat complex due to lack of multicultural resources specific to the practice of massage therapy. The topic of cultural competence has been gently discussed in trade periodicals and sparingly touched upon in entry-level massage therapy education textbooks. There is a limited scope of offerings for continuing education courses mostly in an online format. A lack of specificity as to its application in real world practice in all service settings is apparent. In addition, cultural diversity in massage therapy workplaces (e.g., spa, outpatient clinic, wellness center, health club) that are not medical settings do not seem to have any policies or best practices with regards to cultural competency requirements of their employees.

SAMPLE OF CURRENT AVAILABLE RESOURCES

Recent articles have discussed the importance of cultural competence in client interactions and make a few basic and standard recommendations for improvement such as identifying the cultural mix within your communities, employing active authentic listening and detailed questions when establishing the therapeutic relationship with a client or patient, recognizing your own biases, and obtaining knowledge about touch sensitivities with specific cultures (Catlin, 2012; Menehan, 2016). These recommendations seem generic in terms of following code of ethics for any massage practitioner.

A sampling of online course offerings of one to two contact hours (Ames, 2018; Culler, 2018; Elite Continuing Education, 2018) of continuing education credit offer a wide range of discussion topics that are not specific to the practice of massage therapy. One course uses definitions from Centers for Medicare & Medicaid Services and communication models such as Kleinman's tool and LEARN to manage clinical encounters as the basis of training (Elite Continuing Education, 2018). While these are useful approaches, they do not relate to all massage therapists in practice nor discuss specific methods for appropriate cultural accommodations. Another course suggests a similar model to Bennett's (1993) developmental model of intercultural sensitivity by offering a continuum of cultural competency with

beginning stages at destructiveness but culminating with proficiency (Culler, 2018). Culler (2018) also includes a segment on low health literacy that offers some conceptual perspective of deciphering lack of understanding of self-care or treatment plans based on a few indicators. Ames (2018) provides some suggestions for incorporating some culturally sensitive approaches with clients or patients in a massage practice setting and covers some generalizations of specific culture groups.

CONTEXT

There are three contexts in which this multifaceted plan can be applied: entry-level education, continuing education for experienced practitioners, and workplace environments. The reasoning behind a three-pronged approach to this plan involves creating a foundation that can be built upon with more experience, exposure to different practice settings, and personal growth.

Entry-level education outlines working with clients with physical and mental disabilities, elderly, or conditions such as pregnancy or athletic performance requiring some modifications for treatment, but there are no contextual requirements that address race, religion, gender assignment, or cultural differences (Entry Level Analysis Project, 2013; Federation of State Massage Therapy Boards, 2018). The components of this plan will be able to make a significant impact at this level due to the absence of multicultural aspects.

Experienced practitioners may be required to study cultural competency as required for maintaining licensure or higher levels of certifications but there lacks specificity in course content or learning competencies required. Using the state of Maryland as an example, the State Board of Massage Therapy Examiners (2018) requires that all practitioners complete one hour in diversity or cultural competency biennially as required for licensure renewal; no specificity to content is included.

The massage workplace covers a wide scope of venues. For some massage therapists, the need for cultural competency is already part of the framework if they are working in a medical setting such as a hospital or outpatient center where accreditation requirements mandate this (The Joint Commission, 2018). Other facilities such as wellness centers, private practice offices, health and exercise clubs, and day or resort spas may have policies for general customer service, there are generally no requirements for cultural competence unless mandated by state governments or adopted voluntarily by management or business ownership. While the massage therapy profession is not currently very culturally diverse (AMTA, 2018), due to evidence of changing demographics of the entire American workforce (Bureau of Labor Statistics, 2018), it would be prudent to begin appropriate awareness training which enables a collaborative and comfortable workplace for all cultures.

GOALS

The goals to be accomplished in the three-faceted theory into action plan are the following:

1. Establish best practices and approaches in providing treatment, service, and employment for massage therapists at all skill training levels.
2. Create a comfortable treatment or service environment for all clients and patients which expands access to all cultures.
3. Improve awareness in diversity as it relates to massage therapy educational and industry practices.

