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The North American yoga therapy workforce survey

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ABSTRACT

Objective: To describe the personal, professional, practice, service and consumer characteristics of the North American yoga therapy workforce.
Design: Cross-sectional, descriptive survey developed and informed by the contemporary workforce literature. A link to the e-survey was distributed to members of the International Association of Yoga Therapists.
Results: 367 members responded (~20% of eligible participants). Most were aged 40–69 years (88%) and female (91%). Almost half (42%) identified as a "seasoned yoga therapist" and few (9%) graduated from an accredited 800-h yoga therapy program. An average of 8 h/week was spent in clinical practice with many (41%) earning an annual income of <US$10,000 from yoga therapy. Practice was informed by twenty different styles of yoga. Urban (39%) and suburban (38.1%) regions were the most common locations of practice. Most therapists conducted therapeutic yoga classes (91%) and 1:1 sessions (94%), with more than half delivering 1–10 therapeutic classes/month (53%) and 1–10 1:1 sessions/month (52%). Conditions seen most frequently were anxiety (77%), back/neck pain (77%) and joint pain/stiffness (67%).
Conclusion: While yoga therapists shared demographic characteristics with other complementary and integrative health (CIH) providers, they tended to work less and earn less than their CIH counterparts. Yoga therapists were less likely to work in rural settings, possibly contributing to the underutilization of yoga in underserved populations. Improving access to yoga therapy services, identifying common core components across the various styles of yoga, and building a stronger evidence-base for key health indications may increase acceptance of, and demand for, yoga therapy.

1. Introduction

1.1. Background

Yoga is an ancient mind-body practice encompassing ethical and lifestyle principles, physical postures, breathwork and meditation.[1] Yoga Therapy stems from this ancient tradition and has an explanatory model of health and disease that is distinct from that of biomedicine. The International Association of Yoga Therapists (IAYT), whose mission it is to "establish yoga as a recognized and respected form of therapy", distinguishes yoga therapy as the "appropriate application of these [yoga] teachings and practices in a therapeutic context".[2,3] In the IAYT's definition of yoga therapy there are several ways in which yoga therapy may be seen to differ from general yoga teaching, including: specialized training in supporting the therapeutic relationship, "eliminating, reducing or managing symptoms that cause suffering", "improving function", preventing underlying causes of illness, and changing the "relationship to and identification with their [the client's] condition".[2] Of course, as Yoga Therapy is an emerging profession, the definition of this discipline continues to evolve; over time, the distinction between yoga and yoga therapy should become clearer.

Yoga therapy, as an emerging therapeutic discipline, has recently introduced accredited training programs and scope of practice guidelines influencing significant change in the discipline and workforce.[3] These processes have followed the release of the educational competencies by IAYT in 2012, which included guidelines for educational programs in yoga and biomedical foundations, therapeutic skills, yoga therapy tools, and professional practice.[2] Grandparenting and certification processes have also been initiated since the implementation of this survey. Understanding the practitioners who self-identify as yoga therapists, regardless of their credentials, is an important step in understanding the base of this emerging discipline.

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The evolution of yoga therapy parallels the growing body of yoga research for both general health and specific medical conditions.[4] A recent review of this research found an almost nine-fold increase in the number of publications, from 28 publications between the years of 1999 and 2003, to 243 publications between 2009 and 2013.[4] Studies supporting the effectiveness of yoga are increasingly being published in mainstream medical journals, suggesting that there may be growing acceptance of yoga amongst the medical community.[4–12]

Evidence also points towards increased acceptance of yoga by the general public.[13–16] In the most recent (2012) US National Health Interview Survey, yoga was identified as the most frequently used mind-body practice, with use increasing from 5.1% of adults in 2002–9.5% in 2012.[13] The 2016 Yoga in America Survey estimates that over 36 million Americans practice yoga.[15] Although half of these consumers report using yoga to improve health,[15] evidence indicates that the motivation for using yoga extends beyond improving overall health and wellness, to alleviating or managing specific health conditions.[16–19] These results suggest that healthcare consumers are turning to yoga to address specific health concerns, and are creating a space for yoga therapists as an important component of their health care team. As research in yoga grows, and public interest in the utilization of yoga for health reasons continues, it will serve the field of yoga therapy to distinguish itself from general yoga practice for greater public and healthcare understanding. A first step towards this understanding is characterizing the currently practicing yoga therapist workforce.

