Perceptions and benefits of, and barriers to, degree-based education for massage therapy

Donna M. Smith

A thesis submitted for the degree of
Doctor of Philosophy
At the University of Otago, Dunedin,
New Zealand.

March 2015
Abstract

Within New Zealand, the practice of massage therapy for health and wellness is part of the growing complementary and alternative medicine (CAM) industry and is a popular treatment for a wide range of health conditions. Over the last 20 to 30 years, massage therapists have taken some steps in the process of professionalisation for the purpose of creating legitimacy and acceptance as a serious health care option. However, to date, the practice of massage therapy within New Zealand is unregulated, there is variation in education and practice standards, and massage therapists are still seeking credibility. Higher education is one means to recognition and professional expertise, and has been central in the development of many CAM occupations. A bachelor’s degree for massage therapists was first available in New Zealand in 2002, but has not been embraced by many within the massage therapy industry and reasons for this stance are unknown.

The purpose of this research was to investigate the range of perceptions and attitudes toward degree-based education across the stakeholder groups within the massage therapy industry, namely: massage educators; practicing massage therapists; and massage therapy students. More specifically, the perceived necessity of degree-based education for the practice and growth of massage therapy, and the benefits and barriers to degree-based education, were explored. An interpretive, two phase, sequential, mixed methods approach was used. First an online survey (n=128) was conducted with stakeholder groups. The second phase of the research used semi-structured interviews to further explore participants’ views (n=20).

The survey findings indicated a nearly equal amount of agreement (45.6%) and disagreement (40.1%) for degree-based education being essential for massage therapists practicing in New Zealand. Many (84.8%) disagreed that a bachelor’s degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist, but nearly half of participants (49.6%) agreed that a bachelor’s degree in massage therapy should be the minimum qualification to practice as a therapeutic/clinical rehabilitation massage therapist. There was more agreement (54.7%) than disagreement (25.8%) that degree-based education was essential for the growth of the massage therapy industry. The perceived benefits of a massage degree were: elevating standards, building expertise, increasing research capability, providing
individual and collective benefits and new opportunities, improving the image of massage therapy, and building credibility. The perceived barriers to a massage degree included: accessibility issues such as time, location, and finances; and perceptions of a degree, namely, a lack of knowledge, and the view that a degree was unnecessary or restrictive. Strategies including building a strong massage therapy identity and profile, regulation, and making degree-based education accessible, were suggested for moving the massage therapy industry towards professional recognition. Findings were used to build a conceptual model which shows a coalition is needed between degree-based education and a strong professional association to advance the massage therapy industry if credibility, best practice, and a professional identity are to be achieved.

This thesis provides an informative insight into the factors that contribute to resistance to, and engagement in, degree-based education and can guide the next phase of massage therapy development within New Zealand. Findings make an original contribution to the literature on massage therapy and provide direction for future studies. The thesis has also highlighted the need for clarification of the identity of massage therapists, and the necessity to manage diversity within this occupational group if the benefits of higher educational standards and practice are to be realised as a collective.
Acknowledgements

Ehara taku toa, he takitahi, he toa takitini

My success should not be bestowed onto me alone, as it is not individual success, but the success of a collective.

One’s education is never a path walked alone and this thesis is the result of much inspiration, support, encouragement, and guidance from individuals who walked this path with me. I acknowledge my supervisors Professor Rachel Spronken-Smith, Dr Angela McLean and Dr Joanna Smith whose patient support, guidance, positive feedback and encouragement kept me focused on my goal. I wish to further thank Dr Joanna Smith as my colleague who paved the way for higher education for massage therapists within New Zealand. You have inspired me to reach higher than I thought possible.

To all the participants who took part in this project and shared your views, you gave this project life, my grateful thanks to you all. To the Southern Institute of Technology, thank you also for supporting this project.

A special thank you is extended to my four children, Max, Khan, Isaac and Hannah for your love and support. You have always shown me that nothing in life is so serious that it cannot be a source of laughter and fun. You keep me grounded in who I really am. Thank you also to my parents, Hannah and Barry, who taught me hard work is the key to success and to my extended whanau for your constant love and presence in my life.

It is my hope that with co-operation and the sharing of knowledge the massage therapy industry within New Zealand will live and flourish amidst the changing landscape of health and wellness.

Naku te rourou nau te rourou ka ora ai te iwi

With your basket and my basket the people will live
Table of Contents

Abstract ii
Acknowledgements iv
Table of Contents v
List of Tables x
List of Figures xi
List of Abbreviations and Terminology xii

Chapter One: Introduction 1
Where it all started 3
The research context 4
Rationale for the study 8
The purpose of the study 8
Thesis structure 9
Summary 10

Chapter Two: Review of the Literature 11
Overview 13
Introduction 13
The start of the journey: from orthodox to complementary and alternative medicine (CAM) 14
The evolution of massage therapy within New Zealand 16
Professionalisation of massage therapy: a road to somewhere or nowhere? 18
Massage therapy education: the road to occupational recognition and control? 20
Legitimation, patch protection, and best practice 24
Conclusion 26
Summary 27

Chapter Three: Methodology and Methods 28
Introduction 30
My personal lens: awareness and reflection 30
Paradigms and mixed methods research 32
The survey: an overview 35
The survey method 36
Sample 37
Development and pilot testing the survey 38
## Table of Contents

- Recruitment and data collection procedure
- Analysis of survey data
- The interview: an overview
- The interview method
  - Participants and recruitment
  - Development of interview questions
  - Data collection procedure
  - Analysis of the interview data
  - Trustworthiness
  - Ethics
- Summary

### Chapter Four: Survey Results - A Snapshot

- Introduction
- Overview of participant cohort
- Degree-based education for massage therapy
  - Participant responses
  - Perceptions of those in agreement
  - Perceptions of those in disagreement
  - Perceptions of those who indicated neutral responses.
- Degree-based education being essential for the growth of the massage therapy industry
  - Participant responses
  - Perceptions of those in agreement
  - Perceptions of those disagreeing
  - Perceptions of those who indicated neutral responses
- Degree-based education for relaxation massage
  - Participant responses
  - Perceptions of those in agreement
  - Perceptions of those disagreeing
  - Perceptions of those who indicated neutral responses
- Degree-based education for therapeutic/clinical rehabilitation massage
  - Participant responses
  - Perceptions of those in agreement
  - Perceptions of those disagreeing
  - Perceptions of those who indicated neutral responses
- Participants’ planned actions regarding compulsory higher level education
- Benefits and barriers to degree-based education
Degree-based education for massage therapy \ Table of Contents

<table>
<thead>
<tr>
<th>Chapter Five: Interview Results - Stakeholder Stories</th>
<th>82</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>84</td>
</tr>
<tr>
<td>The case of a massage educator</td>
<td>84</td>
</tr>
<tr>
<td>The case of a massage student</td>
<td>88</td>
</tr>
<tr>
<td>The case of a massage therapist</td>
<td>92</td>
</tr>
<tr>
<td>Discussion of cases</td>
<td>95</td>
</tr>
<tr>
<td>Summary</td>
<td>98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Six: Interview Results - The Here &amp; Now</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>101</td>
</tr>
<tr>
<td>Current issues facing the massage therapy industry</td>
<td>104</td>
</tr>
<tr>
<td>‘Image’</td>
<td>104</td>
</tr>
<tr>
<td>‘Unregulated’</td>
<td>107</td>
</tr>
<tr>
<td>A massage degree: purpose</td>
<td>109</td>
</tr>
<tr>
<td>‘Proficient professional massage therapy practice’</td>
<td>109</td>
</tr>
<tr>
<td>‘Learn research skills’</td>
<td>110</td>
</tr>
<tr>
<td>A massage degree: graduate outcomes</td>
<td>111</td>
</tr>
<tr>
<td>‘Knowledge’</td>
<td>111</td>
</tr>
<tr>
<td>‘Practical skills’</td>
<td>113</td>
</tr>
<tr>
<td>‘Academic skills’</td>
<td>113</td>
</tr>
<tr>
<td>‘Professional practice’</td>
<td>114</td>
</tr>
<tr>
<td>A massage degree: educator requirements</td>
<td>115</td>
</tr>
<tr>
<td>‘Appropriate qualifications’</td>
<td>115</td>
</tr>
<tr>
<td>‘Expertise’</td>
<td>116</td>
</tr>
<tr>
<td>‘A desire to contribute / help’</td>
<td>117</td>
</tr>
<tr>
<td>Benefits of a massage degree</td>
<td>118</td>
</tr>
<tr>
<td>‘Higher standard of education and consolidation’</td>
<td>118</td>
</tr>
<tr>
<td>‘Personal benefits and new opportunities’</td>
<td>119</td>
</tr>
<tr>
<td>‘Builds credibility’</td>
<td>120</td>
</tr>
<tr>
<td>Barriers to a massage degree</td>
<td>121</td>
</tr>
<tr>
<td>‘Accessibility’</td>
<td>122</td>
</tr>
<tr>
<td>‘Perceptions of a degree’</td>
<td>123</td>
</tr>
</tbody>
</table>
Discussion 126

Current issues facing the industry 126
A massage degree: the purpose, graduate outcomes, and educator requirements 132
Benefits of a massage degree 135
Barriers to a massage degree 138

Summary 140

Chapter Seven: Interview Results - Moving Forwards 141

Introduction 143
Towards professional recognition 143
‘Professional image’ 143
‘Regulation and registration’ 145
‘Massage therapy education’ 147

Discussion 151

‘Professional image’ 151
‘Regulation and registration’ 154
‘Massage therapy education’ 157

Summary 160

Chapter Eight: Synthesis, Implications and Conclusions 162

Introduction 164
Integration and synthesis of study findings 164
A conceptual model: stepping towards legitimation for massage therapists 179

Degree-based education: core components and outcomes 179
A strong professional association: core components and outcomes 180
The coalition 181

The next step on the professionalisation journey 173
Implications for degree-based education and the massage therapy industry 183

Implications for degree-based education within New Zealand 183
Implications for the massage therapy industry 185

Strengths and limitations 187
Areas for future research 189
Concluding remarks 189

References 195

Appendices 216

Appendix A: IJTMB Approval 217
Appendix B: Survey 218
Appendix C: Survey – Letter of Invitation for an Online Survey 223
Appendix D: Survey – Survey Reminder Email 225
Appendix E: Interview – Participant Information and Consent Form 226
Appendix F: Ethics Approval 231
## List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 3.1</td>
<td>Interview discussion guide</td>
<td>45</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Benefits of degree-based education</td>
<td>77</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Barriers to degree-based education</td>
<td>78</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>Themes identified within the survey qualitative responses</td>
<td>80</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>Summary of themes within each focus area</td>
<td>80</td>
</tr>
<tr>
<td>Table 5.1</td>
<td>Three descriptive cases – cross tabulated with interview participants and themes</td>
<td>96</td>
</tr>
<tr>
<td>Table 6.1</td>
<td>Focus area and themes</td>
<td>102</td>
</tr>
<tr>
<td>Table 6.2</td>
<td>Participant pseudonyms and subgroup category</td>
<td>103</td>
</tr>
<tr>
<td>Table 7.1</td>
<td>Towards professional recognition – themes and strategies</td>
<td>152</td>
</tr>
<tr>
<td>Table 8.1</td>
<td>Summary of phase one findings – agreement / disagreement with statements regarding degree-based education</td>
<td>166</td>
</tr>
<tr>
<td>Table 8.2</td>
<td>Summary of phase two findings – nineteen themes over five areas of focus</td>
<td>169</td>
</tr>
</tbody>
</table>
List of Figures

Figure 4.1: Age range of participants (n=127). 53
Figure 4.2: Current employment and/or study status for participants (n=128). 53
Figure 4.3: Highest level of education - massage (n=123) and non-massage (n=117). 54
Figure 4.4: Regions where survey participant educators (E) teach (n=19) and students (S) study (n=40). 55
Figure 4.5: Regions where survey participant massage therapists practice (n=68). 56
Figure 4.6: Massage therapists current work status (n=76). 57
Figure 4.7: Educators’ teaching level and number of years teaching (n=20). 57
Figure 4.8: Responses to the statement “degree-based education is essential for massage therapists practicing in New Zealand” (n=127). 59
Figure 4.9: Subgroup responses to the statement “degree-based education is essential for massage therapists practicing in New Zealand”. 59
Figure 4.10: Response to the statement “Degree-based education is essential for the growth of the massage therapy industry within New Zealand” (n=128). 64
Figure 4.11: Subgroup responses to the statement “degree-based education is essential for the growth of the massage therapy industry within New Zealand”. 65
Figure 4.12: Response to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist in New Zealand” (n=125). 69
Figure 4.13: Subgroup responses to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist in New Zealand”. 69
Figure 4.14: Response to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a Therapeutic/Clinical Rehabilitation massage therapist in New Zealand” (n=125). 72
Figure 4.15: Subgroup responses to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a Therapeutic/Clinical Rehabilitation massage therapist in New Zealand”. 72
Figure 4.16: Responses to the question “If a Bachelor of massage therapy was set as the minimum level of education what would you do”? (n=120; responses not mutually exclusive). 76
Figure 4.17: Subgroup responses to the question “If a Bachelor of massage therapy was set as the minimum level of education what would you do”? 76
Figure 8.1: Integration of Phase One and Phase Two findings 171
Figure 8.2: Choices going forwards for the massage therapy industry to consider. 178
Figure 8.3: A conceptual model: stepping towards legitimation for massage therapists. 182
# List of Abbreviations and Terminology

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Accident Compensation Corporation</td>
</tr>
<tr>
<td>AMTA</td>
<td>American Massage Therapy Association</td>
</tr>
<tr>
<td>BTSM</td>
<td>Bachelor of Therapeutic and Sports Massage</td>
</tr>
<tr>
<td>CAM</td>
<td>Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>CMT</td>
<td>Certified Massage Therapist</td>
</tr>
<tr>
<td>HPCAA</td>
<td>Health Practitioners Competence Assurance Act</td>
</tr>
<tr>
<td>Māori</td>
<td>New Zealand Indigenous Peoples</td>
</tr>
<tr>
<td>MNZ</td>
<td>Massage New Zealand</td>
</tr>
<tr>
<td>ME</td>
<td>Massage Educator</td>
</tr>
<tr>
<td>MS</td>
<td>Massage Student</td>
</tr>
<tr>
<td>MT</td>
<td>Massage Therapist</td>
</tr>
<tr>
<td>NZ</td>
<td>New Zealand</td>
</tr>
<tr>
<td>NZATMP</td>
<td>New Zealand Association of Therapeutic Massage Practitioners</td>
</tr>
<tr>
<td>NZQA</td>
<td>New Zealand Qualifications Authority</td>
</tr>
<tr>
<td>RMT</td>
<td>Remedial Massage Therapist</td>
</tr>
<tr>
<td>STM</td>
<td>Society of Trained Masseuses</td>
</tr>
<tr>
<td>Therapeutic massage</td>
<td>Also known as remedial or deep tissue massage</td>
</tr>
<tr>
<td>Therapist</td>
<td>Also known as practitioner</td>
</tr>
</tbody>
</table>
Degree-based education for massage therapy

Chapter One

Introduction
Chapter Outline

In this chapter I relate the story of how this research project started. The context of the research and the rationale are described, followed by a brief indication of the methodology and method. The chapter concludes with an outline of the research questions and the structure of the thesis.
Where it all started

In December 2006, after five years of teaching and being involved with the delivery of the Bachelor of Therapeutic and Sports Massage (BTSM), and with a third BTSM graduation approaching, I reflected on some of my experiences, interactions and observations of the massage industry within New Zealand. In part my reflection focused on why the voluntary professional body for massage therapists, Massage New Zealand (MNZ), and a number of other massage therapy educators at the time were not supporting degree-based education as an option for massage therapists. MNZ ignored degree-based education and excluded the degree level qualification within its membership levels until 2009. This seemed unusual to me given that the massage therapy industry within New Zealand was working to establish itself as a legitimate health care profession. Furthermore, from my interactions, a number of local massage therapists were openly undermining the BTSM programme and its graduates. There appeared to be resistance to the idea of the need for degree-based education. The dominant views held at the time by the Massage Education Group (a collective of massage therapy educators) and MNZ were that a one to two year diploma was an acceptable qualification and that clinical experience was more important than a higher qualification.

However, I was convinced of the benefits of degree-based education and the role that this degree and its graduates could play in profiling a more professional standard of massage therapy practice. Degree-based education seemed to me to be a useful strategy to address the issues of low-level entry qualifications, no statutory regulation and no standardised education system within the New Zealand massage therapy industry. By 2008 there had been no change to the perceptions of a need for higher qualifications for massage therapists and therefore, as part of my postgraduate diploma, I undertook a pilot study. I interviewed three massage therapists to attempt to gain insight into the perceptions of and barriers to degree-based massage education. This preliminary study found several perceived benefits for massage therapists, which included an increased capability, research knowledge, job opportunities, and credibility (Smith, Smith, & Spronken-Smith, 2010). Participants also identified four significant barriers for massage therapists to participating in further or higher education: a nonessential pursuit; time restraints; family considerations; and financial barriers. Of note within this study was the perception that higher education was a nonessential pursuit. This perception continued to concern me, along with my observation that no diploma qualified massage therapists were enrolling in the BTSM to
upgrade their massage qualification. After nine years of teaching and delivering the BTSM it was time to enquire: was there resistance to degree-based education? If yes, where was the resistance coming from? Why was degree-based education not being supported? Was there a lack of knowledge about degree-based education limiting the support and uptake? Could others see the benefit I saw? Was there a place for degree-based education going forward? These questions were the foundation for beginning this research. It was important that questions were asked of a number of stakeholders within the massage therapy industry. The pilot study only included massage therapists; to gain a broader understanding of the views of others, massage educators, massage therapists and massage students should be consulted.

The research context
Massage is also known as massage therapy and as such these terms are used interchangeably in this thesis. Massage is an ancient approach to healing and has been recorded in the historical writings and pictorials of many countries. These recordings show that massage was used to heal the body, mind and spirit of a person and was often used in conjunction with other mediums such as prayer, ointments, herbs, and spices (Calvert, 2002; Fritz, 2006). The term massage therapy in contemporary times is a “broad term under which specific methods or techniques are categorised” (Calvert, 2002, p. 10), making a precise definition of massage therapy difficult. However, a useful definition for massage therapy may be “the use of the hands to physically manipulate the body’s soft tissues for the purpose of effecting a desirable change in the individual” (Tuchtan, Tuchtan, & Stelfox, 2004, p. 5). Additional features used to describe massage therapy often include the types of strokes used to manipulate the body tissues, such as effleurage, petrissage, friction and tapotment (Calvert, 2002). Today, massage therapy incorporates a variety of approaches and styles (Moyer, Rounds, & Hannum, 2004; Sherman, Dixon, Thompson, & Cherkin, 2006) to benefit health and wellbeing. Clients use massage therapy for relaxation (Back, Tam, Lee, & Haraldsson, 2009; Smith, Sullivan, & Baxter, 2010) and for a wide range of conditions. These include: sports injuries (Ernst, 1998; Moraska, 2005), as well as chronic health (Cherkin et al., 2002) and medical conditions (Furlan, Brosseau, Imamura, & Irvin, 2002; Moyer et al., 2004).
In the early part of the 20th century the practice of massage therapy and massage therapy education within New Zealand saw the establishment of the School of Massage by the Otago Medical School in 1913, which then offered an 18 month Certificate in Massage. This school later became the current University of Otago School of Physiotherapy and, along with the Physiotherapy Act of 1949 (a New Zealand Act of Parliament), allowed the practice of therapeutic massage to be exclusively offered by physiotherapists (Smith et al., 2010). The practice of therapeutic massage therapy was illegal outside of the boundaries of physiotherapy; this situation remained until the Physiotherapy Act 1949 was repealed in 2004 (Norris, 2001). However, as the Physiotherapy Act was not strongly enforced, in the 1980s the practice of therapeutic massage by massage therapists became more visible. This was reinforced by the development of the New Zealand Association of Therapeutic Massage Practitioners (NZATMP), which has evolved into MNZ, the current voluntary, professional association for massage therapists. Contemporary practice of massage therapy within New Zealand has developed into both a stand-alone therapy, and an adjunct used by other health care providers such as nurses (Grealish, Lomasney, & Whiteman, 2000; Remington, 2002), other complementary and alternative medicine (CAM) practitioners (Fellowes, Barnes, & Wilkinson, 2004; Mehling et al., 2007), and physiotherapists (Galloway, Watt, & Sharp, 2004). This research project involves massage therapists who practice massage therapy as a stand-alone therapy.

Within New Zealand, the practice of massage therapy for health and wellness is part of the manipulative and body-based CAM therapies, with massage therapists treating a wide range of health conditions (Ministerial Advisory Committee on Complementary and Alternative Health, 2004; Smith, Sullivan, & Baxter, 2011a). Today, CAM is viewed as a varied collection of therapies and products used to treat illness and promote well-being, that are not presently considered to be part of mainstream medicine (Duke, 2005; Nahin, 2001; Smith et al., 2011a). Globally, the growth and use of CAM has been extensive (Marks, 2010; Wardle & Adams, 2014), and in New Zealand massage therapy “is a popular treatment choice” (Smith et al., 2010, p. 46; Ministerial Advisory Committee on Complementary and Alternative Health, 2004). A study by Smith and colleagues (2011b) looked at the massage therapy practice patterns of MNZ massage therapists. These massage therapists treated a range of symptoms and a variety of health conditions. Symptoms treated included pain, reduced movement, trigger points and fatigue, and conditions included sports injuries, arthritis or fibromyalgia, headaches and back and neck issues.
Massage therapists were predominantly female, of New Zealand European ethnicity, with an age range of 26-64 years, and practiced part-time (Smith et al., 2011b). Since the development of the NZATMP in the 1980s, the New Zealand massage therapy industry has engaged in the professionalisation process with a goal of achieving regulation or registration for massage therapists. Many other orthodox health care professionals in New Zealand are regulated under the Health Practitioners Competence Assurance Act (2003) (HPCA) but, to date, the New Zealand government has not regulated the practice of massage therapy or the massage therapist. MNZ is the only self-regulating, professional association representing massage therapists and its membership is voluntary. It has two main levels of membership for practicing therapists: the Certified Massage Therapist who practices relaxation massage and who commonly holds a certificate level qualification (approximately 600 hours of training) and the Remedial Massage Therapist who practices remedial, advanced clinical styles of massage and who commonly holds a diploma/degree qualification (approximately 1500 – 3600 hours) (Smith et al., 2010).

