



QUALITATIVE STUDY

Creating integrative work: A qualitative study of how massage therapists work with existing clients



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Somatic awareness;
Therapeutic relationship;
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Summary *Introduction:* As one of the most often used complementary treatments, massage is increasingly positioned as an essential component of integrative medicine. Recent studies evaluate the clinical efficacy of massage therapy, but few studies explore how massage therapists (MTs) execute their work and exercise clinical reasoning in natural settings.

Purpose: To gain foundational knowledge about clinical reasoning and applied knowledge, this study examined how 10 MTs executed an entire session with established clients. Results support translational research design and inform educators.

Methods: Ethnomethodology and phenomenology informed the qualitative design. Data were collected by videotaping actual sessions and interviewing the participants immediately afterward while viewing the videos. Computer-aided analysis identified data patterns for thematic interpretation.

Results: The MTs shared tacit knowledge that directed their work: a) maintaining a primarily biomechanical focus, b) prerequisite safe touch, c) multitasking not allowed, d) MTs assume physical risk, and e) the work affects multiple bodily systems. The MTs sensed effectiveness experientially by adopting common tactics: a) visualizing the manual engagement points, b) assuming the client controlled the physiological release, and c) educating the client. Within these commonalities, they operationalized their work in complex and singular ways, with the particular client relationship critical to structuring the session and evaluating the outcome.

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Conclusion: MTs viewed their work primarily as a biomechanical intervention, but understood therapeutic massage as serving multiple functions. Process-oriented clinical reasoning mirrored models found in psychotherapy and was informed by experience, intuition, and training, which resulted in an intentionally holistic approach.

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Introduction

Massage therapy is used by over 38% of adults in the U.S. (Barnes et al., 2008) and estimated to be a \$10 to \$11 billion annual industry (American Massage Therapy Association [AMTA] 2012). As one of the most often used complementary treatments, massage is increasingly positioned as an essential component of integrative medicine (Horrigan et al., 2012). Healthcare providers and consumers consider massage therapy an adjunct medical service, resulting in demands for assessments of clinical efficacy (Eisenberg et al., 2002; Walkley, 2004). Consistent with standards in conducting medical science research, clinical trials aim to isolate variables and quantify outcomes (Menard, 2002).

Some massage research demonstrates positive effects under specific circumstances, while other studies are deemed flawed and inconsistent (Moyer et al., 2004). There is a dearth of scholarship on clinical reasoning and practice fundamentals, particularly in-depth qualitative studies (LeMoon, 2008). However, research is impacting clinical patterns through market-practice dynamics and increased professionalization (Kahn, 2002; Turner and Hodge, 1970). Massage therapists are increasingly encouraged to adopt evidence-based practices to keep pace with expectations from both consumers and adjunct health care providers. Exploratory investigations could inject practical wisdom into translational research (Hymel, 2010) and support further integration of massage into conventional healthcare.

Purpose

This article presents original findings that depict the experience of 10 massage therapists (MTs) working with established clients. Data were collected by videotaping massage therapy sessions. Immediately afterward, therapist-client dyads viewed the videos to stimulate recall (O'Brien, 1993) during open-ended interviews that elicited the participants' understanding of what transpired. Thematic analysis, applied here as systematic searches across data sets to identify repeated patterns of meaning (Bentz and Rehorick, 2008; Braun and Clark, 2006), rendered findings that were interpreted based on psychology and social science constructs that relate to work (Garfinkel, 1986), therapeutic relationship (Rogers, 1951; Rosenzweig, 1936), and empathetic resonance (Silverberg, 1988) (defined here as an experience of deep empathy that incorporates somatic awareness, emotional transference, and often a transpersonal connection).

Methods

This qualitative research design was informed by principles from hermeneutic phenomenology (Bentz and Rehorick, 2008) and ethnomethodology (EM) (Gubrium and Holstein,

1997). Phenomenology identifies essential characteristics of lived experience and is appropriate for topics new to empirical inquiry and to fields in transition (Bentz and Shapiro, 1998; van Manen, 1990). In hermeneutic methodology, the researcher integrates data from multiple sources (Creswell, 2014; van Manen, 1990) and explicitly contributes their perspective to the analysis (Bentz and Rehorick, 2008). EM identifies foundational structure and meaning in social interactions, particularly among workers who share a common vocation (Garfinkel, 1986; Gubrium and Holstein, 1997). This study relied upon EM principles—about tacit understandings and commonsense knowledge, for example—that assume members of a group share fundamental knowledge about how to conduct work (Gubrium and Holstein, 1997).

The primary researcher, a practicing massage therapist, collected data and performed the analysis. The secondary investigator, also a massage therapist and industry expert, served as an advisor. The study was approved and supervised by the primary researcher's Institutional Review Board. All subjects gave written informed consent and are identified by an alias. Everyone recruited completed the study.

Convenience sample

Ten MTs volunteered based on email recruitment and telephone screening calls. All worked in a metropolitan area in the U. S. Mid-Atlantic that mandates MT licensing. Selection criteria required that MTs were: a) actively engaged in private practice, b) licensed in their domain, and c) able to recruit an "established client," defined as one treated a minimum of 6 times for at least 6 months. Each MT recruited a client for a total of 20 participants (Creswell, 2014). All MTs completed a minimum of 500 hr basic training and passed a national certifying examination, per local licensing requirements (U. S. Bureau of Labor, 2010). The study compensated MTs at their standard rate; participants received the massage at no cost.

The sample size conforms to phenomenological guidelines stating that 6 to 12 interviews produce data saturation (Guest et al., 2006). In the U.S., the majority¹ of MTs work in private practice (AMTA, 2010; American Bodywork and Massage Practitioners [ABMP] 2009; Webb, 2011), thus each MT in this study was self-employed and unsupervised. No other selection criteria were used, nor were the MTs instructed to use any specific style or modality of therapeutic massage for data collection. Research results are not generalizable (Creswell, 2014) but rather intended to offer insights to practitioners, educators, association leaders and regulators, as well as inform subsequent research.

¹ Ranges from 52 to 88%, based on how the survey defines private practitioner.

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