Using Bennett's intercultural sensitivity model (1993) as a gauge, the massage therapy industry seems to be at Stage III – Minimization. Many practitioners acknowledge that they have clients or patients that come from different races, sexual orientations, and genders and do their best to provide

accommodations upon request; however, there are assumptions that both the people they provide treatment and their co-workers or colleagues that we share many of the same values and beliefs (Bennett, 1993). Additionally, not many seek to educate themselves on cultural awareness as part of professional competencies because it is minimally required. One main goal for all tenets would be to demonstrate the need to formally establish cultural competency in all levels, beginning at the entry-level in massage therapy education and then interweave it in concepts of professional practice and beyond.

THEORETICAL FRAMEWORK

In creating a theoretical framework, a list of core competencies for diversity in massage therapy must be established. Dreachslin, Gilbert, and Malone (2013, pp. 90-96) offer a diversity practice checklist that encompasses four areas in which can improve the health care workforce that can be applicable to massage therapy as well. They are evaluating the diversity of the community served, creating culturally proficient patient care approaches, strengthening the workforce diversity, and expanding the diversity of the leadership team (Dreatchslin, et al., 2013). Next steps are to look at each component individually in creating appropriate educational programs that offer expansion of cultural competence.

In the entry-level education approach, the utilization of Banks's (2001) four levels of integration of multicultural content incorporated into didactic, application, and clinical practices is beneficial. Inclusion in programmatic instructional design would include the following from the Banks model (2001):

1. Identify cultural demographic makeup within a community and how it can correlate to a massage therapy practice environment (Level 1 - Contributions).
2. Investigate themes and perspectives through the collection of cultural artifacts, observation of cultural behaviors, and interviews of cultural knowledge (Spradley, 1980) to establish awareness of community needs as it relates to massage therapy practice (Level 2 - Additive).
3. Develop treatment approaches and accommodations needed in a variety of treatment settings that best serve the cultural diversity present within the community (Level 3 - Transformation).
4. Provide massage therapy treatment services within a clinical setting where cultural sensitivity and awareness must be applied (Level 4 – Social Action).

For experienced practitioners, using Spradley's (1980) concepts of learning about cultures through examination of behavior, knowledge, and artifacts through explicit and tacit awareness and the iceberg analogy of culture from Weaver (1986) is beneficial. A few rationales that are applicable to currently practicing massage therapists are understanding the changing demographics and cultural landscapes present and the cultural factors that can affect client or patient-centered care (Dreatchslin, et al., 2013).

Workplace environments can also benefit from the context of the experienced practitioner approach as it relates to clients and patients; however, from an organizational perspective in creating a culturally diverse work environment for all massage therapists, the Multicultural Organization Development (MCO) Model (Holvino, 2008) can be explored. In MCO, a company or organization strives to move away from the concept of looking through one lens as it applies to the majority rule and works towards more positive action in creating awareness, tolerance, and active inclusion of all

within an organization so that it is representative of the people who are components of it (Holvino, 2008). Taking a systematic approach within a human service workplace by creating a diversity strategy from the management level and incorporating inclusion through its policies and practices can enhance client or patient satisfaction also improves worker satisfaction (Dreachslin, et al., 2013). Another applicable framework comes from the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) also recognized by The Joint Commission, has 14 standards which help create viable policies and procedures for health care organizations (Dreachslin, et al., 2013).

PLAN OF ACTION

The multifaceted plan to infuse cultural competency in the massage therapy profession encompasses a five-year implementation. It would begin in the short term in entry level education with the construction of universal core competencies that could be easily integrated with minimal development time such as a three to six-month period from concept to rollout. The next phase is the introduction of continuing educational resources both in face to face and online workshop formats. These components would require more time for instructional design, delivery methods, and marketing elements; estimation for this phase would be two years. The final phase is the creation of the workplace diversity toolkit for owners and employers.