Alongside this growth in the use of massage therapy has been the evolution of massage therapy education within New Zealand. Part of this evolution has been an increase in the number of education training providers and graduates (Smith et al., 2010). Massage therapy education started with weekend workshop training in the early 1990s, and has progressed through to the certificate, diploma and bachelor’s degree in massage therapy offered today. However, there is no standardised curriculum or agreement amongst education providers as to the content and level of training necessary for practice as a massage therapist. In addition, there is no legislated educational requirement for the practice of massage therapy in New Zealand. The most common massage qualification held by MNZ massage therapists in 2008 was a diploma level qualification from a New Zealand massage education provider (Smith et al., 2011b). The evolution in training options since the 1990s shows evidence of an increase in the duration of training and the expansion of education content which now includes research literacy in degree-level programmes (New Zealand Qualifications Authority, 2009).

The introduction of the first bachelor’s degree in 2002 - the Bachelor of Therapeutic and Sports Massage (BTSM) - provided a higher education opportunity for New Zealand massage therapists to increase their knowledge and skills and to engage in research (Smith, Smith, Baxter, & Spronken-Smith, 2012). Higher education practices have been central for many CAM
occupations; degree level education is now the minimum educational requirement for allied health professionals such as osteopaths (Osteopathic Council of New Zealand, 2009) and physiotherapists (Physiotherapy Board of New Zealand, 2009) within New Zealand. Within Australia, acupuncture and naturopathy degree conversion courses have been developed in response to changing professional and educational requirements (Smith, Martin, & Wache, 2006). One of the aims of higher education is to “increase the student’s capacity to learn, to provide them with analytic skills and to increase their ability to deal with new information and draw independent conclusions” (Gow & Kember, 1990, p. 1). Higher education also focuses on fostering professionally mature practitioners. Developing students into practitioners who care for their clients often requires both the acquisition of a great deal of knowledge and the development of the necessary professional attitudes and behaviours (Hammer, Berger, Beardsley, & Easton, 2003).

One of the motivations for developing the BTSM was to ensure there were research-literate massage therapists in clinical practice (Smith et al., 2012). The BTSM curriculum provides a number of learning opportunities to support research literacy, including the opportunity for students to undertake their own research project in the third year of the programme (Southern Institute of Technology, 2014). At the same time that the BTSM was being developed and implemented, massage therapy research was expanding. From 1998 to 2008 massage therapy research made considerable progress but was still in its infancy (Moyer, Dryden, & Shipwright, 2009). A number of recent developments have encouraged the integration of research competencies into massage therapy education (Hymel, 2005), and practice (Moyer, 2011). Examples of developments include practitioner and student case report contests (Massage Therapy Foundation, 2014a), and the development of the International Journal of Therapeutic Massage and Bodywork in 2008 (Massage Therapy Foundation, 2014b). Thus, there is a commitment to the continued growth of massage therapy research, and engagement by the industry in research. This new trend is seen as beneficial in that it can bring credibility to the massage profession (Moyer, 2011). However, there are barriers to research uptake in clinical practice such as the lack of research literacy skills, and difficulties accessing evidence-based resources, as well as a lack of confidence (Suter, Vanderheyden, Trojan, Verhoef, & Armitage, 2007).
Rationale for the study

Over the past 14 years and from the differing vantage points of student, therapist and educator, I have observed significant changes within the massage therapy industry. At times these changes have brought tension and strong debate. Developers of the two bachelor degree programmes hoped that with an increase in the level of education there would be an increase not only in the skill and knowledge level of practicing therapists, but also an increase in the credibility of this growing industry. From my viewpoint, for massage therapists to be recognised as health professionals they need to understand and undertake research as part of their massage therapy practice. Furthermore, the idea that massage therapy practice can move towards professional recognition without degree-based education seems unlikely. While debate is healthy, eventually decisions will need to be made and a path chosen to advance the practice of massage therapy within New Zealand.

The perceptions of degree-based education for massage therapists by a range of stakeholders in the massage therapy industry are unknown. Given the desire for professional status, it is also unclear why the massage therapy industry has not embraced degree-based education as a vehicle towards enhancing their professional status. Research in the area of higher education for massage therapists, beyond the pilot study, is lacking. Through my observations of the industry, particularly the resistance to degree-based education, my delivery of degree-based education for massage therapists, and the pilot study findings, it seemed important to take the next step and commence a larger research study in order to accurately understand the perceptions of degree-based education by a number of stakeholders. This research aims to address the gaps in the knowledge regarding the perceptions, benefits, barriers and attitudes towards degree-based education for massage therapists.

The purpose of the study

The main aim of this research was to investigate the range of perceptions and attitudes toward degree-based education across the stakeholder groups within the massage therapy industry: namely massage educators, practicing massage therapists and massage therapy students. More specifically, the objectives of the project were:
1. To investigate the perceived necessity of degree-based education for the practice and growth of massage therapy;
2. To identify and explore perceived benefits of degree-based massage education;
3. To identify and explore perceived barriers to degree-based massage education, and
4. To explore understandings of, and attitudes toward, degree-based education for massage therapists.

A mixed methods research approach was used to address these questions, with full details described in Chapter Three. Briefly, there were two sequential phases. The first phase was an online survey to collect demographic, descriptive data and general comments from a sample of massage stakeholders to gain an overall impression of participants’ views regarding degree-based education. The second phase used semi-structured interviews to further explore the participants’ views on the perceived benefits, barriers and attitudes to degree-based education for massage therapy.

**Thesis structure**

Following this introductory chapter, a summary of the background literature in Chapter Two is presented to contextualise the aims of this study. Chapter Two has been published in its entirety (in 2012) in the *International Journal of Therapeutic Massage and Bodywork*. Consent for inclusion of the full article in this thesis was given by the executive editor (Appendix A). The article is co-authored by my research supervisors. My role in the article was reviewing the literature and writing the manuscript with editorial feedback given by the co-authors. The article has been reformatted to achieve a consistency of style with the rest of this thesis. In Chapter Three I present the methodology including the positioning of myself as the researcher, the research paradigm chosen, the research approach adopted and the methods used for data collection and analyses. Online survey results are reported in Chapter Four. In Chapter Five three descriptive ‘cases’ are constructed from the narratives of interview participants to tell ‘their stories regarding degree-based education. Chapters Six and Seven contain the themes from the participant interviews, with supporting literature. In the final Chapter findings from phase one and two are synthesised and discussed, and implications for degree-based education and the
practice of massage therapy in New Zealand are outlined. I conclude Chapter Eight with the strengths and limitations of the study, areas for future research, and final remarks.

Summary
In this chapter I have discussed the origins of this project, which build on my experience as a massage educator and my observation of the massage industry’s resistance to degree-based education. The background of massage therapy as a health modality has been presented, along with the education options for massage therapists in New Zealand. The growth in massage therapy research was also identified. Next, the rationale, purpose and methodology of this project were outlined. The main aim of the research project, which was to investigate the perceptions of degree-based education for massage therapists within New Zealand, was presented, followed by a description of how this thesis is structured. In the following chapter further context for this project is discussed through a review of the relevant literature.
Chapter Two

Review of the Literature
Chapter Outline

In this chapter I review the drive by massage therapists for legitimation as health professionals within New Zealand. In doing so I discuss the historical journey of massage therapy, the evolution of massage therapy and massage therapy education in New Zealand, and the role of higher education in professionalisation.

Material covered in this chapter has previously been published in:


Only minor formatting changes have been made to the article.
Overview

Research into bodywork based complementary and alternative therapies, such as osteopathy and chiropractic, has highlighted barriers and benefits of professionalisation for these professions. There has been no examination of the road massage therapy has taken towards legitimisation and professionalisation. This review chapter examines the drive by massage therapists for legitimisation as health professionals within New Zealand. Massage therapy has an extensive and complex history. Within this history, massage therapy has gone from being part of orthodox medicine and acceptable, to being complementary and marginalized as an industry. In an effort to overcome this position the massage therapy industry has attempted to gain legitimisation by establishing professional associations, defining scopes of practice, lobbying government, and raising education standards. This chapter also discusses the historical journey of massage therapy, the evolution of massage therapy education in New Zealand, higher education as a means to occupational recognition and control, and the elements of professionalisation that may support legitimisation and occupational boundary protection for massage therapists.

Introduction

Complementary and alternative medicine (CAM) is a broad domain encompassing a varied collection of therapies, practiced alongside or as an alternative to mainstream medicine (Smith et al., 2011a), that incorporate holism (Barnes, Bloom, & Nahin, 2008) to treat illness and promote well-being (Duke, 2005; Nahin, 2001). Practitioners of CAM therapies commonly do not accept biomedical dominance or their own marginality, and seek political-legal recognition in terms of public support, often through satisfied patients, and statutory registration (Baer, 2009). With the growth in the number of CAM therapists, and the establishment of professional associations, many CAM groups are undertaking the process of professionalisation to enhance their own legitimacy (Baer, 2006; Cant & Sharma, 1996; Timmons, 2011). However, the process of professionalisation involves the aspirant profession and the state (Timmons, 2011), and state recognition is not enjoyed by all CAM therapies. In Australia, for example, chiropractic, osteopathy, naturopathy, and Chinese medicine have become highly professionalised and legitimised, whereas other healing systems remain marginal.
In New Zealand massage therapy can be performed by a number of orthodox and CAM practitioners, as either an adjunct or stand-alone therapy (Smith et al., 2010). In this review the focus is on the practice of massage therapy by massage therapists. In common with most CAM therapies, the practice of massage therapy involves more than applying massage therapy techniques. Their practice sits within the wellness paradigm and aims to support clients in balancing mental, emotional, and physical needs (Alexander, 2006; Cassidy, 2002; Yates, 2004).

New Zealand massage therapists are engaged in the professionalisation process, to help create a sense of legitimacy or acceptance, but to date the New Zealand government has not regulated the practice of massage therapy or the massage therapist. Little is known about the evolution of massage therapy in New Zealand or its journey towards legitimation. The aim of this review is to map out the pathway towards legitimation for massage therapy in New Zealand. First, the road from orthodox to complementary and alternative medicine is presented, followed by a review of the evolution of massage therapy in New Zealand. The influence of physiotherapy (physical therapy) is highlighted, as is the role of the CAM consumer movement. Issues of regulation, educational standards, and strategies for professionalisation of massage therapists are explored, and the implementation of degree-based education for massage therapists is advocated as a useful strategy towards occupational recognition and control. Legitimation is a road worth exploring if massage therapy as a professional entity is to move forward and establish itself as a serious health care profession.

The start of the journey: from orthodox to complementary and alternative medicine (CAM)
The use of the hands for treatment as a remedy for pain is believed to be as old as humankind, reflected in the instinctive human response to pain. Massage therapy in its most basic form can be the expression of human touch (Montague, 1986), and instinctive touching and rubbing ‘where it hurts’ serves as validation that massage therapy is intertwined with human history.

Calvert (2002) offers an extensive look at the history of massage therapy through the ages where its inclusion in the daily lives of indigenous cultures is documented. There is historical evidence that massage therapy was part of the medical orthodox community and was accepted as
traditional, mainstream and approved by the establishments of the time. However, in 1894, the respectability of massage therapy in Britain was questioned over scandals in which the practices of massage therapy establishments were implicated as a front for brothels (houses of prostitution). Young, uneducated women were enticed into the massage profession by the promise of an education and a respectable occupation. Many were bonded to massage therapy schools, but were often unable to meet the high cost of this education. They were forced into prostitution in order to pay their bond. In response to these massage scandals the Society of Trained Masseuses (STM) was formed.

Recognising the need for standards the founders of STM modeled massage standards on the medical profession and registered massage therapists, forming what would eventually be the beginning of Physiotherapy in the United Kingdom (Fritz, 2006; Nicholls & Cheek, 2006). Thus, massage therapy as a profession regained recognition by “skilful association with medical practitioners” (Martyr, 2011, p. 6) and, by tolerating a prescribed subsidiary role to orthodox medicine, practitioners of massage therapy avoided the stigma and antipathy directed towards ‘quackery’ by the established medical profession (Martyr, 2011). After both World Wars massage therapy was employed as a restorative treatment in the rehabilitation of soldiers and was widely valued by the medical community (Beck, 2006; Braun & Simonson, 2005; Fritz, 2006). By this stage, massage therapy was considered part of the practice of physiotherapy within many parts of the world, including New Zealand. In the 1980s, to enhance legitimacy with the biomedical model, physiotherapists aligned with the ‘biomechanical discourse’ viewing “the body as a machine rather than a sensual being” (Nicholls & Cheek, 2006, p. 2336), and ‘shed’ the mantle of massage therapy, despite the fact that its raison d’être was to gain legitimacy for the therapeutic practice of Swedish massage. Consequently, the practice of massage therapy within orthodox medicine in New Zealand was further diminished. Massage therapy as a stand-alone practice had not only lost its professional boundary, but as the biomechanical model of health care gained momentum, it was also repositioned from being an integral part of orthodox medicine to a complementary approach to rehabilitation.

CAM and orthodox medicine have a fluid and changing boundary, based on cultural and political attitudes (Dew, 2000; 2003). The term ‘complementary’ can be seen as symbolizing the move by the medical profession to subdue therapies, such as massage therapy, to a more
subsidiary role to primary medical care (Coulter & Willis, 2004). However, monopolisation by orthodox medicine is currently being challenged by the global expansion and increase in popularity of CAM (Smith et al., 2011a). CAM therapies are being used to treat and/or prevent musculoskeletal conditions, or chronic or recurring pain (Smith et al., 2011a) and with massage therapy as a specific CAM health service being one of the fastest growing CAM services in the United States of America (Cherkin et al., 2002), occupational and political boundaries within massage therapy may once again change.

**The evolution of massage therapy within New Zealand**

Massage therapy (mirimiri) was highly developed amongst the Māori people prior to colonization (Jones, 2000). Māori healers (Tohunga) used mirimiri as a means of healing injuries, releasing old tensions and balancing bodily function, and mirimiri was considered a multi-dimensional therapy used in conjunction with other healing approaches (O’Connor, 2007). Mirimiri is still practiced today; however, at the turn of the 20th century a number of factors began to influence its practice. In 1907 the Tohunga Suppression Act was passed as a “direct challenge to Māori healing practices by the scientific medical establishment” (Jones, 2000, p. 32). This Act prohibited Tohunga from claiming to possess any supernatural powers in the treatment or cure of any disease. As a result, Tohunga were driven underground and with them the practice of mirimiri (Jones, 2000).

Soon afterwards, in 1913, the University of Otago Medical School established the School of Massage, offering an 18 month Certificate in Massage; this School is now the current University of Otago School of Physiotherapy. The Masseurs Registration Act was implemented in 1921 as a means to “setting up a Masseurs Registration Board, the registration of approved persons, penalties for offences and employment of registered masseurs only in public hospitals” (Anderson, 1977, p. 13). Most masseurs who registered under this Act wanted to co-operate with the medical profession and accepted the situation of only treating patients under the recommendation and supervision of an attending doctor. This was the beginning of Physiotherapy within New Zealand. Later this Act was superseded by the Physiotherapy Act of 1949 which effectively claimed jurisdiction over therapeutic massage; with it came the illegalisation of the use of therapeutic massage by anyone who was not a trained Physiotherapist,
with some minor exceptions (Norris, 2001). The practice of therapeutic massage by non-physiotherapists at this point in history is unknown. The Physiotherapy Act (1949) formed a legally enforced boundary and therapeutic massage by massage therapists was illegal, a situation that remained until the Act was repealed in 2004 (Norris, 2001).

In the 1980s massage therapists became more visible. Therapeutic massage by massage therapists was still illegal but this was not strongly enforced. However, the credibility of massage therapy was influenced by the association of the term ‘massage’ with ‘massage parlours/brothels’. Massage therapists were struggling “to be seen as providers of treatment” [original emphasis] as opposed to workers in massage parlours (Norris, 2001, p. 33). This unfortunate association of massage therapy with the prostitution industry still lingers today (Smith et al., 2010).

To improve the image of massage therapists, professional bodies were formed. The first documented political push by massage therapists was when Jim Sandford and five other massage therapists formed the New Zealand Association of Therapeutic Massage Practitioners (NZATMP). This Association had a focus on education, professionalism and recognition of therapeutic massage (Sandford, 1993). A second professional association, the Massage Institute of New Zealand Incorporated (MINZI), provided representation for many complementary modalities, such as aromatherapists, homeopaths and massage therapists. Over the coming years the NZATMP transformed itself and later combined with MINZI in 2001 to form the contemporary Massage New Zealand (MNZ), which has the same focus as the original NZATMP, but includes relaxation massage therapists as well as therapeutic massage therapists. Today MNZ is the only voluntary national association specifically for massage therapists. MNZ is self-regulating and members are bound by a code of ethics, a scope of practice, a complaints procedure, and have continuing professional development requirements. These professional bodies raised the standard of education and profile for massage therapists in New Zealand (Smith et al., 2010).

For the last 20 years of the 20th century, physiotherapists were using a ‘body-as-machine’ approach (Nicholls & Larmer, 2005). Massage therapists have commonly differentiated themselves from physiotherapists by focusing on the whole person and large areas of the body for treatment, and at times have incorporated other CAM therapies (e.g., aromatherapy or Reiki).
In 2003, the Health Practitioners Competence Assurance Act (HPCAA) resulted in the repeal of the 1949 Physiotherapy Act and as a consequence the provision of therapeutic massage by massage therapists is no longer illegal in New Zealand. However, massage therapists are not included in the HPCAA, and are not an established part of the public health care system (Smith et al., 2010). Instead, the practice of massage therapy for health and wellness has become more evident and is considered part of the manipulative and body-based CAM therapies (Ministerial Advisory Committee on Complementary and Alternative Health, 2004). Massage therapy is among the many growing CAM modalities within New Zealand. The 2006/07 Health Survey indicated that 9.1% of adults had seen a massage therapist (Ministry of Health, 2008), and there had been a 54% growth since 2001, and a 451% growth since 1996, in the number people employed as massage therapists (Department of Labour, 2009). Nowadays, New Zealand massage therapists commonly treat musculoskeletal problems such as back and neck pain, using therapeutic massage, as well as provide relaxation massage, in a range of practice settings, and receive referrals from a broad range of CAM and other orthodox healthcare providers (Smith et al., 2011b).

As seen above, since the 1900s there have been a number of barriers to the establishment, development, and expansion of the practice of massage therapy. These barriers have included: legal disparities; a lack of health funding; ideological differences; negative connotations, and inter-professional boundaries. However different professional ideologies, in particular the alignment of massage therapy with a client centred approach, along with the growth of CAM and consumer demand, may not only have assisted the survival of massage therapy, but strengthened its practice as a chosen form of health treatment. The professional identity of the massage therapist from within and outside the profession is still tenuous; occupational boundary maintenance needs to be sustained and strengthened. Challenges to the credibility of massage therapy as a health service remain.

**Professionalisation of massage therapy: a road to somewhere or nowhere?**

Self-regulation by a particular occupational group is often an endeavour to improve its own legitimacy and occupational closure (Cant & Sharma, 1996; Duke, 2005; Timmons, 2011). In doing so, groups undertake a process of professionalisation. The process of professionalisation is
often problematic, with numerous barriers, but ultimately the outcome is the acquisition of a
monopoly in the area of expertise and professional autonomy (Cant & Sharma, 1996).
Recognition through professionalisation generally involves the steps of: unification of the group;
codification of knowledge; social closure; alignment with the scientific paradigm; support from
other powerful groups; recognition by the larger community, and continuing professional
requirements through a credentialing system (Baer, 1984; Cant & Sharma, 1996; Taub,
Allengrante, Barry, & Sakagami, 2009). Of particular note in this process is the method of social
closure, which attempts to maximise rewards and establish and maintain status for its members.
Social closure utilises higher entry training programmes, limiting the number of practitioners, and
the ability to discredit practitioners who practice outside the professional parameters (Cant &
Sharma, 1996).

Many CAM professions emulate biomedicine by pursuing some form of registration (Baer,
2006). For example homeopaths, chiropractors, and osteopaths in the United Kingdom (Cant &
Sharma, 1996), and osteopaths in Australasia (Baer, 2009) have engaged with professionalisation,
but not without discontent within their ranks. For instance, some are concerned that professional
status brings “disadvantage [to] members whose academic qualifications were not adequate”
(Timmons, 2011, p. 343). Moreover, there are costs for registration, a loss of autonomy as the
State takes control, competing professions, and expectations of the benefits and privileges usually
assumed by a professionalised group not being met (Timmons, 2011). Regulation of massage
therapy in Canada has also been discussed (Gowan-Moody & Baskwill, 2006).

Massage therapists in New Zealand have shown some evidence of taking steps towards
professionalisation such as forming a professional association with continuing professional
development requirements, some alignment with the scientific paradigm, generating support from
some politicians, and recognition by the consumer. However massage therapists are still not
regulated by the government and are only recognised under common law. Part of this exclusion
is due to massage practice not being viewed as injurious to the public; evidence of public harm is
required for regulation under the HPCAA (Ministry of Health, 2010), and evidence of serious
harm following a massage therapy intervention is rare (Grant, 2003). However, a systematic
review on adverse events from a massage therapy intervention reported that massage therapy was
“not entirely risk free”, and that adverse events may be under reported (Ernst, 2003, p. 1101).
Nonetheless, in 2008, at the Hamilton Annual General Meeting of MNZ, the idea of regulation and registration for massage therapists was discussed. Steps were made to table submissions to the Health and Disability Commission to be included in the HPCAA review (Tringham, 2008). This direction has been unsuccessful to date.

The drive toward regulation of massage therapy practice in New Zealand by MNZ and other stakeholders has diminished over the past four years, perhaps due to unenthusiastic members and low membership numbers of the voluntary professional body. Questions still remain for New Zealand massage therapists regarding the road to professionalisation. Is there a need to seek professional status through regulation or are massage therapists better served by raising educational standards and building a sound collective knowledge base?

**Massage therapy education: the road to occupational recognition and control?**

Paralleling the growth in interest and use of massage therapy in health care has been the evolution of massage therapy education for massage therapists. Early educational practices were informal and revolved around the weekend workshop. In 1992 the first ‘formal’ massage diploma (to meet the educational standards advocated by NZATMP) was delivered by a private training establishment in Auckland. There have been significant developments in massage therapy education over the past 15 years, and the advent of the New Zealand Qualifications Authority (NZQA) unit standards in 1999/2001 provided a National Certificate and National Diploma in Massage Therapy (New Zealand Qualifications Authority, 2008; New Zealand Qualifications Authority, 2012). The NZQA acts on behalf of the New Zealand government to accredit all non-university educational qualifications within New Zealand. A unit standard is a collection of learning outcomes and unit standards collectively create a standardised competency-based curriculum. This was a significant move away from the cottage industry style of massage therapy education delivery. Private Training Establishments (PTE), i.e. privately owned tertiary schools, and polytechnics (State owned tertiary schools) seized this opportunity and an increase in education providers ensued. Today a massage therapist’s education could involve a six-month Certificate in relaxation massage, a one to two-year Diploma in therapeutic massage, or a three-year Bachelor’s degree. The evolution in training options has resulted in an increase in the duration of training, as well as the addition of research literacy and higher level thinking, aspects
commonly found in bachelor’s degree level education (New Zealand Qualifications Authority, 2014).