1.2. Objectives

Despite the large growth in the interest, practice and professionalization of yoga therapy, the increasing evidence-base, and an indication of rising acceptance within the medical community, little is known about the yoga therapy workforce. To meet the training and continuing education needs of this growing workforce and to ensure the provision of a competent yoga therapy workforce capable of servicing the needs of consumers, the characteristics of currently practicing yoga therapists should be understood. This study aimed to describe the North American yoga therapy workforce, including training, practice characteristics, demographic profile, clientele and work environment, in order to better inform future policy, education, research and practice.

2. Methods

2.1. Design

The study utilized a cross-sectional, descriptive survey design.

2.2. Objectives

The aim of the study was to profile the North American Yoga Therapist workforce by describing:

1. Personal and professional characteristics (i.e. age, gender, education, training, experience and income)
2. Practice characteristics (i.e. yoga therapy styles, clinical setting, regional and geographical location)
3. Service characteristics (i.e. frequency, duration, size and cost of classes and 1:1 sessions), and
4. Consumer characteristics (i.e. client conditions, client age-groups).

2.3. Sample

Participants were a convenience sample of self-identified, practicing yoga therapists in North America (i.e. the U.S. and Canada), who were members of IAYT. As of October 27th 2015, IAYT had 5163 North American members, of whom 4772 resided in the US and 391 resided in Canada. IAYT membership is open to a wide variety of yoga professionals, including yoga therapists and yoga teachers. While it is estimated that only one third of IAYT members were practicing yoga therapists eligible to participate in the survey (Pers comm., IAYT Director, 2016), this could not be confirmed as yoga therapy certification had not yet commenced at the time the survey was administered; as such, the sample size was calculated conservatively on the entire 5163 members. Based on this target population, the study needed to survey at least 358 therapists to achieve at worst ±5% margin of error with 95% confidence for any individual survey item (SurveyMonkey Sample Size Calculation Software, California, USA).

2.4. Data collection

2.4.1. Description of questionnaire

The questionnaire was designed to address the four objectives of the current study. The development of the survey began with the research team brainstorming potential survey items, followed by the extraction of pertinent questions from existing health workforce surveys.[20–24] Potential research questions were then pooled together and the research team tasked with reaching consensus on each of the survey items and response options.[20–24] The survey was sent to professionals in the field for pilot testing and feedback was integrated into the final version. The final product was a 27-item questionnaire divided into four constructs: personal and professional, practice, service, and consumer characteristics. Response items were primarily categorical (including both ordinal and nominal variables), with few items capturing continuous data (i.e. hours worked, fees charged).

2.4.2. Administration of questionnaire

Invitations to participate in the study were emailed to 5163 IAYT members in October 2015, including detailed information about the study (e.g. purpose of the study, description of involvement, participant rights, researcher contact details) and a link to the online survey, which was administered using the SurveyMonkey™ web-based platform. A reminder email was sent two weeks later. The workforce questions were accompanied by a questionnaire evaluating attitudes, skills, and use of evidence-based practice among yoga therapists; [22] the findings of the latter survey will be reported elsewhere. The combined questionnaire took approximately 15 min to complete, with the workforce component alone taking approximately 5 min. The survey was open for 5 weeks, between October and November 2015.

2.5. Data analysis

Survey responses were downloaded from SurveyMonkey™ into SPSS (v.21.0) for data cleaning and statistical analysis. Partially-completed surveys were excluded from the analysis if the first two sections of the survey (i.e. at least 33% of survey items) were not completed. The management of missing data was not required as almost all survey items necessitated a response; the only missing data (e.g. demographic information) were deemed unsuitable for imputation. Categorical data were analyzed using frequency distributions and percentages. Measures of central tendency and variability were used to describe normally distributed