ENTRY-LEVEL CULTURALLY COMPETENT CURRICULUM

The four levels of integration of multicultural content (Banks, 2001) follow a progression in content complexity within the instructional design of a massage therapy education program. Elements that can be incorporated into entry level curriculum are as follows:

1. **LEVEL 1: Contributions** – Activity where each student shares their cultural heritage, backgrounds, and experiences with human touch and massage therapy from those perspectives. Students can identify the cultural makeup of the community in which the educational program is located through demographic research and observations. Acknowledgement of specific holidays and events notable for the community, culturally based or not, should be included. Suggestions for assignment or activity is communication through a discussion board or simple homework assignment with a bingo game board/scavenger hunt approach requesting a search and find of specific cultural elements present in the community which form its demographics.
2. **LEVEL 2: Additive** – Using the knowledge obtained in Level 1, an assignment or activity where students are required to research one of the specific identifiable cultures and address any unique approaches to massage therapy treatment in a variety of practice settings. Students must identify the challenges and solutions in providing accommodation and empathy for the client or patient when providing massage therapy. Students must also demonstrate sensitivity to cultural aspects and full comprehension. A suggestion for assignment incorporation is the creation of a diversity board highlighting a specific culture as it relates to race, religion, gender, etc.
3. **LEVEL 3: Transformation** – Once again scaffolding the cultural competency concepts from the previous two levels, transformative activities in cultural competence will require students to analyze case studies and work through a decision tree type process in determine best outcomes for a client or patient while still staying true to their treatment needs and honoring their cultural boundaries.

4. **LEVEL 4: Social Action** – The final level expects full immersion and integration. This can be achieved in a clinical setting in which students will work directly with a person of a differing race, gender, religion, culture, etc. and must make the necessary adjustments to frame, execute, and document a treatment session that is beneficial to the client or patient and the therapist in establishing a viable therapeutic relationship. Review of treatment documentation and a corresponding reflection journal on the experience can provide evidence of learning transfer and cultural competence.

CONTINUING EDUCATION WORKSHOPS AND RESOURCES

While some of these elements currently exist in the marketplace as aforementioned, they have not been refined as useful and applicable in modern day massage therapy practice. Creating workshops and course content based on cultural competency educational models along with adult educational framework are more suitable approaches to improving multicultural awareness content. They will be designed for both face to face and online delivery formats; faster access will be through initial in-person offerings with online content to follow.

Experienced practitioners need to comprehend the current cultural landscapes (Dreachslin, et al., 2013, pp. 19-20) as part of the course foundations:

- An increase in the demand for integrative health services is due to a larger aging population.
- Lack of cultural awareness contributes to poorly structured and delivered client or patient care.
- The presence of a high number of limited English speakers requires offering innovative and cost-effective solutions in service delivery.
- The assumptive association of low socioeconomic status with racial and ethnic groups that are under-represented in our profession as practitioners and in our clientele is not accurate and how it can be changed.
- Growing diversity in religious practices requires updating and adaptation of current client and patient care practices that leave room for personal accommodation.
- Acknowledgement and perceived understanding of diversity within one's community and beyond is a demonstration in client and patient care excellence and practitioner value.

Another component to the workshop model involves consideration of factors that affect how massage therapists perform their roles while interacting with persons of different cultures in a variety of practice venues from a healthcare setting to a resort spa. Areas of expansion in cultural understanding (Dreachslin, et al., 2013, pp. 189-190) include:

- Perceptions of anatomy and bodily functions
- Pain expression, the meaning of symptoms, and their management
- Gender roles
- Perceptions of appropriate scope of treatment or service
- Diets and dietary practices and restrictions
- Expectations of health care or customer service related professionals

- Religious beliefs and boundaries
- Touch boundaries and restrictions

The overall planning structure of the continuing education coursework involves incorporating modular levels of progression in competency that mirror Bennett's (1986) intercultural sensitivity spectrum. The current standards for cultural diversity education are one to two hours in length and offer no expansive knowledge. If three progressive levels of cultural competency education were created offering a three-hour course length in each level, practitioners could opt to take a different level each licensure renewal cycle. This would theoretically allow a practitioner to achieve up to nine hours of cultural competency training over a six-year period if most massage therapists renew their state licenses biennially as required by their state. This multilevel course structure provides the opportunity for advancement and knowledge expansion.