Higher education is one means to recognition and professional expertise (Faucher, 2011) and this belief was one of the motivating factors behind the establishment of bachelor’s degree level education for massage therapists in New Zealand. Degree-based education for massage therapists was first established in 2002 at the Southern Institute of Technology (SIT), with a subsequent degree being introduced by the New Zealand College of Massage, a PTE, in 2006. The developers of the Bachelor of Therapeutic and Sports Massage (BTSM) at SIT wanted to create a course that developed a reflective, research-literate, independent health practitioner expert in soft tissue therapy, who was recognised as an equal by other health care professionals. Graduates would also develop the ability to re-educate themselves throughout their lives (Southern Institute of Technology, 2002). This profile is in harmony with the general view of higher education, where students increase their capacity to learn and gain skills to deal with new information, while developing as professionals (Gow & Kember, 1990; Higgs & Edwards, 1999).

Another intention of the BTSM development was to move away from the NZQA unit standards, competency-based curriculum that was in operation at SIT and that was taking hold as the standard for massage therapy training in New Zealand. The primary developer of the BTSM did not believe that this mode of operational competency, which tended to develop technicians, was conducive to the development of a reflective practitioner, nor useful in developing critical thinking (Barnett, 1994). In addition, competency-based courses were less effective in preparing future academics and researchers (Toohey, 1999), and would limit the future standing of massage therapy as a profession. The following quote from the primary developer clearly identifies a range of motivations and strategies related to the use of higher education for professionalisation and legitimation:

As an educator I have been active in attempting to gain profession status for massage therapy in order that it be perceived, by society and purse holders, as equal in knowledge and skills to other health professions such as physiotherapy or medicine. My primary purpose behind the move to degree-based education was to gain power to provide opportunity for increased autonomy, to promote the benefits of massage therapy and subsequently cement a place for massage therapy as a legitimate and viable health service (Smith, 2002).
Degree-based education for massage therapists had forced a change within the New Zealand industry. Knowledge in a curriculum is not a universal truth, but is constructed by social groups who have power to put forward their version of knowledge (Print, 1993). The gold standard of diploma education for massage therapists and the power base of guru practitioners were challenged by the degree development; the massage therapy industry did not greet this change with support (Smith, 2002). Degree level qualifications within the membership levels of the professional body at the time were absent, a situation that remained unchanged until 2009.

Utilisation of higher education has been central in the development of many CAM occupations. For example British chiropractors “have had the most success in the educational field, gaining degree status in 1988” (Cant & Sharma, 1996, p. 158). The education of chiropractors in New Zealand requires them to undertake five years higher education and ongoing postgraduate professional development. To further support and gain legitimacy, chiropractors have adopted a model of education that has been used in medical schools and have infused their curriculum with medical science (Kelner, Wellman, Welsh, & Boon, 2006). Wilensky (cited in Baer, 2006) suggested that occupations align with universities to develop academic degrees and research programmes to expand the base of knowledge; nowadays osteopathic education occurs in universities in the UK and Australia (Baer, 2006; 2009). Similarly, within Australia, acupuncture and naturopathy degree conversion courses have been developed in response to changing professional and educational requirements (Smith et al., 2006). Although some CAM therapies, for example acupuncture, are taught in the university sector to other health professionals, the university sector is not aligned with the education of any CAM profession in New Zealand.

Higher education also fosters professionally mature practitioners who have acquired appropriate knowledge, attitudes, and behaviours (Hammer et al., 2003), and develops skills in “learning how to think” so as to become lifelong learners (Spronken-Smith, Buissink-Smith, Grigg, & Bond, 2009, p. 357). Furthermore, the content of higher degree-based education increases a student’s research literacy and capacity. With research literacy, research capacity and the attributes established from receiving a higher education, comes a responsibility to help shape the industry in which therapists work, therefore creating not only a competent practitioner but also an interactive professional (Higgs & Edwards, 1999). Until recently it was not common to
teach research utilisation and research literacy in US-based CAM academic programmes (Kreitzer, Sierpina, & Fleishman, 2010), and a study (Suter et al., 2007) suggested that Canadian massage therapists do not consistently apply research in practice, due to a lack of research education and skills. Perhaps in response to these insights, massage therapy education in the US has begun to recognise the need for research literacy to be integrated into curricula for massage therapists (Hymel, 2005). This is especially important given the rapid increase in massage therapy research (Moyer et al., 2009) which has occurred during the past 20 years (1988 to 2008). Kreitzer and colleagues (2010) identified nine competencies of a research literate CAM practitioner, all of which are commonly incorporated into a New Zealand bachelor’s degree curriculum and into the BTSM. Of note is the ability to participate in the culture of research and the need to up-skill educators (Kreitzer et al., 2010), a benefit proposed by the developers of the BTSM, which is now evident with the establishment of the New Zealand Massage Therapy Research Centre:

As well as providing quality massage therapy education; the BTSM has been nurturing research literate students, who are able to participate in entry-level research in their 3rd year of study. Through valuing research and research-informed education, the BTSM has provided an avenue for publicly demonstrating the role and value of research for the massage therapy profession. The BTSM has also provided a vehicle for change, and is now leading the way in fostering a community of research practice as a result; the New Zealand Massage Therapy Research Centre (NZMTRC) at SIT was established in 2009 (Smith & Smith, 2010).

On the face of it, it appears that massage therapy education is advancing and there is potential for adding credibility to massage therapy practice through education. However, there is no legislated title or educational requirement for massage therapists; a ‘therapist’ today can set up shop with little or no training. MNZ sets a certificate or a diploma in massage therapy as the minimum qualification level requirements for its members and, with the removal of massage therapy unit standards from the NZQA framework in 2012, there is no standardised national curriculum. There is some consensus amongst massage education providers as to the content but less agreement on the level of training necessary for practice as a therapeutic massage therapist. In addition, it appears that there is some resistance to higher education, which may result in massage therapists, individually and collectively, not gaining the broader benefits of higher education. This could place the growth, stability and advancement of massage therapy practice as a health care service in New Zealand at risk (Smith, D. et al., 2010).
Legitimation, patch protection, and best practice

As massage therapy provided by massage therapists is a self-funded service, it could be argued that massage therapy as a health and wellness modality is already recognised, well used, and seen as credible and legitimate by the most important group, the consumer. It is foreseeable that massage therapists forego professional status and continue to operate independently as market-driven practitioners, outside of the formal health system and the rules it requires (Kelner, Wellman, Boon, & Welsh, 2004). However, legitimacy remains a concern for some New Zealand massage practitioners (Smith et al., 2011b; Smith, D. et al., 2010); some therapists seek recognition and credibility from the public and other ‘orthodox’ health care providers. Given the evolutionary path that massage therapy as a stand-alone practice has taken since the beginning of time i.e. from orthodox to CAM, from being accepted to marginalised and (at times) tainted by its association with prostitution, and from a strong professional identity to being subsumed by physiotherapy, this yearning for recognition and credibility is understandable.

The last 30 years of massage therapy evolution clearly shows evidence of the process of professionalisation for massage therapists. However, the small numbers of massage therapists joining their professional association (Smith et al., 2010) and the part-time nature of the job (Smith et al., 2011b) may slow down this process of professionalisation. In addition, the practice of massage therapy commonly expresses a duality i.e. being an enjoyable luxury (a treat) and/or a treatment directed at an identified health need (Smith, Sullivan, & Baxter, 2009a; Smith, Sullivan, & Baxter, 2009b). This duality at times clouds its professional identity and may contribute to the internal industry agitation. A clear and strong professional identity can guide a profession during times of external change (Richardson, 1999). Therapist disagreement and discontent, along with current New Zealand health policies, suggests that legitimacy through legal State controlled regulation is unlikely, and may not bring the recognition and strong occupational boundary that massage therapists seek. Massage therapy techniques are still used within physiotherapy (Foster, Thompson, Baxter, & Allen, 1999; Galloway, Watt, & Sharp, 2004) and other occupations, and there remains a risk of intellectual colonization of massage therapy from academia, and co-opting and gate-keeping from other more dominant health discourses (Kelner et al., 2004). If occupational boundary maintenance (or “patch protection”, especially in the treatment of musculoskeletal problems) rather than regulation, is the current crisis affecting the New Zealand massage therapy industry then the strategy of degree-level education, with its inherent scientific
research and theory development and role in social closure, may be better suited to shape and guide the next 30 years.

Rationality and the scientific method became the dominant forces in the theory of knowledge during 1920 – 1960 (Zepke, 2003); through their dominance they redefined what was legitimate and relevant (Stalker, 1996). These forces affected the development and legitimacy of massage therapy within and outside of physiotherapy. However, broader societal changes have allowed CAM to seek its own power (Coulter & Willis, 2004). In addition a growing body of knowledge supports massage therapy as being an evidence-based therapeutic modality for a range of conditions and symptoms (Ernst, Pittler, Wider, & Boddy, 2007; National Center for Complementary and Alternative Medicine, 2009). Massage therapists need to understand, critique, and keep up with these advancements for continuous improvement of professional competencies and for a higher level of expertise for their clients.

Benner (1984) suggested engagement was the bridge from competence to expertise in nursing education. Perhaps the challenge for the massage therapy industry is to engage all stakeholders to create a vision and take the next steps towards clarifying and building the future professional identity of massage therapists; an identity that integrates the practices, culture, and values of the massage industry. The “construction of practitioners’ identities is a collective enterprise and is only partly a matter of an individual’s sense of self” (Resnick, Levine, & Teaskey, 1991, p. 74). A shared identity expresses the composition of a community through the actions of its practitioners (Resnick et al., 1991) and, by pursuing a shared interest and actions, a Community of Practice will contribute to the development of its members and the evolution of the industry as a whole; after all, “personal and collective efforts are required to foster the progressions towards expertise” (Faucher, 2011, p. 218). Barriers to participation in both the Community of Practice and higher education, along with resistance to degree-level education, will need to be addressed and overcome. Challenges of integration with and acceptance by other established health professions will also need to be addressed; Canadian research indicates that stakeholders (orthodox health professions) are not only reluctant to endorse the professionalisation of CAM, but also oppose funding of CAM education, research, and access to the health system dollar (Kelner et al., 2004).
Knowledge is an exercise of power and, as a result, local initiatives such as the BTSM can continually challenge and/or exploit the global culture (Zepke, 2000). The challenge for degree-based education within New Zealand is its ability to market itself as a viable option for future massage therapists and gain recognition by the massage therapy industry as a valid educational option. Today in 2012, 11 years on from the establishment of degree-level education for massage therapists, it remains to be seen whether the benefits of higher education (legitimation, patch protection, and best practice) will encourage the adoption of this curriculum innovation, or whether resistance and barriers will prevail.

**Conclusion**

Massage therapists in New Zealand continue to create their own complex history in an attempt to become valued once again, not only by consumers but by society as a whole. It could be argued that massage therapy as a health service, as practiced by massage therapists, has not moved forward, due to inconsistent educational practices, lack of legal registration, little recognition from other health professionals, low industry standards, a feeble collective professional identity, and a weak industry voice. If massage therapists want professional status then educational standards that support best practice, evidence-based practice, and research capability are required. Degree-based education for massage therapists is one means to gaining acceptance as a serious health care option, as well as recognition from other health professionals, and may help to recover ground lost through historical and contemporary challenges.

There is resistance to higher education for massage therapists for many reasons; however there is also a growing trend toward engagement in degree-based education, evidenced by continuing student enrolments into massage therapy degrees within New Zealand. Research into the perceptions of degree-based education for massage therapists is needed to gain insight into the factors that contribute to resistance and engagement in degree-based education.

Engagement of all stakeholders is needed to clarify the future professional identity of massage therapists. The massage therapy industry within New Zealand could once again move towards a stronger professional identity, occupational boundary, and legitimation as a viable health care provider by accessing the benefits of higher educational standards and practice.
Summary

The complex history of massage therapy, along with the dominant discourses that have influenced its historical and contemporary position as a health service, have been outlined in this chapter. Elements of higher education and professionalisation have been discussed in light of the legitimacy that massage therapists seek. A full review of the literature regarding professionalisation has not been included here due to the word constraints of the published article. An additional review of the professionalisation literature is included in Chapter Eight. In this chapter the need for research into the role of higher education for the New Zealand massage therapy industry in the current climate is discussed. Such research needs to investigate the necessity, benefits, barriers, and understandings of degree-based education for massage therapists across stakeholder groups. The methodology and methods used to answer the research questions are detailed in the next chapter.
Chapter Three

Methodology and Method

Image adapted from Dreamstime, 2014
Chapter Outline

In this chapter I provide a description of the way the research was conducted. The perspectives that inform the research are outlined. The rationale behind the methodology is described, first in general terms and then with specific reference to the research data collection tools. I then describe the method: how the data were collected and how the results were analysed.
Introduction

The process of how this research project was conducted is outlined in this chapter. First, my position within the research is presented, followed by the paradigm that influenced the methodology and methods chosen. The steps involved for both the data collection and analyses are then detailed.

My personal lens: awareness and reflection

As the researcher my position within this project was not as a value neutral observer; this concept has long been disputed and overturned (Caelli, Ray, & Mill, 2003). I am a massage therapy educator and massage therapist. As an educator of 14 years, I teach on a relaxation massage certificate and across all years of a massage therapy degree programme, covering various subjects. The range of levels I teach provides me with an awareness of the synergy of curriculum content required at each level of massage education. Within this context I have observed and been part of a number of changes to massage therapy education. My professional world, within the domain of Complementary and Alternative Medicine (CAM), has been filled with experiences and models of appropriate touch, holism, empowerment, and trust partnerships. The literature that supports my practice as a massage educator and therapist suggests that the delivery of massage therapy can be an encounter where the human experience is considered in physical, mental, emotional and spiritual terms (Fritz, 2006) and the ritual of the visit and the belief system of the client is an integrated part of the healing practice. For me, giving and receiving massage therapy is a shared experience between therapist and client, within professional and ethical boundaries, where shared power is valued. Educated hearts and minds (McIntosh, 2005) are also qualities promoted within massage therapy, as massage therapists are frequently nurturing other people, listening to their stories, and making decisions that will benefit their health and well-being. These concepts describe part of the massage experience valued by clients (Smith et al., 2009a) and are valued by me as a massage educator and therapist.

When teaching the foundation paper for new massage therapy students I frequently share this quote: “to touch my body is to touch me” (Chapman, 2001, p. 107) which sums up my assumption about the world. I carry all of who I am into every situation. Further supporting my belief is my conditioning as a person of Māori descent. Within my Māori worldview, “all that we
are is brought to every situation . . . it is the eyes through which I [my emphasis] view life . . . it forms the base from which I [my emphasis] judge the environment and the filter through which all information I receive is processed” (Purnell, 1996, p. 27).

My ontology acknowledges that different people experience the world in different ways; they can be described as “literally living in different worlds” (Davidson & Tolich, 2003, p. 24) and “what counts as legitimate knowledge” (Davidson & Tolich, 2003, p. 25) is also subjective within my worldview. What exists in the world for me is people, their stories and how I interact with them within the boundaries of multilayered relationships.

I was a student of massage therapy at a time when the delivery of massage education was informal. Learning to massage took place over a weekend or in community night classes where no qualifications were attached to the course. I frequently questioned the claims made by ‘guru’ teachers about the effects of massage therapy and at times found their claims to be extravagant and without foundation. After further training in degree-based massage therapy education, which included the academic approach, I became a supporter of higher education for massage therapists. My bias is towards the need for higher education (degree-based qualifications) for massage therapists. However, after 11 years of implementing and teaching on the first degree programme for massage therapists within New Zealand, I have questioned the role of degree-based education for the New Zealand massage therapy industry. Noting the slow uptake of degree-based education by massage therapists and massage educators, and as a result of a pilot study I did in 2008 (Smith, D. et al., 2010), I felt it timely to embark on this research project to assess my views and compare with others. My beliefs are: degree-based education is important in order to grow the massage therapy profession; degree-based education offers greater opportunities for personal and professional growth; degree-based education is one means towards gaining professional recognition and credibility; higher education contributes to the growth of new knowledge, and massage therapists are in need of up-skilling and engagement in research knowledge. These beliefs and my search to understand why others may not share this vision of degree-based education for massage therapists has provided motivation for this research project.
Paradigms and mixed methods research

Research paradigms or worldviews are made up of “our beliefs about the methods of obtaining knowledge” (Domholdt, 2005, p. 54) and can lay part of the foundation of the research methodology and methods used to answer a research question. Each paradigm is built on the building blocks of ontology, epistemology and methodology (Guba & Lincoln, 2005). Lincoln and Guba (1985) outline two competing paradigms, positivism and naturalistic inquiry, which have vastly different research assumptions. Positivism, built on the scientific approach, assumes that “reality is single, tangible, and fragmentable, knower and known are independent . . . and inquiry is value-free” (Lincoln & Guba, 1985, p. 37). In contrast, there is a considerable diversity in approaches to naturalistic inquiry (Hansen, 2006; Patton, 2002) but “no consensus exists about how to classify the varieties” (Patton, 2002, p. 131). Examples of the variety within naturalistic inquiry include interpretivism (Crotty, 1998), phenomenology, hermeneutics and grounded theory (Patton, 2002) to name a few. However, the majority of the different theoretical positions fall within the constructivist/interpretivist paradigm (Hansen, 2006), which argues that there are multiple constructed realities, “many truths exist” (Henderson & Bialeschki, 2002, p. 104) and fluid definitions of a situation exist and are created by human interaction (Davidson & Tolich, 2003, p. 29). Furthermore, the interpretivist paradigm proposes that “the only reality is constructed by the individuals involved in the research situation” (Creswell, 1994, p. 4), “the researcher also admits the value-laden nature of the study and actively reports his or her values and biases” (Creswell, 1994, p. 6), and “only time- and context-bound working hypotheses are possible” (Lincoln & Guba, 1985, p. 37).

While debate reigns between the positivist and naturalistic paradigms, more recently a third paradigm in educational research, mixed methods research has emerged, positing that “both quantitative and qualitative research is important and useful” (Burke Johnson & Onwuegbuzie, 2004, p. 14). Mixed methods researchers suggest a need for “paradigm pluralism” and “methodological eclecticism” (Teddlie & Tashakkori, 2012, p. 776) where the most appropriate data collection techniques and strategies are selected to best answer the research question. Here, pragmatism provides the underlying philosophical framework for mixed methods (Burke Johnson & Onwuegbuzie, 2004); mixed methods is increasingly being acknowledged for its ability to bring multiple points of view to a research project, taking advantage of the strengths of each of...
the quantitative and qualitative components to explain or resolve multipart occurrences or results (Porcino & Verhoef, 2010, p. 15). In addition to the strengths of a mixed methods approach noted above, “narratives can be used to add meaning to numbers . . . and numbers can be used to add precision to words . . . providing stronger evidence for a conclusion through convergence and corroboration of findings” (Burke Johnson & Onwuegbuzie, 2004, p. 21). However a number of weaknesses of mixed methods research need to be considered: problems of paradigm mixing; the diversity of choices and challenges when mixing the quantitative and qualitative phases; the multiple data collection methods available to the researcher, and the integration of data analysis (Burke Johnson & Onwuegbuzie, 2004; O’Cathain & Thomas, 2006; Teddlie & Tashakkori, 2009).

There are a number of ways to combine the research approaches within mixed methods research, including: managing the time ordering of the phases, for example, simultaneous or sequentially (Creswell, 2003; Teddlie & Tashakkori, 2012); the paradigm emphasis; and the “across-stage” or “within-stage” designs (Burke Johnson & Onwuegbuzie, 2004, p. 20). Sandelowski (2000, p. 249) offers hybrid, combination, or mixed-method design templates that outline different methods of mixing the qualitative or quantitative approaches and techniques of sampling, data collection, and data analyses.

The main critique of mixed methods research is the incompatibility thesis, i.e. that paradigms cannot be mixed. However, Teddlie and Tashakkori (2009, p. 96) outline six contemporary viewpoints on this critique:

1. “methods and paradigms are independent of each other; therefore, the epistemology-methods link is not an issue”;
2. some conclude that mixed methods is impossible;
3. mixed methods is “possible but the QUAL and QUAN components must be kept separate”;
4. “some researchers believe that a single paradigm (e.g., pragmatism, transformative perspective) should serve as the foundation for mixed methods research”;
5. “mixed methods research intentionally engages multiple paradigms and their assumptions . . . as all paradigms are valuable”, and
6. multiple paradigms can be used but “one type of paradigm is best used in a particular kind of study”. Only the second viewpoint agrees with the ‘incompatibility thesis’. The other five either suggest that there is no issue or that there are strategies to manage the mixing of methods.

On the surface it appears that my ontology and epistemological beliefs outlined earlier are best aligned with the interpretivist paradigm. However, elements of the pragmatic paradigm outlined by Burke Johnson and Onwuegbuzie (2004) also fit my ontology and epistemology, and include:

- An attempt to find a middle ground to find a workable solution;
- A recognition of the natural and emergent social and psychological world;
- “A high regard for the reality of and influence of the inner world of human experience” (p.18);
- The view that knowledge is “both constructed and based on the reality of the world we experience and live in”, and
- A belief in fallibilism and provisional truths, a preference for action, and a rejection of reductionism.

The decision to use a mixed methods approach in this study was based on the position that “integration of both approaches would provide a closer understanding” of the research question “than either set of methods can on its own” (Kalil, Way, Weisner, & Yoshikawa, 2008, p. 345). “Intentionally engaging multiple paradigms and their assumptions” (Teddlie & Tashakkori, 2009, p. 96), namely interpretivist and pragmatist paradigms, underpinned this study. Furthermore, CAM therapies frequently involve whole systems or disciplines of care (Verhoef, Lewith, Ritenbaugh, Boon, & Leis, 2005) where “individual components of the whole are inseparable, complementary and synergistic with each other” (Verhoef et al., 2005, p. 210). The use of a qualitative and whole systems approach resonates with my values and my ontological and epistemological positions, as understanding people’s perceptions and telling their stories requires an understanding of their context. Therefore, a variety of data collection tools from multiple data sources facilitated an in depth examination of the participants’ attitudes within their own context, providing a setting to hear multiple voices in different ways.
A sequential, mixed methods approach, with a qualitative emphasis [quan⇒QUAL] was employed (Sandelowski, 2000). The first phase used an online survey. The survey obtained demographic data as well as the views of three different groups within the New Zealand massage therapy industry. The second phase used individual face-to-face and telephone interviews to gain in-depth data to help explain and clarify the key themes expressed through the survey data. Using the exploratory and confirmatory methods model put forward by Onwuegbuzie and Teddlie (2003), an exploratory phase that used descriptive statistics and thematic analysis was used in phase one. This was followed by an exploratory and confirmatory phase (phase two) where confirmatory thematic analyses of the previous emergent themes were used. Throughout both phases interpretivism was emphasized in the study design, data collection, and data analysis.

This research project used a variety of data sources to provide ‘data triangulation’ and multiple methods to provide ‘methodological triangulation’ (Denzin, 1978b cited in Patton, 2002, p. 247; Hansen, 2006; Teddlie & Tashkkori, 2009). Multiple data sources included massage therapy educators, therapists and students, and multiple methods being surveys and interviews. Triangulation was used to provide multiple and diverse perspectives to increase the comprehensiveness of the research (Hansen, 2006). Inconsistencies in findings across the different kinds of data were not viewed as weakening the credibility of results, but rather offered deeper insight into participant’s perceptions of degree-based education (Patton, 2002). This approach to the data is similar to the process of ‘crystallisation’ reported by Sandelowski (1995) where findings from mixed methods approaches are compared to explore convergence, divergence and contradiction. The above approaches to triangulation are congruent with interpretivism adopted in this study, where the “existence of multiple views of equal validity is recognized” (Barbour, 2001 cited in Hansen, 2006, p. 55).

The survey: an overview

As described above, the first phase of this research involved a survey approach. The aim of this survey was to collect demographic, descriptive data and general comments from a sample of massage therapy stakeholders to gain an overall impression of this population. The central premises of the survey approach are to collect data from a sample of people, to describe the target population of interest, and to produce statistical estimates about aspects of the study population.
Surveys commonly use a structured set of questions or statements to measure attitudes, beliefs, values or tendencies to act (Goodwin, 2005 cited in Hymel, 2006). Surveys can provide a breadth of study, a focus on the snapshot at a given point in time and can obtain responses from people from a wide geographic area (Thomas, Nelson, & Silverman, 2005). Thus surveys offer a “span of vision which is wide and inclusive” allowing for an element of generalisability from the data collected (Denscombe, 2003, p. 27). This classic concept of generalisability fits more readily within the positivist paradigm and has some defining characteristics: generalisations are universal, and time and context free (Lincoln & Guba, 1985). While the positivistic undertone of some survey items created a tension with the interpretivist nature of this research study, some open-ended items were added to this survey to elicit qualitative data from participants (Punch, 2003; Teddlie & Tashakkori, 2009).

In general, authors report the benefits of the survey approach as the time efficiency, low implementation costs compared to other methods, broad geographic distribution, anonymity, accessibility without time constraints, and less researcher influence (Denscombe, 2003; Domholdt, 2005; Hicks, 2009; Riva, Teruzzi, & Anolli, 2003). However, the survey approach also has limitations. These include: a low return rate from those surveyed; incorrectly completed or ignored questions and possibly misinterpreted instructions by respondents; limited depth of response by respondents; the limited style and compilation of questions; the need for respondents to have the ability to read and write; and a large amount of data entry for the researcher (Denscombe, 2003; Domholdt, 2005; Hicks, 2009; Riva et al., 2003). Online surveys have become a popular means to accessing a large participant population when utilising a survey method of data collection (Riva et al., 2003). Further benefits of online surveys are the very broad geographic distribution and data entry occurring as respondents complete the questionnaire. However, additional limitations to using online surveys are internet and email access, access to survey software, and greater difficulty in determining who is answering the questionnaire (Domholdt, 2005).

The survey method
The aim of the survey was to create an understanding of the barriers, benefits, and attitudes held by massage educators, massage therapists, and massage therapy students towards higher
education for massage therapists within New Zealand. The specific objectives for the survey were:

1. To investigate the perceived necessity of degree-based education for the practice and growth of massage therapy;
2. To identify and explore perceived benefits of degree-based massage education;
3. To identify and explore perceived barriers to degree-based massage education, and
4. To identify understandings and attitudes toward degree-based education for massage therapists.

Following are details about the participant sample, development and pilot testing of the survey, the recruitment and data collection procedure, and data analyses.

Sample

The sample needs to mirror the characteristics of the larger population (Fink, 2003) to allow for generalisability of the survey findings (Punch, 2003). Moreover, to generalise from the findings, a survey needs to include sufficient numbers, which are influenced by response rates (Denscombe, 2003). The population of interest included: massage therapists (currently practicing); massage therapy educators currently teaching at any one of the 14 listed schools; and massage therapy students enrolled in a New Zealand certificate, diploma or degree programme in massage therapy.

A number of sampling frames were utilised. The sampling frame for the massage therapists were the Yellow Pages Business Directory of New Zealand under the Massage Health and Fitness section, and the MNZ website. Massage therapy education providers were sampled from the MNZ website and contacts of the researcher. Massage therapy students were accessed via a contact person for each education provider. Participants were included if they were able to communicate in English and were over the age of 17 years (with 18 years being the common age for entering tertiary education). At the time of this survey, 403 massage therapists from 18 regions across New Zealand were sourced from the Yellow Pages business directory and MNZ’s website. Also listed on the MNZ website were the 14 massage therapy education providers. It was estimated, based on researcher involvement in the massage therapy education sector, that each would have an average of three full-time equivalent massage therapy educators and an
average of 36 students per education provider. Therefore, the estimated aggregate population for this project was approximately 949 potential participants.

Massage therapy educators, massage therapists and massage students are stakeholders of the massage therapy industry. They are quite distinct groups with different relationships, positions, and roles in massage therapy within New Zealand. Massage educators are teachers of massage therapy to massage students at a variety of educational levels. They work full-time or part-time within tertiary institutions such as polytechnics or private training establishments. Most hold massage therapy or health-related qualifications. Massage educators usually have a history of involvement within the industry and may also be working as massage therapists. Massage therapy students gain their education either through polytechnics or private training establishments. In contrast to other stakeholders, they are relatively new to the massage therapy industry and in general their goal is to learn about massage therapy and gain an industry qualification. Massage students may also be working as massage therapists throughout their study. Massage therapists’ focus is on the massage therapy consumer. Therapists also work full-time or part-time and are mainly self-employed. They may or may not hold massage therapy industry qualifications.

**Development and pilot testing the survey**

A list of topic areas was compiled from the research objectives, education literature (Field, 2004; Perna, 2005; Pine & Tart, 2007), collegial discussions, and findings from a 2008 pilot study (Smith, D. et al., 2010). Topic areas for the survey were:

- Attitudes toward degree-based education and growth of the massage therapy industry;
- Possible benefits and barriers of higher education for massage therapists;
- General questions on demographics including: gender; age; ethnicity; nationality; level of education; massage therapy qualifications; and place of work, practice or study, and
- A final question seeking any further comments.

The survey is shown in Appendix B. Descriptive information was obtained using closed-ended questions with categorical or numerical response options; the category ‘other’ followed by
‘please specify’ catered for additional, unanticipated responses in the closed-ended questions. Attitudes and beliefs were measured via statements using a one to five (‘strongly agree’ to ‘strongly disagree’) Likert scale (Alreck & Settle, 1995). The survey also contained a small number of open-ended questions in which participants were asked to explain the rating they gave in a preceding question. The survey was constructed for online delivery using “Select Survey” software.

Readability, order, format, language level, and completion time were considered in the drafting of the survey for the specific target group (Denscombe, 2003). Piloting of the survey allowed a check and correction of ambiguities, a measure of the length of time needed for completion, and an opportunity to determine the effectiveness of this research approach (Blaxter, Hughes, & Tight, 2006). The survey was piloted on six volunteers from the researcher’s networks. Volunteers included two massage students, two massage educators and two massage therapists. Comments by pilot volunteers were that: the questions mostly made sense; they flowed easily; and took little time to complete. However the Likert scale required an order correction and Question 11 was altered to make clear the difference between location and accessibility. The time taken to complete the survey ranged from 8-15 minutes. Survey data from the pilot group were not used in the main study.

**Recruitment and data collection procedure**

Every massage therapist who was listed in the Yellow Pages directory or on the MNZ website was telephoned or emailed inviting them to take part in the survey. Those contacted by email received an introductory email that included a brief outline of the study. A letter of invitation (Appendix C) that further outlined the study was attached; both the email and the letter of invitation provided the link to the online questionnaire. Those participants phoned that showed an interest were also sent the above information via email. If there was no answer to the phone call on the day, or no reply to the email, then no follow up call or email was initiated due to project time restraints. Each massage school was phoned or emailed and invited to take part in the survey. Those interested were also sent the same information as above. In addition massage therapy education providers, via their programme coordinators, were asked to provide students with the letter of invitation with the link to the online survey. MNZ, as an entity, was not a
participant of this study as anonymity of the MNZ Executive could not be assured, and as a professional association they did not represent all practicing massage therapists within New Zealand.

The survey sampling period initially took place during a three week period from November to December, 2011. As the number of responses was low the survey remained open for a further 4-week period until the 1\textsuperscript{st} of January 2012. A reminder email (Appendix D) was also sent three weeks into the initial sampling period. All participants were offered a summary of results and a letter acknowledging their participation in the research.

Those people that chose to participate clicked on the link that took them directly to the online survey. The survey was set up to allow the participants to save their responses and return to the survey at a later date. Participants could choose to answer any or none of the questions. The survey was anonymous unless participants voluntarily provided their name and contact details in order to take part in the face-to-face or phone interviews or to have a letter of participation sent to them. On completion of the survey participants selected the ‘submit’ button and their data were automatically recorded on a spreadsheet for subsequent analysis. There were 141 people who responded to the online survey.

**Analysis of survey data**

The “Select Survey” software automatically created a spreadsheet that recorded responses and provided descriptive statistics for each quantitative question. These data were imported into Excel where the data were cleaned. Responses from invalid participants (e.g. non-massage therapists, massage therapists practising overseas, or participants who did not provide their employment or study status) were removed leaving a total of 128 participants in the final data set. An additional recoding process occurred of the neutral responses on the Likert scale when the subsequent qualitative explanation for their response was clearly not neutral. The three main subgroups were also re-coded under new subgroups of massage educator/massage therapist and massage therapist/massage student when participants were in more than one subgroup. The final data set consisted of: 14 massage educators; 63 massage therapists; 34 massage students; eight massage educators who were also massage therapists; and nine massage therapists who were also
massage students. The frequency of responses was reported in percentage and graph format, and percentages were also reported for each subgroup. Inferential statistics were not applied to the data for two reasons: firstly, subgroup response frequency was often too low to conduct appropriate tests between groups, and secondly, the purpose of collecting the quantitative data was to provide a broad picture, rather than an explanatory or correlational one. Under the interpretivist paradigm, freeform comments were copied to an excel spreadsheet for content analysis and recoded (grouped) where necessary. Themes were generated from the answers using Thomas’ (2006) general inductive approach and presented with supporting quotes where appropriate. The focus in this analysis was on the nature of the themes, hence no frequency counts were conducted.

The interview: an overview

Following the survey the second phase of this study was qualitative in nature, to get rich in-depth data from a much smaller number of people, in an attempt to understand participant’s perspectives from their own framework (Blaxter et al., 2006; Patton, 2002). Interviewing is a widely practiced data collection method used where the researcher requires detailed information about the “experiences, meanings and opinions of individuals” (Hansen, 2006, p. 97). Interviews can offer a powerful means of exploring the complexities of participants’ experiences (Broom, 2005) by providing a chance for people to talk and be listened to in a personal and uncritical manner (Blaxter et al., 2006; Denscombe, 2003). Interviews are based on the assumption that each person’s views are valid, the interviewer and the interviewee both play an active role, and interviews are a useful “way of ‘finding out’ what is going on” (Hansen, 2006, p. 97). In addition, interviews allow the researcher to find out those things that cannot be easily observed (Patton, 2002). This approach to data collection from the perspective of interpretivism asserts that there are multiple perspectives and “all perspectives aggregated do not necessarily sum to the whole of the phenomenon” (Lincoln & Guba, 1985, p. 119). This approach is incongruent with the classic concept of generalisability, which is built on positivist assumptions. As an alternative to generating generalisations, the concept of developing a “tentative” working hypothesis (Lincoln & Guba, 1985, p. 124) is proposed as a useful goal of inquiry on the basis that these working hypotheses can form the basis for the next round of inquiry.
In this research, the interview method was chosen further to explore the perceptions of massage educators, massage therapists and massage students regarding degree-based education. Distinct styles of interviews exist including unstructured in-depth semi-structured and structured interviews (Hansen, 2006). Due to the clear list of topics to be addressed from the survey data a “framework approach” (Pope, Ziebland, & Mays, 2006, p. 72), using semi-structured interviews, was used. This approach allowed participants to reflect on their experiences and speak widely on the topics raised by the researcher. Such an approach, according to Denscombe (2003), allows the interviewee to elaborate on points of interest and the interviewer to be flexible in terms of the order in which the topics are considered.

Although interviews are interactive, contextual and flexible (Britten, in Pope & Mays, 2006) and provide opportunities for open dialogue between the researcher and participants, this method is not without its limitations. Using a qualitative approach to research takes skill (Patton, 2002) and requires “researcher reflexivity” (Hansen, 2006, p. 97). Moreover the information gathered is often reliant on the interviewer and, consequently, one of the limitations of using an interview to collect data is the ability of the researcher to effectively ask the right questions in the right way (Davidson & Tolich, 2003). A further limitation of this approach is that people may understand the question, but there is no assurance that they will know the answer (Davidson & Tolich, 2003). Face-to-face and telephone interviews can be very time consuming and data collection and transcription can be expensive (Denscombe, 2003). For telephone interviews the researcher can never be certain who is answering the questions and there is no way to read non-verbal behaviour (Walsh, 2001). Furthermore, the impact of the interviewer and recording the interview can be inhibitory on the interviewee, which might be viewed by some as an invasion of privacy (Denscombe, 2003). Ethical issues of confidentiality and over involvement of the researcher also exist in this approach (Merriam, 1988).

To assist in controlling these limitations a number of strategies were employed and these are discussed in the following methods section.
The interview method
As stated previously the purpose of phase two of this research project was to further examine participants’ perceptions and, in particular, explore quotes from the survey. Face-to-face interviews and telephone interviews were used to seek opinions from those participants who had consented to be contacted and interviewed. Following are the details about the recruitment of interview participants, data collection procedures, and data analyses.

Participants and recruitment
Voluntary, purposive, quota sampling was used to select interview participants. Participants indicated a willingness to participate in 30-60 minute face-to-face or telephone interviews by ticking a box on the survey questionnaire and providing their contact details. It was planned to select typical and interesting cases from each sub-group (educators, therapists, certificate student, diploma student, degree student) from those who had self-selected in order to gain variation across the sample (Patton, 2002; Streubert Speziale & Carpenter, 2003). From the 128 participants who completed the survey questionnaire, 70 indicated a willingness to participate in the interview process, however only 20 provided the researcher with contact details. Therefore all 20 volunteers were selected for phase two of the study. Each selected participant was sent an Information Sheet and Consent Form (Appendix E). All 20 volunteers (six massage educators, six massage students, and eight massage therapists) consented to be part of the study.

Development of interview questions
In general, the purpose of the interview was to explore questions around massage education and perceived benefits of and barriers to degree-based education. Specific questions were developed using the analyses of the survey data. The themes from the survey were explored further in the interviews by using generalised quotes from some of the survey participants. All the concerns within the survey were covered in the interview discussion guide (Table 3.1). The discussion guide was used to collect data under the “framework approach” (Pope, Ziebland, & Mays, 2006, p. 72). Although the framework is based heavily in the original accounts of the people studied and is inductive, it starts from the aims and objectives already set for the study and therefore the interview discussion guide tended to be slightly more structured. The interview discussion guide covered the opening, introductory, key, prompt, and ending questions. The key foci in the
discussion guide were: education, growth, image, benefits and barriers with related sub-questions, which are documented in Table 3.1.

The interview discussion guide, proposed questioning process, and potential extending questions were piloted on one massage therapist and one massage educator known to the researcher; data from the pilot tests were not used in the main study. Following the pilots, no adjustment were made to the guide as the questions were understandable, the probing and extending questions were effective and the duration was within the time parameters of the interview.

**Data collection procedure**

Participants were asked to meet at an agreed location and time (for the face-to-face interview) or an agreed date and time (for the telephone interview) that suited both the researcher and the participant. The discussion guide was sent prior to this meeting. An email or telephone call prior to the interview was used to re-confirm the date, time and location of the interview. A period of 5-10 minutes was used to build rapport. The interviewee was encouraged to ask any clarifying questions prior to the interview commencing. The interview took no longer than 60 minutes, including rapport-building time. In all cases, the opening and introductory questions were asked first. Following that, the questioning route followed the line of conversation. Topic areas not covered by this approach were added to the interview once a line of questioning was completed. Extending and clarifying questions were also asked. The inductive nature of this study did result in the guide changing in response to the interview circumstances. Findings from previous interviews were also incorporated. This flexibility is normal within qualitative research (Hansen, 2006).
<table>
<thead>
<tr>
<th>Opening questions</th>
<th>Prompt Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you always wanted to be a massage therapist and why? What has been your career pathway into massage therapy? Do you hold other qualifications?</td>
<td>What other occupation have you had prior to becoming a massage therapist?</td>
</tr>
<tr>
<td><strong>Introductory questions</strong></td>
<td></td>
</tr>
<tr>
<td>What are two words or key ideas that come to mind when you think of massage education?</td>
<td></td>
</tr>
<tr>
<td>What are the most important issues that are facing the massage therapy industry at present?</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>What types of skills/knowledge do you see as priority for a massage therapist in today’s market place?</td>
<td>Do you see the current education standards assisting students to learn these skills?</td>
</tr>
<tr>
<td>What do you see as the purpose of degree-based education in any field, not necessarily massage therapy?</td>
<td></td>
</tr>
<tr>
<td>There are many great therapists without degrees. What areas of professional development do you see as appropriate for all therapists to undertake?</td>
<td>Do you think workshops, mentoring, community service and involvement with sports teams and active involvement in a professional body is the way of the future for professional development for massage therapists?</td>
</tr>
<tr>
<td>What content do you think is required within the third year of a massage therapy degree?</td>
<td></td>
</tr>
<tr>
<td>Do you see degree-based education for massage therapists as undermining the Certificate and Diploma level qualifications or do you see it as an important option to have for continued education?</td>
<td></td>
</tr>
<tr>
<td>Some participants in the survey saw degree-based education as restrictive, as some people may not have the ability to achieve at this level. Do you have a view on this?</td>
<td></td>
</tr>
<tr>
<td>Some participants thought that there are really good therapists out there massaging and a degree doesn’t make you a better therapist. What are your thoughts on this view?</td>
<td>Do you think having a diploma and doing workshops is enough for the future development of a therapist and for the industry as a whole?</td>
</tr>
<tr>
<td>Some thought that a degree was of no benefit at all. Can you see their point of view?</td>
<td></td>
</tr>
<tr>
<td>Do you think having a degree moves beyond massage therapies scope of practice?</td>
<td>If so in what way?</td>
</tr>
<tr>
<td>What types of qualifications and skills do you think massage educators should have in order to teach at degree level?</td>
<td></td>
</tr>
</tbody>
</table>
Table 3.1: Interview discussion guide (continued)

<table>
<thead>
<tr>
<th>Table 3.1: Interview discussion guide (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Growth</strong></td>
</tr>
<tr>
<td>It’s important for any industry to grow. In what direction would you like to see massage therapy grow?</td>
</tr>
<tr>
<td>One quote from the survey said that regulation within the massage is needed. Do you have a view on this? And that cohesion within massage education is needed for the growth of the massage industry.</td>
</tr>
<tr>
<td>Is a diploma level qualification adequate to massage therapeutically along with intuition and good practical skills. What do you think?</td>
</tr>
<tr>
<td>Do you think that a diploma is adequate to help the massage profession gain credibility and acceptance with other health professions?</td>
</tr>
<tr>
<td><strong>Image</strong></td>
</tr>
<tr>
<td>Would you agree that a professional image is more important for our industry given its past connection with the sex industry?</td>
</tr>
<tr>
<td>What are the main strengths of a massage therapist as opposed to other professions i.e. nursing, physiotherapists?</td>
</tr>
<tr>
<td><strong>Benefits and Barriers to degree-based Education</strong></td>
</tr>
<tr>
<td>What would you see as the main benefit to you personally in gaining a degree qualification in massage therapy?</td>
</tr>
<tr>
<td>What were/are the main barriers for you in accessing degree-level education in massage therapy?</td>
</tr>
<tr>
<td>What would massage education providers need to do to make higher education more accessible for massage therapists to up-skill if they wanted to?</td>
</tr>
<tr>
<td>Is there anything more you would like to add?</td>
</tr>
<tr>
<td><strong>Ending summary</strong></td>
</tr>
<tr>
<td>I will send you a transcript of our interview for your clarification and for an opportunity for you to add or delete any information.</td>
</tr>
<tr>
<td>Thank you for participating in this interview and would you like to add any further comment to this interview.</td>
</tr>
</tbody>
</table>
Analysis of the interview data

Data analysis was performed using the general inductive approach (Thomas, 2006). This approach allows the findings to emerge from the frequent, dominant themes within the raw data. The primary means of analysis is the development of categories from the raw data into a framework, which is coded and systematically analysed in a process of categorising themes/patterns of commonality and difference. The framework used for inductive coding of the data follows the processes outlined by Thomas (2006), which fits the interpretivist paradigm of this research. The interview was audio recorded and transcribed verbatim. Participants were sent a copy of the transcript of their interview for review. This process included corrections or further inclusions if the participant wished. Modifications to clarify and add to the transcripts were made by two participants. Participants were made aware that their names or any other identifying characteristics would remain anonymous to the public in the course of the research process and dissemination of the final research data. Participants were informed that only the researcher, research supervisors and audio-typist had access to the data. The audio-typist signed a confidentiality form prior to transcription. Pseudonyms were used to maintain confidentiality. The checked transcripts were closely read multiple times and coded into an Excel spreadsheet. The data were organised around key topics and analysed for categories. Participant phrases were used for category labels. Further coding and re-coding took place when participants’ views overlapped categories or were irrelevant to the research questions. Colour coding assisted with analysing ideas and views that overlapped, and categories were further refined and key themes were formed from a process of continued revision and the merging of common categories. Final categories were combined into major themes. A consistency check was undertaken and supervisors viewed several transcripts as an independent review. A check for bias, analysis and perspective was undertaken and agreement achieved on the themes emerging from the data. Theme labels and descriptions were written and appropriate quotes conveyed the main ideas within each theme.