The three progressive levels of massage therapist cultural competency would be created initially in a face to face workshop format incorporating learning activities that demonstrate comprehension. Examples of activities to be used are breakout groups using the Spradley (1980) example of crowd perception of a rescue attempt, completion of an individual iceberg diagram (Weaver, 1986) as it relates to their massage therapy practice and experiences with clients, and a group activity where each of the factors of cultural understanding (Dreachslin, et al., 2013) are identified in each practice setting and the pros and cons are identified and solutions offered.

A website creation will allow for future expansion and growth. Its initial purpose will be to promote the face to face workshops. Once a following and demand is established, the site would migrate to offering online versions of the modular workshops and provide current resources and information relating to multiculturalism in massage therapy practice.

CORPORATE AND FACILITY TOOLKIT

The last phase of this plan involves the engagement of business owners and management who may or may not be massage therapists but employ them and create policies and procedures in facility operations, workplace environment parameters, and treatment or service protocols and standards. Since the upper echelons of business operations, whether corporate owned or not, are difficult to engage and obtain support, the creation of a toolkit that has a similar constructive concept to the entry level curriculum integration component, can be a viable approach to generate interest. A turnkey product that allows for seamless incorporation into a workplace infrastructure that coincides with jurisdictional labor and licensing laws would be the most ideal solution and provide the motivation for adoption and use. This toolkit can be based on the previous curricular work but can be structured as suggested in a diversity management practice model and transforming experience framework (Dreachslin, et al., 2013, pp. 27, 153) which suggests that upper level management must serve as role models of the practices they wish to implement as a top-down methodical approach.

PREPARING FOR IMPLEMENTATION AND PLAN ASSESSMENT

The implementation of this plan would require a rollout in a few phases, but all will need the support and endorsement of massage therapy professional organizations such as the AMTA or the Alliance for Massage Therapy Education (AFMTE) (2018) and others. Data collection and assessment would occur during each of the implementation phases in the form of surveys and interviews to establish trends from a qualitative perspective. The entry-level curriculum, which is the simplest but primarily foundational piece of the entire framework, could be developed and tested in a school environment as a pilot prior to formal offering. The workshops for experienced educators could also be

tested as a free course offering during a licensure cycle. The toolkit would develop once the other components have been successfully completed in order to achieve full industry coverage and effective impact. Evaluation of each of the result phases within each instance of course offering would determine efficacy and implicate any elements to be modified.

LIMITATIONS, POTENTIAL OBSTACLES, AND SUSTAINABILITY

Adoption and acceptance are typical limitations to implementing a new multicultural education approach to massage therapy practice. The ultimate challenge during the development aspects of the plan is to create something that is dynamic and has exceptional outcomes that will address any potential resistance. Education programs and workplaces, particularly those in healthcare, are expected to monitor diversity in their demographic reporting and must demonstrate cultural competence for accreditation; this will facilitate sustainability as there will be a consistent need for these educational offerings. However, without the endorsement of professional organizations, schools, practitioners, and employers or business owners will not recognize or accept this new approach as viable, regardless of measured outcomes. It will be the burden of the developers of this plan to demonstrate the moral and professional values that a multicultural massage therapy educational model is a necessary doctrine in professional practice.

CONCLUSION

The massage therapy profession has historical roots in many diverse cultures from around the world such as China, Greece, Japan, France, India, and the Middle Eastern region (Braun and Simonson, 2014, p. 2) yet as a profession it seems we have not evolved to a service industry that demonstrates true ethno relativism. In the United States with the expansion and presence of many diverse cultures as components of our social makeup, the importance of embracing multiculturalism in a human service industry is imperative and relevant. Codes of ethics for massage therapy professional practice require to provide service without discriminating against a client or patient or colleague “based on race, religion, age, gender, sexual orientation, national origin, or disability” (State Board of Massage Therapy Examiners, 2018). To reach a level of cultural competence that truly affects change, a comprehensive and quality program with detailed planning must be provided to the massage therapy profession as a whole and should be notably endorsed by its strong stakeholders.