Following the thematic analysis the findings are presented in two ways. First, to reveal the perceptions of the three groups of participants, cases are constructed from the combined narratives of each group. Second, the themes across the groups are described and examined. Participant narratives provide context to support each theme.
Trustworthiness

The position of the researcher influences the shaping of project methodology, method and the interpretive process (Broom, 2005; Denscombe, 2003) and, therefore, the findings need to convey trustworthiness (Lincoln & Guba, 1985). Hence, to establish trustworthiness of qualitative research, credibility, transferability, dependability and confirmability need to be established (Shenton, 2004). A number of strategies in the data collection and interpretation phases can be used to improve the trustworthiness of findings. These include: consistency checking; member-checking; peer debriefing; using rich thick descriptions; reflexive writing to clarify researcher bias; showing an audit trail, and use of an external auditor (Creswell, 2003; Shenton, 2004). Trustworthiness of the results of this project was achieved through a number of processes as outlined below.

Credibility was achieved by adopting well-established methods of investigation, such as using a survey design to collect quantitative data and interviewing participants to further explore the themes generated by the survey. Using these different methods of data collection allowed for triangulation and clarification of data; viewpoints and experiences were checked against responses of other participants to create a rich picture of perceptions of degree-based education for massage therapists. Further adding to the credibility of the study was the familiarity of the researcher with the culture of massage therapy and massage education. A previously established relationship of trust existed with some massage education providers. Similarly, the interview method and its informed consent process was comparable to that used in a therapist-client massage therapy interaction. Familiarity with one-on-one interactions of this nature may have provided more credible information. Frequent meetings with research supervisors and peer review of the research project were ongoing.

By being transparent about the context of the study readers can evaluate the “fittingness” of findings, that is, the similarity between their situation and the context of these findings (Lincoln & Guba, 1985, p. 124). The degree of fittingness directly influences the transferability of the working hypotheses. To assist in deciding whether a working hypothesis developed in this study is applicable to a different context, that is, transferability (Lincoln & Guba, 1985), the methodology and methods have been stated clearly. Participant groups, inclusion criteria, the number of participants, the length of the survey questionnaire and the time period for the survey,
as well as the interview protocol, have also been made explicit. In addition, participant narratives have been reported.

Dependability and confirmability were addressed by describing the research design and the implementation of the research project. Again, researcher bias was reported in the methodology, as were the decisions that were made by the researcher because of personal beliefs and values. For consistency and accuracy of data analysis, supervisors completed an audit check of the data. Peer debriefing, discussion and reflection by the researcher were ongoing and, in addition, the use of narratives in the reporting of results provided transparency.

**Ethics**

The School of Physiotherapy Human Ethics Committee at the University of Otago approved the methods outlined above (Appendix F).

**Summary**

As previously acknowledged at the start of this chapter, my involvement is not value neutral. It has been important to identify my background and position within this research project, particularly my involvement as a massage educator, my bias towards degree-based education for massage therapists, and my Māori worldview. These influences have been a potential source of bias within this project; responding to these influences has required constant monitoring of my collection and interpretation of data and transparency of reported findings. This chapter has provided an explanation of and rationale for the methods and procedures used in this study. A mixed methods approach using an online survey and individual interviews were used to address the research questions. The results from the online survey are reported in Chapter Four. The results from the interviews are presented in Chapters Five, Six and Seven respectively. In Chapter Five I present the three descriptive cases while in Chapters Six and Seven I report and discuss the themes arising from the thematic analysis of the interviews.
Chapter Four

Survey Results - A Snapshot

Image adapted from Dreamstime, 2014
Chapter Outline

In this chapter I document the findings from the online survey of massage educators, therapists, and students. Perceptions of degree-based education are investigated with regards to a massage therapy degree being essential, needed for growth, and necessary to practice as a relaxation or therapeutic/clinical massage therapist. In addition, data are collected on the benefits and barriers to degree-based education. Both quantitative and qualitative data are analysed and presented.
Introduction

In this chapter the findings from the online survey are presented. An overview of the participant cohort is first outlined. This is followed by results reporting their perceptions on whether degree-based education is essential for the practice of massage therapy and for the growth of the massage therapy industry; the need for degree-based education for relaxation and therapeutic/clinical rehabilitation massage practice; participants’ planned actions regarding compulsory higher level education, and the benefits of and barriers to higher education. Descriptive statistics are used to present the quantitative data; qualitative data, in the form of quotes, provide contextual narrative. An overall summary of the main findings is given at the end of the chapter.

Overview of participant cohort

One hundred and twenty eight valid responses to the online survey were received, which gave a response rate of 13.5% from an estimated 949 potential participants. The response rate for each subgroup was: massage educators (33.3%), massage therapists (15.6%), and massage students (6.8%). Of the 128 participants, 14 (10.9%) were massage educators (ME), 63 (49.2%) were massage therapists (MT) and 34 (26.6%) were massage students (MS). There were an additional 8 (6.3%) massage educators who were also massage therapists (ME/MT), and 9 (7.0%) massage therapists who were also massage students (MT/MS). Not all participants answered all questions and therefore the following tables and figures report the number of respondents or subgroup respondents per question or item.

The majority of participants were female (111/128, 86.7%), New Zealand European (113/128, 91.9%), and 14 participants (11.4%) identified as New Zealand Māori. Each of the following ethnic groups (Samoan, American, American Indian, English, Japanese, South African and Swiss) had one participant. Figure 4.1 shows a strong representation across the age ranges between 22 and 55, and only 6.3% being aged 18-21 years.
Current employment and/or study status is presented in Figure 4.2. There were more massage educators working part-time compared with full-time. Similarly, more massage therapists were employed part-time. Of the 44 participants who were studying, 12 were currently enrolled in a certificate of massage course, 20 were enrolled in a diploma of massage course and 12 were enrolled in a bachelor’s degree in massage therapy. Students and massage therapists who were also students (MS and MT/MS) were taking courses from Institutes of Technology or Polytechnics (26/41; 63.4%) and Private Training Establishments (15/41; 36.5%).

Figure 4.1: Age range of participants (n=127).

Figure 4.2: Current employment and/or study status for participants (n=128).
Over three quarters of participants (97/123, 78.8%) held a certificate or diploma massage qualification, with a bachelor’s degree in massage therapy (12/123, 9.8%) being less common (Figure 4.3). Specific massage therapy post-graduate qualifications do not exist in New Zealand. Non-massage bachelor or post-graduate qualifications were held by just over a quarter of participants (34/117, 29.1%). Of the 14 participants (14/123, 11.4%) holding no massage therapy qualification, 10 were current massage students, and 2 were allied educators teaching in areas such as anatomy and physiology for massage students. One massage educator/therapist, offering private massage lessons, held no massage qualification, and one massage therapist did not hold a massage qualification.

![Figure 4.3: Highest level of education - massage (n=123) and non-massage (n=117).](image)

Figure 4.4 illustrates the provinces/regions where educators taught and where students studied. The participants were from the main training establishments, which were Northland, Auckland, Waikato/Bay of Plenty, Central North Island, Hawkes Bay, Wellington, Otago and Southland. At the time of the study there were no training establishments in Canterbury. Two
massage educators indicated they taught throughout New Zealand. Massage students were concentrated around the regions where massage education was accessible. In comparison, massage therapists were more widely distributed with the highest concentration in the Auckland and Canterbury regions (Figure 4.5).

Figure 4.4: Regions where survey participant educators (E) teach (n=19) and students (S) study (n=40).
Figure 4.5: Regions where survey participant massage therapists practice (n=68).

Figure 4.6 presents the current work status of massage therapists; categories were not mutually exclusive. Self-employment (part-time therapists: 51.7%; full-time therapists: 48.3%) was the most frequent mode of work. Part-time was defined as 20 hours or less per week and full-time was more than 20 hours per week.
Figure 4.6: Massage therapists’ current work status (n=76).

Figure 4.7 shows the courses that massage educators were teaching (certificate, diploma and degree), as well as how long they had been teaching. Ten educators taught on more than one course and just over half (11/20; 55%) had been teaching for six years or more. Educators taught at Polytechnics/Institutes of Technology (47.6%), Private Training Establishments (42.9%), and two educators (9.5%) taught privately.

Figure 4.7: Educators’ teaching levels and number of years teaching (n=20).
Degree-based education for massage therapy

The following sections report the participants’ perceptions in relation to five areas of focus:

- Is degree-based education essential for the practice of massage therapy?
- Is degree-based education essential for the growth of the massage therapy industry?
- Is degree-based education needed for relaxation and therapeutic/clinical rehabilitation massage practice?
- Participants’ planned actions regarding compulsory higher level education, and
- The benefits and barriers to higher education.

Participants were asked to rate their agreement with a range of statements relating to these focus areas. For each focus area the frequency of responses for the entire cohort are first presented. Secondly, frequencies of responses from each subgroup are reported (i.e. for massage educators (ME), massage educators who are also massage therapists (ME/MT), massage therapists (MT), massage therapists who are also students (MT/MS), and massage students (MS)). Themes associated with the qualitative data collected from the open-ended question “Please explain why you have given this rating” are then reported. Themes are described using narratives from participants. Narratives are presented using a code representing participant characteristics: the abbreviation for the subgroup; the coded participant number; their age range and massage qualification held. For example (MT 48/36-45, D) represents massage therapist, participant number 48, aged 36-45, holding a diploma qualification. Those participants with a certificate or bachelor’s degree will be represented as a C or B respectively.

Participant responses

The participant responses to the statement “degree-based education is essential for massage therapists practicing in New Zealand” are presented in Figure 4.8. When the categories are combined, 45.6% strongly agreed or agreed with this statement, while 40.1% strongly disagreed or disagreed. When separated into subgroups (Figure 4.9) it was apparent that agreement was highest amongst ME and MS, followed by MT and ME/MT. Disagreement was highest amongst ME/MT, MT and ME. Note that, of the 22 massage educators who answered this question, ten (45.5%) disagreed or strongly disagreed with this statement.
Figure 4.8: Responses to the statement: “degree-based education is essential for massage therapists practicing in New Zealand” (n=127).

Figure 4.9: Subgroup responses to the statement: “degree-based education is essential for massage therapists practicing in New Zealand”.
Perceptions of those in agreement

Three themes emerged from participants that strongly agreed or agreed with the position that degree-based education for massage therapy was essential. These were: knowledge and skills; growth and viability, and a positive image as a health practice. All three themes were evident in each of the three sub-groups. Narratives from massage educators, massage therapists and massage therapy students are presented below in relation to these themes.

Massage educators who agreed with the above statement believed that massage therapists needed to practice in a manner that was based on evidence, and to have an educational standing with other health professions. This is evident by the following statement:

For massage to progress as a viable professional industry alongside other health professions there needs to be evidence based practice. Massage therapists need the capacity to use the universal language of medicine and medical research and if there is ever to be government health funding for massage this will probably be a requirement anyway (ME 20/56+, D).

Another educator commented further with regard to a positive image as a health practice and growth, saying:

For massage therapy to be positioned in primary health care a degree is an absolute. All other health professionals are qualified to degree level. Otherwise massage therapy runs the risk of remaining just where it is with the same public and medical perceptions around its use (ME 29/46-55, D).

Massage therapists agreed that aligning massage therapy education to the same standards as other health professionals would improve the image, acceptance and validation of massage therapy practice. For example one therapist expressed this view by saying, “I think degree-based education places massage therapists at an equal level to other health professionals (e.g. physiotherapist/nurses/occupational therapist) which would lead to greater acceptance and validation of massage as a health choice” (MT 131/no age range given, D). Others said, “education is absolutely essential at the highest level to develop the best therapists and filter out the not so good ones” (MT 132/22-35, D) and “it gives the therapist the essentials needed for practicing safely and the client can be assured of their credentials and they have the knowledge needed to perform at an expected professional level” (MT/MS 48/36-45, C).
However, some therapists thought that there should be different qualifications between those practicing therapeutic versus relaxation massage. For example:

I believe a degree level qualification should be essential for those practicing therapeutic/sports massage; to raise both standards of education and ensure an even skill level across the board. I think there should be a distinction between relaxation therapists and those mentioned above. Degree level education is not necessary for those practicing relaxation/spa type massage (MT 129/22-35, B).

Massage therapy students mainly focused on the need for a strong knowledge base. One certificate level student thought “a strong knowledge base is important whenever you’re working in the healthcare environment” (MS 26/36-45, C) and a diploma level student noted that, “degree-based training for massage therapists is essential because we are dealing with people’s health and wellbeing; we need to understand the implications that we are having on the patient’s body” (MS 51/22-35, D). A student currently enrolled in a bachelor’s degree reinforced this view:

The learning that takes place during year three [of a bachelor’s degree] is invaluable to the growth and development of a massage therapist. The level of reasoning; use of outcome measures; introduction to health psychology aspects of care, and professional development are just some of the factors that contribute to setting bachelor’s degree qualified therapists apart from the rest (MS 42/22-35, D).

Perceptions of those in disagreement
For those participants disagreeing with degree-based education as being essential for the practice of massage therapy, their responses revealed three themes: degree-based education was of no benefit; it was restrictive, and a degree may extend massage therapy beyond its scope of practice. All three themes were evident in each of the three sub-groups. Narratives from massage educators, massage therapists and massage therapy students are presented below in relation to these themes.

Massage educators who disagreed commonly thought that degree-based education was of no benefit. They stated, “there are currently competent practitioners who do not have a degree,” (ME 1/36-45, D) “it is not necessary to be educated to degree-level to be an effective massage therapist,” (ME 125/56+, C), and “a diploma more than meets the requirements for the profession,
with its combination of theory and practical components” (ME 105/46-55, D). One massage educator was concerned that:

The tutors taking classes are not at the level of a degree mind and are lowering the standards. Most of the classes are about reading a case and rewriting in your own words, but not being able to actually do the work. This is a waste of time and of no use to the public (ME 135/46-55, D).

In addition, as illustrated below, there was a view that a degree would not only eliminate good therapists, but some people did not have the ability to gain a degree-level qualification.

I believe there are many good massage therapists who have a great understanding of the body and who have a natural ability and also the right personality to do this. Not all therapists have the ability to study and put themselves through the immense stress involved in gaining a degree and therefore we would lose a lot of naturally great therapists (ME 103/46-55, C).

Massage therapists who disagreed with the statement also thought that degree-level education provided no additional benefit, saying:

Massage therapy is a practical skill, based on a level of knowledge that can be learnt from other more experienced therapists without the need for extensive academic knowledge. Massage requires a combination of knowledge and intuition when it comes to the human body (MT 127/46-55, D).

On a similar note, one therapist/student commented, “I think degree-based education for massage therapists is ideal, but with our current non-regulated industry it provides no major benefit over diploma-level education,” (MT/MS 6/22-35, C) while another therapist said, “the degree seems to add research; how is that going to improve the hands-on quality of a therapist? I don't think so at all” (MT58/46-55, D). Massage therapists also noted that, in addition to being of no practical benefit, it may also restrict some people from massaging with the subsequent concern that massage as a humanitarian service may be lost.

A degree is a high qualification and not everyone can afford or has the opportunity to get a degree. Human touch is so essential for surviving and intuition and healing hands is given by many people without degrees. It would be very sad if they could not practice and support humanity with this service anymore. It is important to maybe have degrees for physiotherapy and chiropractors, which work on another level (MT 15/36-45, C).
There was also concern that “degree-level training has a strong component of research and pathologies which moves beyond our current scope of practice” (MT 73/46-55, D).

Statements by massage students who disagreed also included the themes of “no benefit” and “restrictive”. One certificate level student commented, “I don't believe that a formal qualification actually makes you a successful massage therapist,” (MS 18/22-35, C) and a diploma level student said, “I am doing a diploma in massage . . . and it is really hard work. We seem to be doing the same things as a degree-based course, just minus some of the research papers” (MS 8/18-21, D). A bachelor level student strongly disagreed “because the industry is not regulated and anyone can hold themselves out as a massage therapist” (MS 64/22-35, B). Furthermore, one student thought a degree was restrictive toward indigenous cultures that practice effectively without degree-level education. She offered this view, “there are many Māori and other indigenous massage therapists who work safely and effectively without degree qualifications. It would be a shame to shut them out of practicing because of a requirement to have a degree” (MS 98/36-45, C).

**Perceptions of those who indicated neutral responses.**

Although some participants indicated neutral as a response to degree-based education as being essential, a review of their comments revealed an orientation toward partial agreement and partial disagreement. For example, one participant stated, “because I think that diploma level should be the minimum for massage therapists to be able to practice. A degree would significantly raise the standard and prevent cowboys from being out there” (MT 77/22-35, D). Another participant mentioned that:

> It depends on what the massage therapist wants to practice, but as there is no regulation in New Zealand it is hard for the public to know how qualified their therapist is or if they are qualified in the services they are offering. By ensuring therapists are degree qualified it may pave the way for regulating our profession (MT 91/22-35, B).

The following section deals with an expansion of the first question and asks participants to offer their views on whether degree-based education is essential for the growth of the massage industry within New Zealand.
Degree-based education being essential for the growth of the massage industry

Participant responses
The participant responses to the statement “degree-based education is essential for the growth of the massage therapy industry within New Zealand” are presented in Figure 4.10. Over half of participants (54.7%) agreed or strongly agreed with this statement. However, a quarter of participants (25.8%) disagreed or strongly disagreed with this statement, with a further 19.5% of participants being neutral. When broken down by subgroups (Figure 4.11) it is clear that, in all but one group, there were twice as many participants who agreed or strongly agreed with this statement compared with disagreed or strongly disagreed. Within the ME/MT group, this position was reversed.

Figure 4.10: Response to the statement: “Degree-based education is essential for the growth of the massage therapy industry within New Zealand” (n=128).
Perceptions of those in agreement

The three themes of knowledge and skills, growth and viability, and a positive image as a health practice, are again identified. The narratives that follow are from those participants who thought degree-based education was essential for the growth of the massage therapy industry. Narratives from massage educators, massage therapists and massage therapy students are presented below in relation to these themes.

Some participants viewed the growth of massage therapy as dependent on research and academic rigour and saw degree-based education as providing this, while also giving credibility alongside other health professions. It was also suggested that highly educated practitioners would eliminate uneducated practitioners from harming clients. This is evident in the following statements by massage educators: “the massage profession is an emergent profession and needs the rigour of academic research to be alongside other health professionals” (ME 20/56+, D) and,

Every other credible industry has gone through this process to be recognised as a good provider of client care. It also gives the industry a benchmark which is essential for the elimination of poorly educated practitioners who can cause trauma to the client (ME 21/22-35, B).
Massage educators also viewed degree-based education as having a research focus that would increase effectiveness and enhance the reputation and skills of the industry. The following two quotes illustrate this belief: “If the profession is to grow then credibility through education and effectiveness through increased skills needs a bachelor’s degree” (ME 62/46-55, B) and a “research focus will enhance the reputation and skills of the industry” (ME 66/36-45, B).

Massage therapists also felt that holding a degree qualification could enhance client and public confidence and the professional image of the practitioner. As one participant put it: a degree qualification gives clients the confidence in their practitioner knowing that they have a degree as part of their training. It also eliminates the other massage therapists that give clinical massage its [sexual] connotations that still hang over it. A degree shows massage as more than just a pleasure or having a luxury purpose” (MT 23/22-35, D).

Some massage therapists equally agreed with educators that, to stand alongside other professions, the need to undertake the same academic process through degree-based education was a possible and expected necessity. “Other health care professionals are all required to hold degrees and massage therapists in this field should eventually expect the same requirement” (MT 5/22-35, C) and the idea that a degree may become the accepted minimum qualification was also suggested: “from personal experience I would not have studied massage therapy had a degree not been offered. I think it’s becoming accepted as a minimum level qualification definitely in my age group (I'm 24)” (MT 129/22-35, B).

Again, participants thought a degree would open up opportunities for massage therapy educators to become more qualified. This would provide local research, and would assist the growth of the industry, as evidenced in the following comment: “this will allow more qualified teachers and tutors; promote the whole industry and give it more respect. It will mean more research and articles written locally which is also valuable for the industry to grow” (MT 69/22-34, C). In addition, “growth in massage therapy industry also needs to show our accountability as therapists. We need research to show massage does help and assist different medical conditions” (MT 124/46-55, D).
Several students made similar comments about the importance of a degree: “massage therapy has a very important function in the health of the population; we need to make sure that it remains and is strengthened in its position. I believe that making it degree-based will strengthen the future” (MS 26/36-45, C). A massage student also said: “there needs to be learning environments available for people to learn massage therapy. Massage needs to be seen as a serious mainstream health care approach and it can't happen if there is no training for this” (MS 113-D/22-35). Students not only saw a degree as providing growth for the massage therapy industry but also, “it gives more opportunities for massage therapists to learn their craft” (MS 44-B/22-35) and “we want to be respected in society as qualified body workers” (MS 115-B/36-45).

Perceptions of those disagreeing
Among those disagreeing with degree-based education as essential for the growth of massage therapy, responses were related to two of the previous main themes, namely: degree-based education was of no benefit, and it was restrictive. Not all themes were evident within each of the three sub-groups. For example, no bachelor’s degree students disagreed with this statement. Narratives from massage educators, massage therapists and massage therapy students (certificate/diploma) are presented below in relation to these themes.

Massage educators who disagreed mostly thought that degree-based education was of no benefit and therefore would not add to the growth of the industry, as there is “no need to intellectualise an art form at the risk of losing some of the intuitive skills” (ME 111/56+ no massage qualification) and “because a diploma in therapeutic massage is a perfectly adequate qualification for beginning massage therapists” (ME 137/56+, D). Furthermore,

I think the range of massage courses available will shrink dramatically if in time the only recognised massage qualification is at degree level. I suspect the degree will be very sports and remedially focused; whereas there is much value in other forms of massage using a more holistic approach (MT 76/36-45, D).

One massage therapist thought that a marketing approach would provide growth more than the level of training of a massage therapist and stated:
Massage therapy is more likely to become widely accepted as a form of treatment by the general public (and therefore flourish as an industry) if it is given a high profile in the various forms of media with a variety of high-profile personalities espousing the benefits of massage that they have experienced for themselves. The massage industry will grow when people are attracted to the massage therapists. It is not the level of training that is going to cause people to want to accept massage as an alternative therapeutic treatment (MT 127/46-55, D).

Massage students saw regulation, cohesion and set standards as being most valuable for growth within the industry. As one student indicated: “I don't think it [a degree] is going to advance massage therapy; better regulation and more cohesion between standards is required. Also, there needs to be a central organisation that regulates members” (MS 92/22-35, C). This is supported by another student’s comment:

No not degree-based education, but yes, I do think that it is essential for the growth of the massage therapy industry within New Zealand to have a set base of requirements that you must have learnt to be able to practice as a qualified massage therapist (MS 85/18-21, D).

Perceptions of those who indicated neutral responses
Participants whose views were neutral to this question thought the growth of the massage industry may be minimally helped by a degree qualification, while others thought the skill levels between qualifications was not a factor. However, many noted that ongoing education was still important. As one participant stated, “I think it would help a little bit but the growth of massage in New Zealand is growing without degree-based education” (MT/MS 30/22-35, D) and another offered the view that “I have had massages from those with and without degrees and the degree does not seem to be a limiting or benefiting factor unless they are doing research and or further study” (ME 56/36-45, C).

Degree-based education for relaxation massage

Participant responses
One hundred and twenty five participants responded to the statement: “a Bachelors degree in massage therapy should be the minimum qualification required to practice as a relaxation massage therapist” (Figure 4.12). There was a substantial percentage of participants (84.8%) who disagreed or strongly disagreed with this statement. Only a minor percentage (5.6%) of
participants agreed or strongly agreed with this statement. In each subgroup, over 75% of participants strongly disagreed or disagreed. Agreement was highest in the MT/MS and ME subgroups, followed by MT and MS (Figure 4.13).

![Response to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist in New Zealand” (n=125).](image1)

![Subgroup responses to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist in New Zealand”](image2)
Perceptions of those in agreement

The participants who agreed with this statement identified two main themes, which were knowledge and skills, and a positive image as a health practice. The main reason offered for agreeing with this statement was that “the highest education possible should be implemented. All soft-tissue therapists regardless of technique applied should be fully qualified to practice” (MT 132/22-35, D) and “once again we need to lift our standards to be able to work alongside the medical teams” (MT 134/56+, D). Also, there was the view that therapists need to “have the knowledge so as not to harm their clients” (MS 45/18-21, B).

Perceptions of those disagreeing

The large number of participants who disagreed or strongly disagreed with this statement identified two main themes, namely, a degree was of no benefit, and it was restrictive. There was a notion that gaining a degree to practice relaxation massage was of no benefit. As one participant stated: “in my experience relaxation massage is just that, to relax; a person does not need to spend the time and money learning such a huge skill if all they want to do is provide relaxation massage” (ME 139/22-35, D). Another participant viewed this as being restrictive to what a person may like to achieve, offering a opinion: “why should we restrict what a person wants to do, what next? It should be different strokes for different folks” (ME 135/46-55, D). This view was also expressed by another massage therapist saying, “relaxation massage does not require that level of education and if it were mandatory there would likely to be less people willing to work in this area” (MT 27/46-55, D). Similarly, while a degree was seen as important, one massage therapy educator thought: “a professional qualification is great; a degree is better, but where relaxation is the objective it’s the connection of empathy and trust between the two individuals that makes the difference” (ME 56/36-45, C). One massage therapist saw no link between a degree for the practice of relaxation massage and high standards of massage therapy, stating that:

A degree has nothing to do with high standards of massage. The two may be very different. Fundamentally I don't believe massage should be always linked to academic standards in the traditional sense. It should be possible to be an excellent therapist but not have a degree. I am not against degrees just that the industry of education is not producing better therapists through the degree (MT 126/45-55, D).
Similar views were held by massage students that a degree was not necessary to provide a good relaxation massage, as this is, in effect, an ancient art practiced the world over, and so a degree to practice this type of massage was excessive. “A therapist with a degree does not necessarily qualify as a therapist that gives a fantastic relaxation massage. Massage is an ancient healing art practiced in many countries around the world and they did not have degrees” (MS 18/22-35, C). “It’s relaxation massage . . . having to do a bachelor’s degree in massage therapy is over the top” (MS 85/18-21, D), and “if a practitioner is only interested in offering relaxation massage and has no other knowledge then I think there should be a qualification for relaxation, but maybe not a degree” (MS 46/18-21, B).

Perceptions of those who indicated neutral responses
Participants who responded with a neutral position to this question again offered mixed views. Others lacked information regarding degree content and thought it would “depend on the time frame expected for a bachelor’s degree and what content makes it a degree” (MT 81/22-35, D).

Degree-based education for therapeutic/clinical rehabilitation massage

Participant responses
One hundred and twenty five participants responded to the statement: “a Bachelors degree in massage therapy should be the minimum qualification required to practice therapeutic/clinical rehabilitation massage”. Half of the participants (49.6%) agreed or strongly agreed with this statement while just over a third (38.4%) of participants disagreed or strongly disagreed with this statement (Figure 4.14). There were opposing views within each subgroup (Figure 4.15). Agreement was highest amongst MS and ME subgroups followed by ME/MT and MT subgroups. Disagreement was highest amongst the MT/MS, ME/MT and MT subgroups followed by ME and MS subgroups. Overall more massage educators and massage students tended towards agreement, whereas massage therapists (ME/MT and MT) were evenly split between agreement and disagreement.
Figure 4.14: Response to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a Therapeutic/Clinical Rehabilitation massage therapist in New Zealand” (n=125).

Figure 4.15: Subgroup responses to the statement: “A Bachelors degree in massage therapy should be the minimum qualification to practice as a Therapeutic/Clinical Rehabilitation massage therapist in New Zealand”.
Perceptions of those in agreement

The participant narratives who agreed with this statement identified two main themes which were knowledge and skills, and a positive image of massage therapy as a health practice. Narratives from massage educators, massage therapists and massage therapy students are presented below in relation to these themes.

Massage educators thought that the delivery of “effective and efficient clinical rehabilitation massage required bachelor level knowledge and skills which is evidence based, along with interdisciplinary practice” (ME 62/46-55, B) and a bachelor’s qualification was also needed as “these people work closely with other clinical professionals so it is important that they are on the same wave length” (ME 56/36-45, C).

Massage therapists agreed with massage educators regarding qualifications, along with the idea that the public image of massage therapy was important. As one massage therapist stated:

In a clinical setting I think therapists should be degree qualified as clients will expect this in the future. They are able to work in a multi-disciplinary practice with other healthcare professionals. This will ensure a more professional perception of massage and clients will see it as a recognised and legitimate healthcare treatment option (MT/MS 5/22-35, C).

Setting standards and presenting well-qualified professionals was also a view of one massage therapist who said, “we need to set this standard for ourselves so that we are well qualified professionals and this is how we are presented to the world” (MT110/22-35, B).

Massage students believed the third year of study in a bachelor’s degree was invaluable to their abilities and confidence along with the awareness that they would work with clients who had serious health issues, and thus a higher level of knowledge was required. One massage student thought that:

As a massage student in my third year I feel far more confident in my abilities now than I did when I had finished my second year. My clinical reasoning and techniques have been truly developed during my third year and I could not imagine treating the public without this third year of training; it has been invaluable” (MS 41/22-35, B).
Another thought similarly, saying, “I consider rehabilitation in line with physiotherapy and feel we need the same level of education that I don’t believe you can fit into 18-24 months of a therapeutic/sports diploma” (MT 91/22-35, B). A diploma student was also in agreement, saying: “there’s just so much to know when learning therapeutic massage that it would be best for practicing therapists to spend a larger amount of time learning and practicing our craft” (MS 16/36-45, D), and a certificate student said, “this is a more advanced level of treatment. You are dealing with serious health issues and therefore it is important to know your stuff” (MS 26/36-45, C).

**Perceptions of those disagreeing**
Those who disagreed or strongly disagreed with this statement identified two main themes, which were: a degree was of no benefit, and was restrictive. Some massage educators thought that a diploma was satisfactory to practice clinical rehabilitation massage therapy and stated that: “a level 6 diploma is sufficient” (ME 125/56+, C). One educator was concerned saying, “who is going to make the decisions that only what is taught on these courses qualifies someone to be an effective therapist . . . hasn't the art of massage existed for centuries often being handed down from person to person?” (ME 111/56+, no massage qualification).

One massage therapist stated,

> I worry that if a degree becomes the minimum level for sports and remedial therapists, the relaxation/pregnancy/holistic massage therapist will be seen as the ‘poor relation’ and as though their qualification is ‘not as good/high’ as the sports and remedial. I think it should be made clear that therapeutic or clinical massage is not necessarily of ‘greater value’ than relaxation massage, but that the value of the massage very much depends on the client and what they need as to how effective the treatment is. It seems that the idea of trying to encourage degree level massage [education] is aimed at trying to put massage in the same bracket as physiotherapists and I think it is important to remember that massage therapists are not physiotherapists and have a different value to physiotherapists (MT 76/36-45, D).

A diploma student preferred a diploma level qualification over a degree because,

> I did the diploma - which I prefer to a 3 year degree as it squishes all the information into 18 months and only the best and most dedicated survive because of it. I got a great base
to learn from and most of the real learning in good therapeutics comes from hands on clients anyway. So, I'd say a diploma should be the minimum. A degree takes too long and I think it’s overkill for the skills needed, that are only really gained with working out there in the world and through doing weekend courses and going to the massage conference (MT 71/22-35, D).

Similarly, a certificate student thought a degree level education would: “make massage therapy on par with physiotherapy” (MS 22/36-45, C) and one massage degree student thought a diploma was adequate.

**Perceptions of those who indicated neutral responses**

Participants who indicated neutral as their response thought that there was some potential for a degree, however, this needed to be within the appropriate context. Partial agreement and partial disagreement was evident. For example,


to grow the industry into its full potential as a health modality a degree will be required to gain recognition from the health sector however, there are many therapists who are remarkably skilled in massage therapy who only hold an NZQA diploma (MT 88/56+, D).

**Participants’ planned actions regarding compulsory higher level education**

Of the 120 participants who responded to the question “If a Bachelor of massage therapy was set as the minimum level of education, what would you do?” many responded by indicating their willingness to up-skill to a bachelor’s degree (39.2%), but 21.7% indicated that they would lobby against this approach (Figure 4.16). Participants who indicated ‘other’ as a response (21.7%) offered reasons such as: not sure - it depends on finances etc. (15/26); I would keep practicing (6/26); or, not applicable, as they were allied health educators or current bachelor’s degree students (5/26). Subgroup responses showed a greater willingness of massage students to up-skill to a bachelor of massage therapy, whereas a similar number of massage therapists would ‘lobby against this approach’ (25.5%) compared with ‘up-skill’ (30.5%) (Figure 4.17). When the subgroups ME and ME/MT were combined, educators were equally divided on what they would do i.e., 50% would up-skill and 50% would lobby against the approach.
Figure 4.16: Responses to the question “If a Bachelor of massage therapy was set as the minimum level of education what would you do?” (n=120; responses not mutually exclusive).

Figure 4.17: Subgroup responses to the question “If a Bachelor of massage therapy was set as the minimum level of education what would you do?”
Benefits and barriers to degree-based education

Benefits to degree-based education

Participants were asked to rate their responses from strongly agree to strongly disagree on a number of perceived benefits from a massage therapy degree education. Overall, participants responded positively, by strongly agreeing or agreeing with each proposed benefit (Table 4.1). Participants rated ‘increased access to postgraduate education’ greater than any other category, with a combined 76.6% strongly agreeing or agreeing. ‘Increased credibility’ (75.4%), ‘access to research knowledge’ (70.4%) and ‘increased research literacy’ (69.0%) also featured prominently. Only 40% of participants indicated that increased financial gain would be a benefit from having a bachelor qualification. Some participants strongly disagreed or disagreed with a number of perceived benefits and indicated that ‘increased financial gain’ (26.4%) and ‘increased community participation’ (30.9%) would not be a benefit of having a bachelor’s degree qualification.

Table 4.1: Benefits of degree-based education

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Strongly Agree &amp; Agree</th>
<th>Neutral</th>
<th>Strongly Disagree &amp; Disagree</th>
<th>Respondents (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased access to postgraduate education</td>
<td>76.6%</td>
<td>17.7%</td>
<td>5.6%</td>
<td>124</td>
</tr>
<tr>
<td>Increased credibility</td>
<td>75.4%</td>
<td>15.6%</td>
<td>9.0%</td>
<td>122</td>
</tr>
<tr>
<td>Access to research knowledge</td>
<td>70.4%</td>
<td>15.2%</td>
<td>14.4%</td>
<td>125</td>
</tr>
<tr>
<td>Increased research literacy</td>
<td>69.0%</td>
<td>18.3%</td>
<td>12.7%</td>
<td>126</td>
</tr>
<tr>
<td>Increased capability</td>
<td>66.9%</td>
<td>15.3%</td>
<td>17.7%</td>
<td>124</td>
</tr>
<tr>
<td>Increased scope of practice</td>
<td>64.2%</td>
<td>24.4%</td>
<td>11.4%</td>
<td>123</td>
</tr>
<tr>
<td>Increased evidence based practice</td>
<td>62.4%</td>
<td>27.2%</td>
<td>10.4%</td>
<td>125</td>
</tr>
<tr>
<td>Increased job opportunities</td>
<td>57.3%</td>
<td>29.0%</td>
<td>13.7%</td>
<td>124</td>
</tr>
<tr>
<td>Increased professionalisation</td>
<td>56.8%</td>
<td>21.6%</td>
<td>21.6%</td>
<td>125</td>
</tr>
<tr>
<td>Increased financial gain</td>
<td>40.8%</td>
<td>32.8%</td>
<td>26.4%</td>
<td>125</td>
</tr>
<tr>
<td>Increased community participation</td>
<td>38.2%</td>
<td>30.9%</td>
<td>30.9%</td>
<td>123</td>
</tr>
</tbody>
</table>
Barriers to degree-based education

Participants were asked to rate their responses from strongly agree to strongly disagree on a number of perceived barriers to engaging in higher education for massage therapists (Table 4.2). The major barrier to engaging in degree-based education indicated by participants was ‘financial limits’ (72.5%) followed closely by ‘time restraints’ (70.6%). Fifty five percent of participants also indicated that barriers to degree-based education were ‘family commitments’ and a lack of extramural or distance options. Age was only seen as a barrier to degree-based education by 22.5%, and only a fifth of participants considered ‘philosophical opposition’ to be a barrier.

Table 4.2: Barriers to degree-based education

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree &amp; Agree</th>
<th>Neutral</th>
<th>Strongly Disagree &amp; Disagree</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial limits</td>
<td>72.5</td>
<td>15.8</td>
<td>11.7</td>
<td>120</td>
</tr>
<tr>
<td>Time restraints</td>
<td>70.6</td>
<td>16.8</td>
<td>12.6</td>
<td>119</td>
</tr>
<tr>
<td>Family commitments</td>
<td>55.1</td>
<td>23.7</td>
<td>21.2</td>
<td>118</td>
</tr>
<tr>
<td>Extramural/distance unavailable</td>
<td>55.1</td>
<td>28.0</td>
<td>16.9</td>
<td>118</td>
</tr>
<tr>
<td>Course inaccessible due to location barriers</td>
<td>37.6</td>
<td>29.9</td>
<td>32.5</td>
<td>117</td>
</tr>
<tr>
<td>Transport restraints</td>
<td>30.7</td>
<td>33.3</td>
<td>36.0</td>
<td>114</td>
</tr>
<tr>
<td>Age</td>
<td>22.5</td>
<td>27.5</td>
<td>50.0</td>
<td>120</td>
</tr>
<tr>
<td>Inaccessible course/career information</td>
<td>21.6</td>
<td>41.4</td>
<td>37.1</td>
<td>116</td>
</tr>
<tr>
<td>Philosophical opposition</td>
<td>20.2</td>
<td>33.6</td>
<td>46.2</td>
<td>119</td>
</tr>
</tbody>
</table>

Tables 4.1 and 4.2 provide a snapshot of the benefits and barriers to degree-based education for the list of predetermined categories. Survey participants were not asked to explain their agreement or disagreement with the benefits and barriers to degree-based education, nor to provide additional items. Phase two of this research project explored these benefits and barriers within the context of an individual’s experience. These are discussed, with reference to the literature, in Chapters Six and Seven.
Summary

The findings of an online survey of 128 stakeholders in the massage therapy industry have been reported in this chapter. Respondents were massage educators, massage therapists, and massage students widely distributed within New Zealand. The response rate (13.5%) for the survey phase was low, which is not unusual for an online survey (Punch, 2003), and is similar to the 9% response rate for a recent online survey in massage therapy (Brown Menard, 2014). However, this low response rate and the variability of response rates within subgroups [Massage Educators (33.3%), Massage Therapists (15.6%), and Massage Students (6.8%)] needs to be considered when reading the findings. Some participants identified as being in more than one group and therefore five subgroups were reported. Survey questions investigated participants’ perceptions about degree-based education for massage therapy, and their opinions as to the benefits of and barriers to degree-based education. Participants were generally evenly split in their views on whether degree-based education was essential (45.6% agreement, 40.1% disagreement), but more participants (54.7%) agreed that degree-based education was essential for growth of the industry. The majority of participants (84.8%) did not think that a bachelor’s degree in massage therapy should be the minimum qualification required to practice as a relaxation massage therapist. Opinions were mixed on whether a bachelor’s degree in massage therapy should be the minimum requirement to practice therapeutic/clinical massage.

The survey also collected qualitative data. Freeform comments explaining participants’ agreement or disagreement with the survey statements were categorised into themes and have been reported in the preceding sections. Table 4.3 below identifies the themes for each response category and Table 4.4 summarises the themes identified in each focus area.
Table 4.3: Themes identified within the qualitative survey responses

<table>
<thead>
<tr>
<th>Response Category</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree or Agree</td>
<td>Knowledge and skills</td>
</tr>
<tr>
<td></td>
<td>Growth and viability</td>
</tr>
<tr>
<td></td>
<td>Positive image as a health practice</td>
</tr>
<tr>
<td>Neutral</td>
<td>Partial agreement / partial disagreement</td>
</tr>
<tr>
<td></td>
<td>Unsure</td>
</tr>
<tr>
<td>Strongly Disagree or Disagree</td>
<td>No benefit</td>
</tr>
<tr>
<td></td>
<td>Restrictive</td>
</tr>
<tr>
<td></td>
<td>Extends massage therapy beyond scope of practice</td>
</tr>
</tbody>
</table>

Table 4.4: Summary of themes within each focus area

<table>
<thead>
<tr>
<th>Themes</th>
<th>Degree essential</th>
<th>Essential for growth</th>
<th>Essential for relaxation massage</th>
<th>Essential for therapeutic massage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and skills</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Growth and viability</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Positive image as a health practice</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partial agreement / partial disagreement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Unsure</td>
<td>-</td>
<td>-</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>No benefit</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Restrictive</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Extends massage therapy beyond scope of practice</td>
<td>✓</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The findings of the survey indicate widely opposing views on the value of degree-based education for massage therapists, especially in regards to therapeutic/clinical massage. Some participants saw the value of degree-based education as being knowledge and skills, growth, and a positive image, whereas others saw degree-based education as being restrictive and of no
benefit. Neutral responses, reflecting either mixed views or, at times, uncertainty, were also evident. These differences or hesitancies could not be attributed to any one group of stakeholders.

The freeform comments described the perceptions of participants and, in part, provided some contextual background to the views held. The second phase of the research project, the individual interviews, allowed some of these views to be explored in more depth, added context, and further explained the perceptions, benefits and barriers to degree-based education for massage therapy. In the next chapter I report on the findings from phase two of this research using participants’ voices, from each subgroup, to retell their stories. These stories create a contextual bridge that leads from Chapter Four and sets the scene for the thematic analysis and discussion in Chapters Six and Seven.
Chapter Five

Interview Results - Stakeholder Stories

Image adapted from Dreamstime, 2014
Chapter Outline

Phase two of this study utilised interviews to help explore in more depth some of the views reported in the survey. In this chapter, three descriptive cases are constructed from a range of views using the narratives of participants within each group. The three cases are:

- Mark, the massage educator;
- Hannah, the massage student, and
- Sam, the massage therapist.

Each case is reported using a pseudonym. These three cases provide the contextual bridge and are used to set the scene for the subsequent thematic analysis of individual interviews in Chapters Six and Seven.
Introduction

In the previous chapter the findings from the survey of massage educators, massage therapists and massage students about their views on degree-based education were reported. The second phase of this mixed methods approach was individual phone or face-to-face interviews of massage educators, therapists and students. Three cases are presented in this chapter, which are a collation of views from each participant subgroup. Each descriptive case is fictitious but is constructed from a range of views using quotations from participants within each group. These three cases convey ideas regarding degree-based education. They cover changes in massage education, the benefits and challenges of a degree, growth for the massage profession and the regulation of massage therapy. The chapter finishes with a brief discussion on participants’ ‘stories’. Table 5.1 illustrates how each of the three cases relates to the themes that arose from the 20 participant interviews reported and discussed in Chapters Six and Seven.

The case of a massage educator

In the first case, data from six massage educators were used to construct a fictitious person, Mark, who represents the more than 30 years of combined massage expertise of this group. All educators have practiced massage therapy and their qualifications range from diplomas to degrees in massage therapy and other areas. All members of the group have served the massage industry in a number of different roles and all have had many years of teaching experience.

Mark has seen major changes within the massage industry over the past 30 years. One particular change has been in massage education. Mark was involved with the Massage Education Group (MEG) which was initially set up to support discussion and development of massage education standards for the certificate and diploma level programmes. Mark shared that: “early on in our industry, I was quite involved with MEG and at that time there was a lot of goodwill, but over the years for whatever reason colleges started to do their own thing.” There had been a national standard of education developed by key educators, which was accredited by the New Zealand Qualifications Authority (NZQA), and was delivered by a number of massage education providers throughout New Zealand. Mark added, “originally colleges were teaching the same material. There was a national moderation process through NZQA and I remember we had a national diploma exam. So basically we had a national process for massage education.”
While the process of national moderation and the national exam were available to all massage education providers, Mark found that: “it had its limitations as courses were delivered over varying lengths of time depending on the college and the funding for the programme.”

Two degree courses are currently delivered in New Zealand. However, Mark still viewed massage education as being “really disjointed and not strong enough because people are practicing massage therapy with very low-level qualifications or no qualifications.” Degree-based education had started a new education approach within massage therapy and Mark believed: “we started the process and I think it’s important to keep going with it otherwise we’ll just go backward as an industry.” Both degree programmes are in their infancy and some of the benefits of degree-based education have not been fully realised by the massage therapy industry. Mark offered his view that:

I’ll put my money down on it thriving, not thriving to the point where in 20 years from now you have to have a degree to be a massage therapist, but if you set the standards right and you help people understand what the benefits are at each level it will survive. The degree is in its baby stages and people will see the benefits in the future. I know in the United States many therapists would kill to have a degree and that kind of knowledge stay in their profession, instead of having it drained away into the physical therapy field or off into osteopathy or other fields that deal with taking care of people’s health. What they would give to keep what they learn, not just to keep it away from other fields, but to be able to build upon it.