REFERENCES

- Alliance for Massage Therapy Education, (2018 April 28). Retrieved from <https://www.afmte.org/> .
- American Massage Therapy Association, (2018). AMTA 2018 Massage Profession Research Report, self-published, pp. 23 -24.
- Ames, M (2018 April 15). Diversity & Cultural Competency. Advanced Fundamentals Education, LLC. Retrieved from <https://www.slideshare.net/advfundamentals/diversity-and-cultural-competency1-hr-45676302> .
- Banks, JA (2001). Approaches to multicultural curriculum reform. Multicultural Education: Issues and Perspectives (4th ed.) Edited by J. A. Banks and C. A. M. Banks. New York: Wiley and Sons, 242 – 263.
- Bennett, M (1993). Towards ethnorelativism: a developmental model of intercultural sensitivity. In Paire, RM, ed. Education for the Intercultural Experience. Yarmouth, Maine: Intercultural Press.
- Braun, MB, & Simonson, SJ. Introduction to Massage Therapy (3rd ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Bureau of Labor Statistics, (2018 April 21). Demographics, US Department of Labor. Retrieved from <https://www.bls.gov/cps/demographics.htm> .
- Catlin, A, (2012). Become a culturally competent practitioner. Massage Today, 12:6. Retrieved from http://www.massagetoday.com/mpacms/mt/article.php?id=14603&no_paginate=true&no_b=true .
- Culler, JM (2018 April 15). Cultural Competence for Massage Professionals (2 CEs) – FL Lesson. Premier Continuing Education. Retrieved from <https://premiercontinuingeducation.com/courses/cultural-competence-massage-professionals-2-ces-fl/lessons/cultural-competence-massage-professionals-2-ces-fl/>
- Dreachslin, JL, Gilbert, MJ, & Malone, B, (2013). Diversity and Cultural Competence in Health Care: A Systems Approach. San Francisco: John Wiley & Sons, Inc.
- Elite Continuing Education, (2018 April 21). Cultural Competency for Massage Therapists – 1 CE Hour. Retrieved from <https://massage.elitecme.com/US/course/NCBTMB01CCI17>
- Entry Level Analysis Project, (2013). The Core: Entry Level Massage Education Blueprint. Retrieved from http://www.elapmassage.org/files/ELAP_Blueprint.pdf .
- Federation of State Massage Therapy Boards, (2018 April 28). Exam Content. Retrieved from <https://www.fsmtb.org/mblex/exam-content/>
- Holvino, E, (2008). Developing multicultural organizations: A change model. Retrieved from <https://naaee.org/sites/default/files/mcodmodel.pdf>
- Menehan, K, (2016). Cultural competence: Why getting to the heart of biases matters in health care. MASSAGE magazine, February 2016, 48 – 50.
- Spradley, JP (1980). Ethnography and culture. Participant observation. New York: Holt Rinehart and Winston.
- State Board of Massage Therapy Examiners, (2018 April 21). Maryland Department of Health. Code of Maryland Regulations, Title 10, Subtitle 65, Chapter 5 – Continuing Education Requirements. Retrieved from <http://www.dsd.state.md.us/comar/comarhtml/10/10.65.05.01.htm>

State Board of Massage Therapy Examiners, (2018 April 28). Maryland Department of Health. Code of Maryland Regulation, Title 10, Subtitle 65, Chapter 3 – Code of Ethics. Retrieved from <http://www.dsd.state.md.us/comar/comarhtml/10/10.65.03.03.htm>

The Joint Commission, (2018 April 21). Health Equity. Retrieved from https://www.jointcommission.org/topics/health_equity.aspx

Weaver, G (1986). In MR Paige, ed. Cross-Cultural Orientation: New Conceptualizations and Applications. Landham, MD: Rowman & Littlefield.