Mark already had experienced personally the benefits of a degree-based education. “For me my degree certainly helped me get a job and helped me develop as an individual. I had a huge amount of satisfaction from the learning. I feel I’ve acquired some skills that I can pass on to others.” An observation made by Mark as a tutor across all levels of massage education was that: “the personal development is huge as an individual’s confidence grows.” Mark also believed that the public perception of a massage therapy degree was limited, noting “people would ask students where they learned massage therapy and when they realised that it took three years they appreciated there was quite a bit more to it than what they originally thought.”

Degree-based education had a broader focus. Mark saw that:
the knowledge and skills required to deal with quite complex client conditions is vast. I mean most chronic pain scenarios are multifaceted and just providing a therapeutic rub in the areas that are sore is inadequate. I think in the long term that approach will do harm to our profession because we’ll run that cycle of just rubbing the sore spot and in time people will say massage is not effective.

Mark went on to say:

I think that a degree prepares you for those scenarios. A diploma is barely adequate to deal with biomechanical injuries, dysfunctions, many pathologies and even people with disabilities. At that level I don’t think they’re taught enough about outcome measures, neural symptoms or what the research is saying about massage.

Changing the mindset of the massage therapy industry, the general public and other health professionals about massage therapy is difficult. Mark recalled “a student research project where doctors were interviewed about their attitudes toward massage therapy. They were asked would they refer to a massage therapist and most of them said: yes, they would consider it, provided the therapist was degree qualified.” The majority of massage therapists in New Zealand are diploma qualified and the public perception of what a massage therapist does is not well known. Mark thought: “there is still a big area within the massage industry that needs attention. Public education and awareness of what we do is important. We really haven’t broken a lot of new ground in this area.” Mark went on to say, “while the link with the sex industry has diminished there are still prostitutes and escorts using the term ‘massage’.” Mark also understood why some people within the massage industry would be skeptical about the benefit of a degree:

I can see why people would think having a degree is of no benefit because if you think a diploma is going to get you a job then you might as well get away with the least you can do and go and find work. You will probably charge the same amount of money as someone with a certificate or a degree.

Advancing the growth of massage therapy within New Zealand has met with opposing forces. Mark commented:

On one hand we have grown in the sense that we’ve got two degree programmes in the country and that’s pretty amazing, but to be honest we’re still putting through the same number of students as we did ten years ago. That’s not huge growth, and the membership of the professional association hasn’t grown a lot, so I’m a bit reluctant to say we have. I think for all the effort we’ve put in we’ve just held status quo. Learning to understand and undertake research will help grow our profession. Because we have few
opportunities to participate in research I think we need to have our student practitioners exposed to research by participating in it, by doing case reports and if possible doing small projects. We need to be generating the knowledge because if we don’t someone else will. It will enhance our profession and our credibility with health professionals and the public.

Mark suggested:

in our industry some people demand the guru status and some of us like to follow the guru especially in some of the workshops on offer. However when I’m teaching the third year students I challenge them to think about the future of our profession and how they can become leaders and contribute to the massage community through studying higher degrees and research. I say to them: we are not a profession yet, we only think we are.

The other idea Mark tried to cultivate with students “is that the therapists holding a degree should not get discouraged, but articulate back down the line what the true value of a degree is. . . . I tell them, I could probably function quite well making a living with a diploma, but this is my passion and this is fuelling the future of our industry.”

Mark saw the need for some form of regulation “as a key issue.” He said: “there has to be coordination across the country if there’s going to be regulation because it can’t be imposed from the top. I mean it could happen that way, but that would mean the government would regulate us.”

Mark suggested:

regulation could come from Massage New Zealand (MNZ) and the schools would be involved of course. I think regulation is a tricky one. I know people want some form of regulation of the industry to access health funding, but I’m not sure how that would work.

Regulation of the standards of education might assure “a similar level of education across the sector, but that requires cohesion within the industry” Mark said. “I think MNZ as the representing body could do more if they had more members and I would really like to see the schools promote MNZ to students. This would help.” Mark added:

I think we need to promote degree-based education first. The benefits of degree education for us as a collective far outweigh the individual burden. That might sound a bit arrogant, I know the individual burden is difficult, but if educators can lessen the barriers to degree education then as a collective there would be more people out there with degrees which
would move this profession toward being a health care profession. At the moment I still think we're a bunch of rubbers.

This case has clearly shown a number of changes in massage therapy education. Some of the early changes, such as national standards and a moderation process, were made in response to external forces from NZQA and the massage education group. More recently, there has been the development of two massage therapy degree programmes, and the concurrent loss of national standards. Disintegration of national education standards was seen as an issue for the industry. Conversely, the introduction of degree-based education was seen as useful, but it added another level of massage therapy qualification to an already unstable massage education environment. On the one hand, personal growth and a broader range of knowledge and skills were identified as benefits of degree-based education for the individual. However, on the other hand, it was noted that some people within the industry saw no individual benefits from degree-based education. Primary reasons for this position were the lack of additional remuneration and a lack of regulation. Degree-based education was noted as being in its infancy and the benefits for the massage profession had not yet been realised. The ripple effect of individual benefits had not fully translated to the massage industry as a collective. Addressing the mindset of stakeholders within and outside the massage therapy industry towards massage and massage education were indicated. An improved understanding of massage therapy, massage education and regulation was seen as useful for credibility and growth.

With historical collegiality, the implementation of degree-based education and progress in research, the massage therapy industry is evolving but it is not growing. Professional regulation and cohesion of education standards for massage therapy, combined with the promotion of degree-based education, was seen as a way forward.

The case of a massage student

In the second case data from six massage students were used to construct a fictitious person, Hannah, to represent the views of students enrolled in a certificate, a diploma and a degree in massage therapy.
Hannah first undertook the certificate in massage therapy and went on to study a degree in massage. Hannah is in her second year of study. According to Hannah: “I’m pretty sure that by now everybody realises the difference between a certificate and a degree and the different things each qualification provides… the difference for me is the seriousness of what I’m doing and the opportunities I hope it will bring. My name on a degree for all my hard work will make me proud.” The certificate and diploma level programmes were seen by Hannah as necessary as: “I think there are people who might not be able to do a degree as not everybody is able to because of age or even knowledge. Not everybody can do it, but that doesn’t make them bad therapists.” Hannah suggested that: “there still needs to be an avenue for people who want to carry on with study and I would love to see a postgraduate qualification for massage therapy.”

Hannah viewed professional behaviour as important. “I think behaving professionally for me is part of being a professional; being honest and working within my scope of practice is really important.” Having a qualification and behaving professionally extended to the environment therapists worked in and to their taking responsibility for their practice. Hannah thought that: working without qualifications should be outlawed and when I hear of people doing massage in their lounge I just think: oh no, you’re giving us a bad name, it’s the wrong image. From my experience there are massage therapists that never do assessments like range of motion tests, and never ask their clients’ health histories, so there’s not a lot of responsibility from the therapist and most of those people aren’t degree-based.

Hannah felt strongly that massage therapy is perceived as professional:

I think there are good massage therapists out there without a degree, but I think we need to try and promote massage as being professional. For example, if everyone said: “I’ve learned to give injections from the doctor and I can do this”, then that’s probably not as credible as having to sit the medical board’s exam to get your degree. So if we want massage to be recognised then it’s important to make the standard high.

Hannah suggested making the current Level Four certificates in massage therapy part of the first year of the degree. “I would like to see the certificate as part of the first year and that you do six months and make it a level five. There is a place for relaxation massage, but it’s the level we apply it. There isn’t relaxation physiotherapy (laughs).”
Credibility of massage therapy was an important principal for Hannah. She shared that:

credibility with everyone, with other health professionals, is a major issue over here. I think overseas massage therapists are in hospitals. We have a bit of catching up to do and I think it comes down to money. We don’t have the funding here in New Zealand.

Hannah thought that:

credibility and recognition by the government might allow degree-qualified people to work in hospitals, and give us access to ACC funding. Massage New Zealand I think has tried to get government recognition for massage, but this hasn’t happened. I know of one Hospital Health Board that is introducing a trial of alternative medicines and massage is one of them. My fear is that for some political reason it might not work and so then it's rubbedished throughout the country.

Hannah also thought that public education about what massage therapists offer was important and recalled:

when I was at one of my placements I felt as though clients didn’t understand what I was doing and why I wanted to do ROMs [Range of Motion], palpate and measure pain levels. They just wanted to get on the table. It was hard trying to get peoples’ heads around that. They didn’t understand that assessment backed up my treatment choices and I was there for my learning. I think people need to see what we do and to take it more seriously and we need to make sure people know that there are checks and balances. If people understood, if you are a massage therapist, with a degree then you can do your job well, just like other people with qualifications. I think it [a degree] will lift our reputation and the credibility of the profession.

Hannah recognised cost, location, time and family commitments were barriers to accessing degree-based education.

When I first enquired about a massage qualification and wanted to know how much it cost, that put a stop to everything. The sheer cost, well I couldn’t afford it. At times I do think I have a problem with degrees because who do you limit it to? I think the cost and location eliminates a lot of skilled people.

After Hannah committed to undertaking her degree in massage, moving to a new town and travelling some distance to school were still major obstacles. As Hannah shared:
for me basically having to change to another town was really hard. Then the time travelling to school was an issue; having family commitments and having to study. It can be difficult and I just thought I don’t know if this is going to work because you’re not so easy to live with when you’re stressed.

Similar barriers were noted when accessing continuing professional development. Hannah said:

I’m a member of Massage New Zealand because it will give me some credibility, but to be honest I struggle to get to courses as they all seem to be in the North Island or Australia. It can be frustrating as even going to conference is quite expensive.

Hannah compared New Zealand with the U.S.A. and said: “when you look online there are so many courses in the States, and they are going on all the time, but there’s just nothing here and very few people offering courses.” Although there were barriers to overcome to doing her degree, the personal benefits were also noted:

the benefits I’ve gained so far from my degree have been the self-care I do now, being able to help family and friends. Gaining a good knowledge of the body and it’s helped me grow personally; I think I transfer those skills to other parts of my life like my family.

Hannah went on to say: “I’ve learnt that contributing to research is actually important and I like the idea of research because you’re able to do something for your own professional development.”

Hannah also saw the need for a mentor or support group after graduation and said: “I think I would feel abandoned because there is no further support, training or mentoring. I guess you could find it at a cost, but it would be cool to have something because it would kind of be a continuing education pathway.”

The case of Hannah has highlighted the perceived individual and collective rewards from engaging in degree-based education for massage therapy. Barriers to degree-based education were seen as obstacles to be addressed both by the individual and the massage therapy industry. While barriers did exist, a wish to engage in a professional massage therapy industry and have a massage career was evident. A sense of responsibility to clients and the massage therapy profession, as well as promoting a professional image, were recognised as positive attributes of a massage therapist. It was implied that an unqualified or a non-degree-qualified person was likely
to lack this responsibility. Although the provision of lower levels of massage education was seen as important, degree-based education was perceived as a pathway to further education and a vehicle to promote a more credible professional image.

The case of a massage therapist

In the third case data from eight massage therapists were used to construct a fictitious person, Sam, who represents the views of therapists who have a range of qualifications from a certificate to a diploma or a degree in massage therapy and who engage in massage practice across a range of relaxation and clinical settings.

Sam’s view of education for massage therapists was mixed and dependent on the area of focus the therapist worked within. Sam said: “education for massage therapists needs to be at a level that’s valuable to the therapists and their long term business goals. It also depends on the clients they’re treating and the professional development they want to do.” Massage therapy education needed to provide the appropriate skills and knowledge. “I think education should include a lot of practical hands on as well as anatomy and physiology. The need to know the body really well is important,” Sam said. She added: “I also think when you’re out in the world, some people have just got wonderful hands and others don’t. They have that real nurturing quality within them and they’re important aspects of a good therapist. Maturity is a good thing as well.” Through her experience Sam formed the view that a level of maturity was essential when learning and practising massage, and went on to say:

Massage New Zealand would like senior massage therapists to mentor younger people, but my own personal experience is the really young ones think they know it all and don’t really think they need to learn any more from other people. I find the more mature person in their 30s is very open to learning and getting more experience. School leavers think: ‘oh, a bit of rubbing, bit of hands-on, love sport, might rub some sports people’ and that kind of thing.

Sam held differing or varying views regarding degree and diploma level qualifications: “A diploma could be adequate depending on what you want to get out of it and where you want to go, but having a degree and a higher standard could take you overseas.” Sam added: “I think a
degree offers some validity to what we do and is a recognised qualification.” Recognition was linked with acceptance of massage therapy, and Sam presented mixed views:

a degree qualification would help with acceptance by other medically related fields and I do feel it would give us more credibility. I mean the diploma level would be adequate as long as everyone was at that level; the level has to be the same whatever it is.

In addition Sam thought that: “a professional association for degree graduates could go down the more clinical rehab path and start pursuing government funding.” Regardless of the qualification level, Sam noted “there is a need for a recognised national qualification” and said:

the reason I say this is, I’ve been to a couple of workshop type courses and one course stands out where there were two guys attending the course that said they had a qualification from the States. My judgment was they were not kosher. They completely ignored the tutor and were doing things that were not part of the course. Workshops need to be controlled on who can attend.

Sam did go on to say: “workshops in general are a good way of learning and are helpful because they are practical and you’re mixing with others and sharing ideas. However, it all depends on the type of workshop on offer.”

When discussing registration within Massage New Zealand (MNZ) and government regulation Sam held the view that: “Massage New Zealand already has some form of registration, but only within the organisation. I think it should create a base level in order to practice in New Zealand.” Sam was clear regarding a certificate in massage therapy:

I think there’s a place for a certificate in massage, but I actually think even relaxation massage should be a diploma. I think certificate level is for family and friends not for setting up a business. The certificate should be a proper certificate and take six months not a weekend course. I don’t think that’s appropriate to be calling yourself a therapist.

Sam went onto say that if massage therapy was regulated by the government:

I would not put the certificate in there, it would be diploma and degree qualifications. I think the more education people have to practice massage, the safer the public are; the practitioner’s safe and there’s going to be less issues for the profession.
Although Sam held this view, the reality in Sam’s experience was that:

clients don’t care what qualification you have; a diploma or degree: it doesn’t actually matter too much to clients. It’s your reputation that’s really important. If people speak highly of you that word of mouth referral system is probably number one. Whether you’ve got a degree or not actually doesn’t matter to the public in general and a degree I think over qualifies you for most of the work that you’ll be receiving as a massage therapist.

Sam also felt that degree-based education did not assist the growth of the massage therapy industry and said: “the industry is growing anyway. Government recognition and creating access for the public are the next big steps for the massage industry.”

An issue Sam had was the lack of information and networking opportunities for massage therapists in her area and within New Zealand. Sam considered that:

creating more of a framework for therapists within MNZ so people can network would be good. I’ve found that there wasn’t much going on between people. I think if MNZ connected with the massage schools and was able to contact new graduates directly and create a network for people for opportunities to up-skill or to do workshops that would be really great. I kept asking different people, but it was hard to figure out what was actually going on in massage in New Zealand. I had to do my own research to find out who was teaching what and where, which I found quite frustrating. I thought surely if I contacted MNZ someone there must know what’s going on, but they didn’t.

As a massage therapist running her own massage therapy business, Sam felt there were barriers to accessing degree-based education:

the main barriers are the time commitment and giving up work to be a poor student. Even if you qualify for a student allowance the impact is huge financially. It is hard if you have a business elsewhere and you have to walk away from that to study. There are travel costs, living expenses, relocating, so the location is a big one too.

Sam viewed extramural components of degree-based education as an option to overcoming accessibility. Sam shared: “I think offering massage education extramurally like the universities do would help. Although on-campus contact is vital because you need to establish that relationship with your tutors and peers. It just helps clarify and inspire you as you go along.” Sam also suggested: “another option could be an apprenticeship type situation where you can have a placement and be earning a little bit of income while you learn.” Sam also thought: “part-
time options or a summer school programme I think would interest more people in becoming massage therapists because they wouldn’t need to give up their day job.” Sam previously offered solutions to the issue of accessibility; however, Sam was:

strongly opposed to only having a degree. I think it should be a benchmark, but there needs to be a stair-case from certificate to diploma and degree. I think having only a degree would put off an important number of people. I think a degree is quite a high standard and people who are really into massage are the people who would do the diploma and the degree.

The case of Sam has shown a range of views from a massage therapist’s perspective. A key feature was that the level of education required was dependent on the area of work and the clients’ needs. The general sense was that a diploma in massage therapy provided adequate knowledge and skills for the majority of clients. Unlike the previous two cases, individual benefits from degree-based education were not strongly apparent. However, degree-based education and membership in Massage New Zealand were seen as important for promoting a recognised standard of massage delivery and credibility with other health professionals.

Accessibility to degree-based education was an issue for massage therapists in business. Extramural studies with a component of face-to-face delivery were promoted as a solution. Networking, access to information and workshops were essential to massage therapists. However, this had been an issue for some massage therapists when requesting information from Massage New Zealand. The next step for growth of the massage therapy industry from a therapist’s perspective was the need to provide easier access to massage therapy services for the public.

Discussion of cases

The three descriptive cases above were created using a selection of narratives from participants in each subgroup. Table 5.1 shows the match between Mark, Hannah, and Sam in relation to the views of subgroup participants, and also in relation to the focus areas and themes presented in Chapter Six. All of the ideas illustrated by the preceding three descriptive cases are evident in the reported themes. However, not all of the themes reported by subgroup participants are included in the descriptive cases. A dash in a participant’s column indicates that the theme was not identified by them within their interview.
Table 5.1: Three descriptive cases – cross tabulated with interview participants (pseudonyms used) and themes

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Themes</th>
<th>Mark (Educators)</th>
<th>Hannah (Students)</th>
<th>Sam (Therapists)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current issues facing the industry</td>
<td>Image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unregulated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A massage degree: purpose</td>
<td>Proficient professional massage practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learn research skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A massage degree: graduate outcomes</td>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practical skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Academic skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A massage degree: educator requirements</td>
<td>Appropriate qualifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desire to contribute / help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits of a massage degree</td>
<td>Higher standard and consolidation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal benefits and new opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Builds credibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barriers to a massage degree</td>
<td>Accessibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perceptions of a degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Towards professional recognition</td>
<td>Professional image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regulation and registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Massage therapy education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The three descriptive cases reported under the pseudonyms Mark, Hannah and Sam demonstrate the range of views held by participants within each group. Case narratives are discussed below under the following topics: education standards and their underlying tensions; benefits and barriers to degree-based education; and challenges for the massage therapy industry.

The case of Mark highlighted the need for cohesive education standards for massage therapy. This was viewed as a major issue given the diversity of massage therapy qualifications. The loss of national education standards had led to an environment where stakeholders (educators, students, therapists, other health professionals and the public) were unsure of the scopes of practice for each qualification. The diversity in education and practice of massage therapy has been noted as both an asset and an obstacle to the growth of the massage therapy profession (Sefton, Shea, & Hines, 2011). One approach to achieving a cohesive set of education standards and clear scopes of practice has been the development of the massage therapy body of knowledge project. This living document attempts to serve as a foundation for the growth and development of massage therapy (Sefton et al., 2011). It would seem likely that degree-based education as an entry level qualification might also create an education standard for the future and help move the industry forward. “Improving the quality of educational programs” and “elevating standards of practice” were two of the four strategies used in advancing chiropractic and homeopathy professions in Canada (Kelner et al., 2006, p. 2617). However, as mentioned in the case of Hannah, preserving the certificate and diploma qualifications as well as having degree-based education was preferred; participants held the ideal that ‘there is room for everyone’. The underlying idea that attributes of a profession could be achieved without using degree-based education as the entry level was evident. There was debate around the possible detriment to perceptions, recognition, credibility and regulation, if lower level qualifications were kept.

The benefits of degree-based education were viewed from both a personal and an industry perspective. Degree-based education was seen as a positive, individual experience offering opportunities for personal growth and broader knowledge and skills. Bachelor degree status has also helped to advance other hands-on health professions (Cant & Sharma, 1996; Baer, 1984). However, the shared benefits to the massage therapy industry as a whole were not strongly identified. Perhaps there has been inadequate time for the benefits to be seen due to the infancy of degree level education in massage therapy, as suggested in the case of Mark. The view that
degree level training is unnecessary, as noted in the case of Sam, may also contribute to this situation. However, industry wide benefits of a more professional image, credibility and recognition by other health professionals were reported by some. Overcoming barriers to degree-based education using strategies such as extramural studies could help increase the number of therapists engaging in higher education and consequently the potential collective benefits might be realised within the industry.

A number of challenges and areas for development for the massage therapy industry were identified within the cases. These were: the desire for regulation; a need for public education; education and practice standards; industry credibility, and stronger leadership by MNZ. Shroff and Sahota (2013) noted similar issues in their article examining the views of massage therapy stakeholders in Canada on the advancement of the profession. In New Zealand government controlled professional regulation seems unlikely in the near future (Smith et al., 2012). The challenge for the massage therapy industry is to promote itself as a viable health service by engaging in the process of professionalisation. This process includes “an agreement among members to establish standards high enough to ensure safe effective clinical practice” (Kelner et al., 2006, p. 2621). The standards need to satisfy members and other stakeholders. If standardisation of education was achieved along with the promotion of degree-based education, a way forward for the industry might be realised. Increasing group cohesion to develop a unified strategy (Kelner et al., 2006) may help to address some of the issues noted in these cases.

**Summary**

The perspectives from three sectors of the massage therapy industry illustrate different aspects of the evolving massage therapy profession. The descriptive stories reported above have provided the contextual bridge to the next chapters. The findings of the thematic analysis of the twenty personal interviews conducted in phase two of this research study are reported in Chapters Six and Seven. Each theme will be described using narratives and examined in light of the current literature.
Chapter Six

Interview Results: The Here and Now

Image adapted from Dreamstime, 2014
Chapter Outline

In this chapter the interview results are reported and discussed under four foci. Each focus area has a number of varying themes, which are illustrated using participant narratives. The first focus area covers current issues facing the massage therapy industry. The second focus area looks at a massage degree: the purpose; graduate outcomes; and educator requirements. Focus area three examines the benefits of degree-based education and focus area four examines the barriers to degree-based education.
Introduction

As noted in the methodology chapter, the second phase of the research project involved interviews with massage educators, massage students and massage therapists. The purpose of the interviews was to look in greater depth at participants’ perceptions of degree-based education (see Table 3.1 in Chapter Three for the interview schedule). The results are presented within five focus areas:

1. Current issues facing the massage industry
2. A massage degree: purpose, graduate outcomes, and educator requirements
3. Benefits of degree-based education
4. Barriers to degree-based education
5. Towards professional recognition

Across the five areas of focus, analysis identified 19 different themes in participants’ narratives. Table 6.1 reports the themes related to each focus area. This chapter reports and discusses the findings within the first four focus areas. The final area of focus ‘towards professional recognition’ will be reported and discussed in Chapter Seven. Participant narratives are used to convey a range of views for each theme. Subgroup and qualification categories of participants and their pseudonyms are reported in Table 6.2. In addition, to contextualise the narratives, the subgroup is identified the first time a participant is reported. Following presentation of the findings for each focus area, these are discussed with reference to the relevant literature.
### Table 6.1: Focus area and themes

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current issues facing the industry</td>
<td>Image</td>
</tr>
<tr>
<td></td>
<td>Unregulated</td>
</tr>
<tr>
<td>A massage degree: purpose</td>
<td>Proficient professional massage practice</td>
</tr>
<tr>
<td></td>
<td>Learn research skills</td>
</tr>
<tr>
<td>: graduate outcomes</td>
<td>Knowledge</td>
</tr>
<tr>
<td></td>
<td>Practical skills</td>
</tr>
<tr>
<td></td>
<td>Academic skills</td>
</tr>
<tr>
<td></td>
<td>Professional practice</td>
</tr>
<tr>
<td>: educator requirements</td>
<td>Appropriate qualifications</td>
</tr>
<tr>
<td></td>
<td>Expertise</td>
</tr>
<tr>
<td></td>
<td>Desire to contribute / help</td>
</tr>
<tr>
<td>Benefits of a massage degree</td>
<td>Higher standard and consolidation</td>
</tr>
<tr>
<td></td>
<td>Personal benefits and new opportunities</td>
</tr>
<tr>
<td></td>
<td>Builds credibility</td>
</tr>
<tr>
<td>Barriers to a massage degree</td>
<td>Accessibility</td>
</tr>
<tr>
<td></td>
<td>Perceptions of a degree</td>
</tr>
<tr>
<td>Towards professional recognition</td>
<td>Professional image</td>
</tr>
<tr>
<td></td>
<td>Regulation and registration</td>
</tr>
<tr>
<td></td>
<td>Massage therapy education</td>
</tr>
</tbody>
</table>
### Table 6.2: Participant pseudonyms and subgroup category

<table>
<thead>
<tr>
<th>Pseudonyms</th>
<th>Subgroup categories (qualification)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophie</td>
<td>Massage educator (degree)</td>
</tr>
<tr>
<td>Pam</td>
<td>Massage educator (degree*)</td>
</tr>
<tr>
<td>Chris</td>
<td>Massage educator (degree)</td>
</tr>
<tr>
<td>Lisa</td>
<td>Massage educator (diploma)</td>
</tr>
<tr>
<td>Paul</td>
<td>Massage educator (degree)</td>
</tr>
<tr>
<td>Ally</td>
<td>Massage educator (diploma)</td>
</tr>
<tr>
<td>Ann</td>
<td>Massage diploma student</td>
</tr>
<tr>
<td>Jaime</td>
<td>Massage degree student</td>
</tr>
<tr>
<td>Emma</td>
<td>Massage diploma student (degree*)</td>
</tr>
<tr>
<td>Nicola</td>
<td>Massage degree student</td>
</tr>
<tr>
<td>Katie</td>
<td>Massage diploma student</td>
</tr>
<tr>
<td>Abby</td>
<td>Massage degree student</td>
</tr>
<tr>
<td>Tina</td>
<td>Massage therapist (diploma) (degree*)</td>
</tr>
<tr>
<td>Ruby</td>
<td>Massage therapist (diploma)</td>
</tr>
<tr>
<td>Deborah</td>
<td>Massage therapist (degree)</td>
</tr>
<tr>
<td>Garry</td>
<td>Massage therapist (diploma) (degree*)</td>
</tr>
<tr>
<td>Sarah</td>
<td>Massage therapist (degree)</td>
</tr>
<tr>
<td>Mary</td>
<td>Massage therapist (diploma)</td>
</tr>
<tr>
<td>Phillipa</td>
<td>Massage therapist (certificate)</td>
</tr>
<tr>
<td>April</td>
<td>Massage therapist (diploma)</td>
</tr>
</tbody>
</table>

* Denotes that participant held a non-massage degree
Current issues facing the massage therapy industry

Two main themes arose from the data relating to current issues facing the massage therapy industry. The first theme was the ‘image’ of the massage therapy industry; the second theme was the perception that the massage therapy industry was ‘unregulated’.

‘Image’

In the context of this study, ‘image’ relates to what participants think and feel about massage therapy and massage therapists. Image also incorporates the image presented by massage therapists and the massage industry, as well as the general public and other health professionals’ perceptions of massage therapy.

In the participant narratives there were a number of key influences under the theme ‘image’, namely: the historical and contemporary link to the sex industry; the level of public knowledge of massage therapy; low pride within the industry; a potential identity crisis; a lack of a research base; the different philosophies and scopes of massage therapy practice, and low membership of the professional association Massage New Zealand (MNZ). Becoming more visible, reflecting on one's professional behaviour, and aligning with other health professionals were noted as potential strategies for enhancing the image of massage therapy.

Ann, a student learning massage therapy, noted that: “people misunderstand when we say we are massage therapists because they think of massage parlours. We need to portray a more professional image by being proactive and telling people how great massage is and pushing its benefits”. Ann went on to say that: “taking opportunities offered by working in settings such as rest homes, hospitals and hospices would make massage therapists more visible which would help change our poor image.” Jaime, who was also studying massage, shared: “I was surprised that a female client still thought of massage in terms of the sex industry, it really opened my eyes; people are still uninformed and we need to educate them about what we do”.

Emma, a massage student, had not had the same experience. However, she supported a more professional image, saying: “we need to position ourselves more as an allied health profession as opposed to wellness or relaxation”. Paul, an educator and massage therapist,
suggested that the image had improved over the years. He thought that: “since 1993 this longstanding issue of our image has improved and fortunately the public’s perception is that massage therapy is entirely separate from the sex industry”. Mary, a massage therapist, agreed with Paul, saying: “there’s very little connection now with the sex industry” but she also commented:

if there was an image issue and a therapist is getting calls of a sexual nature then looking at how they’re projecting themselves, from simple things like what they call their business; is it ambiguous, where are they located and are they massaging in a bedroom in their home.

On an individual level Sophie, also a massage educator, thought, “it is really important that we try to be professional; we’re gaining clients’ trust; attention to basic things such as the way we dress, the environment we work from and any written material needs to look professional.”

While there had been some change in the relationship between massage therapy and the sex industry, participants also reported a poor knowledge of the qualifications and scope of practice for massage therapists.

Katie, a student of massage therapy, and Ruby, a massage therapist, believed that: “people still consider massage therapy to be a pamper treatment and it is more than that” (Katie). Sophie, also saw this as an issue: “people really don’t know what’s involved in the training and how there are different levels of knowledge. They think that one massage fits all”. She went on to say: “they [the public] don’t know there is a certificate and someone could do a six week course, yet someone else could do three years for a degree. It’s a fuzzy area and I think that’s a major issue”. Katie also believed “that educating more people by educating doctors, physiotherapists, and medical bodies to be aware” [of the benefits of massage therapy] and “passing that on to the public” would help the image.

Chris and Lisa, who also work in massage education, believed there is a lack of pride and low self-esteem within the massage therapy industry as a whole. According to Chris:

when I call myself an educator or my colleagues call themselves nurses, there is a pride in the title. There is a pride in being that profession and I don’t think there is a lot of pride
within the massage industry. I don’t have much pride in calling myself a massage therapist and my perception is that others don’t either. To explain, they might have pride in their own individual work, in their own individual clinics, but I don’t know if there’s an occupational sense of pride or value.

Chris went onto say: “the massage therapy industry needs to start working as a collective rather than a whole bunch of individuals in order to build pride”.

Lisa suggested that:

we tend to get a couple of knocks over the head by people’s lack of understanding of what we do and I would guess the self-esteem of the industry is a little low. I would say we have an identity crisis and we are using education to solve the issue. At the same time, if we don’t have a good education, how can we fight back?

While knocks and low self-esteem were not mentioned by Sarah, who is a massage therapist with a massage degree, she had become disillusioned with massage therapy industry, saying:

I’ve had great opportunities with it, but there is such a lack of a research and that bothers me. When I think of putting a website together and saying what massage can help with, how do I back that up? There’s nothing.

Participants offered the insight that therapists had mixed philosophies that could impact on the image of the massage therapy industry. Sophie said: “it gets tricky because there are so many different philosophies, you’ll have some people that think it’s all about intuition and others that think it’s all about science”. Paul said: “I think it’s combined. I don’t think you would necessarily lose your intuition because you’re following an academic pathway, not at all. In fact, you develop intuitive insight academically”.

Having clearly defined scopes of practice was also a key influence on image. Katie thought that scopes of practice should define the environment and types of massage a therapist may offer. Specifically, Katie thought: a “certificate qualification is really relaxation only, a therapist with a diploma might work in private practice or under the supervision of a physiotherapist while a degree-holding therapist would be able to work in hospitals independently”.

Page 106
Massage New Zealand featured in participant’s views as struggling to gain a public profile and having low membership numbers. Emma said that: “as much as we try and as many press releases as MNZ put out our whole profession is below the radar and the national body are even more under the radar”. Chris held the opinion that MNZ “needs more members and dropping the membership fee could help.” Chris thought that increasing membership numbers would improve the profile of MNZ and thereby build a stronger professional entity. Emma’s solution to building the public profile was regulation:

perhaps if massage was regulated then people would have some reassurance that they’re going to a qualified massage therapist, which may boost our credibility. People would see massage as an allied health profession as opposed to a kind of hippie dippie fluffy massage and a feel good, when you feel like giving yourself a treat. This unfortunately is the perception that a lot of people have of massage.

‘Unregulated’
This theme incorporates the ideas that the practise of massage therapy is not regulated within New Zealand by government or industry. Individuals are able to practise massage therapy with no qualifications, and anyone can claim to be a massage therapist. This lack of regulation contributes to the low entry barrier to the massage workforce. Analysis of participant narratives revealed that some people are practicing massage therapy with very low-level qualifications or no qualifications at all. In addition, the theme ‘unregulated’ incorporates the idea that massage education has no national standardised curriculum or standardisation between courses. Furthermore, narratives show a range of views and indecision about the levels of education required to practice massage therapy.

A number of ideas and related consequences from the lack of regulation are summed up by Phillipa, a massage therapist, who said:

I think to be taken seriously the massage industry should be regulated. Anyone can call themselves a massage therapist without any study or any knowledge, and we are never going to be taken really seriously like a chiropractor. They have to be registered and keep up with professional development. I think if massage doesn’t do that, I don’t see how we can be taken seriously by professionals and the public.
Chris stated that, within the massage therapy industry: “qualifications are not valued enough and are not promoted enough to the public”. This view was echoed by Nicola, a massage student, with the statement that: “there are people out there practising that aren’t fully qualified, doing more than just relaxation.” Lisa added that: “this industry is rife with people who come and go because the barrier to entry is so low”. Chris went onto say, “I think the public should know they could get a better massage from somebody who is highly qualified.” While Chris focused on qualifications Mary pointed out that, “there is still a barrier to acceptance because it’s [massage therapy is] an unregulated industry so it doesn’t matter how many qualifications you come up with, it’s still unregulated, it’s still not recognised”. Recognition was also seen as an issue by Ruby. She believed that regulation by the government would provide recognition and access to funding from the Accident Compensation Corporation (ACC) thereby helping clients to access massage therapy for specific rehabilitation work.

A further consequence of the lack of regulation was the absence of standardised massage education and the corresponding standards for practice. Paul recognised that [education standards] had been an issue and that “early in our industry’s development I was involved in education and there was a lot of cohesion and goodwill”, but over the years “the colleges have wanted to do their own thing” and the national standard has been eroded. Garry, a massage therapist and previous educator, also talked of a time when there were “national qualifications” and he viewed it as “unfortunate that courses have become fragmented as providers have started to develop their own courses”. Garry also held the opinion that some education levels were almost inadequate. He said:

I feel very strongly about this and this is because my own education has been at a high level in health sciences. The diploma in my opinion is a bit short of the mark unless people have worked really hard and done additional work in it.

Deborah, a massage therapist, preferred to include only a diploma and degree as a standard for regulation and was quite clear that a diploma should be required to practice relaxation massage.

A certificate level is so minimal, it’s important to know a heck of a lot more and give clients a bit more awareness of how their body works and as far as regulation of the industry goes I would not put certificate in there. It would be a diploma and degree.
Ann noted that while studying her certificate and diploma there were people who really wanted to practise massage therapy, while others saw it “as a little hobby”. She went on to say: “half of me thinks a degree is important but half of me thinks, no. Maybe it just needs to be a diploma or a certificate with clearly defined scopes of practice”. However, Lisa mentioned, “that massage is also seen by some as a service industry where the clients are demanding and the dollar speaks which can make you feel pressured” [to deliver beyond your scope of practice]. She went on to conclude: “it takes a very strong person to value their degree and not be pressured into practicing something learnt from YouTube.”

A massage degree: purpose
Many views were expressed in regard to the purpose of degree-based education but these were primarily based around two themes: proficient professional massage practice, and the ability to participate in massage therapy research.

‘Proficient professional massage therapy practice’
The main purpose of a massage degree was identified as the means to become a proficient professional massage therapist. Degree-based education offered an opportunity to gain a broad knowledge base and practical skills. The ability to apply knowledge was important, as was spending time obtaining a degree. Recognition by society and building personal confidence was identified as part of becoming a professional. Higher education was also seen as a process of developing cognitive skills to manage more complex cases.

Jaime thought the purpose of degree-based education was to “offer a broad knowledge base both in theory and practical skills”. The “application of knowledge and the ability to communicate with people from different professional fields is important”. She went onto say: “people see a degree and they’re more likely to take you seriously, they respect the fact that you have put the time into educating yourself”.

As an educator, Chris thought: “degree-based education should produce competent practitioners” and had seen that in the third year of a degree:
there is a huge difference in the abilities of students to be able to pull things together and think about the broader picture of a client. I don’t think a two-year diploma allows you to do that. I think you’re technically sound, but I don’t think you’re cognitively sound in the application of theory in a general sense.

Garry supported this view and thought the purpose of higher education was: “the ability to adapt one’s knowledge and skills to meet the specific needs of a client. The clinical skills are more refined to deal effectively with some of the more complex issues that come our way”. For Katie it was about acquiring more knowledge: “because you cannot learn what you learn in any other course, but a degree. So the amount of knowledge and the variety is a key aspect for me”.

Abby, a massage student, saw degree-based education as “lifting the reputation of the whole profession so people know that you are qualified”. Ruby also thought that the purpose of a degree was “recognition in society and to gain a broader understanding of your field through further education”. However, she also believed that you didn’t necessarily need a degree to be educated. “I think you can do that independently, but you do get greater recognition when you have a degree”.

Deborah felt she needed the full three years to feel confident about her work. “I needed to go the whole hog, to have the confidence to get out there and do the work and know that I was doing the right thing”. Tina, a massage therapist, thought a diploma gave you some of the knowledge and skills that a degree does however: “a degree programme is really a step up, and you’re really challenged, in terms of your thinking power”.

‘Learn research skills’
Participants identified learning research skills and critical thinking as a purpose of degree-based education. The ability to research, find resources, read and understand research, as well as using research to deliver evidence-based practice, was important. Tina identified that:

many degree programmes are very theoretical and it really shows in people that have a degree. They are really capable at researching and finding resources to argue a point. My degree taught me to have a broader perspective and to question more and use resources more carefully and to look for who’s saying what, distinguishing those people who are academics from the flakes so to speak.
Deborah took the view that for her:

it’s about educating clients how to look after themselves, explaining why things are happening and what needs to change. I think you have to look at research to back up what you’re saying. So I think it’s essential that the research does get done.

Paul was pleased that his degree helped him to read the literature. “It’s helped me enormously to learn how to read literature and research, to consider evidence-based practice. It really hadn’t been on my radar before”. Chris believed that the massage therapy industry needed: “people with research skills to research and prove what we do through outcome measures, otherwise people will end up saying, oh it’s just a rub”.

A massage degree: graduate outcomes

Four key themes emerging from the interviews relating to the outcomes of a degree qualification were: knowledge; practical skills; academic skills, and professional practice.

‘Knowledge’

Knowledge was perceived as the theoretical content within a degree qualification. Participants recognised types of content that were of value to becoming a massage therapist or content required after graduating. Knowledge of the body and its functions, psychology, neurological content, research and business skills were some of the subject areas that were identified. Maintaining boundaries was also seen as important.

Pamela, a massage educator, thought: “a massage therapist needs a strong knowledge of anatomy and physiology and how dysfunction affects the body.” Phillipa said:

I think a lot of practical, hands on and anatomy and physiology is really important, the need to know about the body. With the certificate I feel I’m lacking in my knowledge. I feel like I need to know more and I want to know more. I do my own self-study, but a degree is formal education, it’s not just airy fairy.
Katie said: “I definitely like the idea of learning more about neurological aspects of the body. The psychology of pain paper I’m interested in and I like the idea of research.” Sophie and Deborah could see the benefit of learning practical business skills. Sophie shared:

definitely business skills, I thought that was vital because you can have all the practical skills, but to actually survive in a competitive environment is hard. I think it’s not enough just to do the work, but you need to know how to run a business. I also think being able to give clients home care advice is important, it is hard for them to keep coming back as cost is a factor when clients pay for massage treatments.

For Ally, a massage educator, learning about professional boundaries was a priority at all levels of massage therapy education.

I’ve been in massage at least 20 years and I’ve learnt a lot about boundaries over the years and I really notice when people have unclear boundaries. As an educator I don’t think students are taught enough about professional boundaries; it’s very applicable at every level.

Deborah recalls, “we got the option of doing nutrition, which I wasn’t able to do because of working and I wished I had that now. Until you’re out there doing the work, you don’t realise what you need.” Deborah went onto to say within her degree education “we lacked content regarding nerves and how the whole nervous system worked and what nerves innervate what muscles.” From a content point of view Deborah elevated knowledge of nerves to the same importance as knowledge of trigger points for a massage therapist. “I would put nerves up there on a pedestal with trigger points.”

Emma felt that the diploma she undertook was light in some content areas and other content was not covered at all:

Neuromuscular techniques and myofascial release, some energy techniques and stretching techniques were missing from our course. It was very light on analysis of muscle testing and strength testing. A lot of which is covered in books, but learning from a book is a lot more difficult than learning something in class.
‘Practical skills’
The practical aspect of massage therapy is the ‘hands on’ component of applying massage techniques to a client’s body to assist in supporting their health. Some participants considered that undertaking a degree offered an opportunity to learn advanced practical topics and consolidate their learning. It was also an avenue to learn to think about what they were doing.

Emma saw a degree offering “more in-depth training in advanced techniques such as neuromuscular techniques and advanced sports techniques.” Lisa thought that the third year of a massage degree should offer: “advanced techniques, soft tissue manipulation techniques on the anterior neck, posterior sub-occipitals, myofascial work or internal jaw work, and work around the pelvis. She said: “I wouldn’t offer this at diploma level. I don’t think they would hurt anyone but they need the skills and research behind these techniques.” Although advanced massage techniques were seen as enhancing practical massage skills Paul also thought there was a need to justify the use of different techniques:

while it was all good information, you can go on forever with those and unless you were going to specialise in that area, I wonder is it worth it? I think learning how to justify what we do is important because that is what the academic world requires and that is what other health professionals take notice of.

Advanced assessment skills were similarly thought to be useful in the third year of a degree programme. Deborah remembered: “the advanced clinical reasoning challenges were tough but good, we had to really think about what we were doing.” Abby thought practical skills were enhanced in the third year through “giving you time to consolidate your learning and build your own client base”.

‘Academic skills’
Academic skills included the ability to access, understand and apply information. The capability to research for the benefit of clients, ongoing learning and adaptability were also seen as components of academic skills.

Pamela thought a “massage therapist needs to be prepared to do some research in order to benefit their clients in the future”. Chris said:
it’s critical that they learn to access and understand information. I’ve been involved with massage for a long time and back in the day, there was very little written. You only had to learn your course notes, which were written by the tutor. There were only one or two textbooks. Now there’s a growing research culture. There’s information coming through in journals. The ability for the student or the therapist to be able to access that knowledge, understand and know how to apply it is vital or else research will take off and we won’t stay current. So it’s really critical that people continue to learn and learn about content and knowledge and not just fancy techniques at workshops.

Ally also thought that academic thinking skills were needed to benefit client care:

would like to see a massage therapist who had really good assessment skills and can put a plan together quickly, but be willing to adapt that plan and not get stuck in a rut. Just because it works for one person, it may not work for the next person. So I’d like to see someone that’s quite adaptable and flexible, but always thinking.

‘Professional practice’

Professional practice refers to the application of knowledge and skills within a range of practice settings. It also includes learning the finer skills of interacting with clients and other health professionals.

Jaime said:

I think learning how to conduct myself and how to interact with clients is very important. I always knew how to touch people, but to learn about transference and counter-transference and how to dress appropriately are very important parts of my learning.

Sophie found that “practical work out in the community, dealing with different clients is really beneficial when you are learning how to interact with different people.” Deborah had a similar view and experience when wanting to learn about a new area in the third year of her degree. “We chose our own placements and I chose a physiotherapist. I needed to know how a physiotherapist worked, to see where our scope of practice as massage therapists would fit. I needed that for my learning.”
Part of being in professional practice was being able to relate to clients, but also other health professionals. Mary felt that a massage therapist required the ability to relate to doctors and physiotherapists:

massage therapists need to hear what doctors want, they need to hear what physiotherapists want, they need to know the language really well, they need to have a very good knowledge of physiology and how things work and really be confident that their diagnosis is correct. I have had arguments with doctors on many occasions when my diagnosis is not their diagnosis.

Paul also thought that degree-based education was required so “we can communicate with other health professionals on a more equal footing.” Nicola thought that part of professional practice was having: “a support group or a supervisory group so that we didn’t flounder and we had support.”

A massage degree: educator requirements
Three themes regarding educator requirements for teaching on a bachelor’s degree in massage therapy emerged from the data. These were appropriate qualifications, expertise and a desire to contribute to the massage therapy industry.

‘Appropriate qualifications’
Appropriate qualifications meant having a qualification at least at the level being taught. Some participants thought that if a person was teaching on a degree then a postgraduate qualification was expected.

Chris stated:

we know the requirement is to have a qualification above what you are teaching, so certainly a postgraduate qualification, and a true postgraduate qualification. Not the sort of postgraduate qualification that sometimes floats around the massage community where people call the workshops they do after their diploma, a postgraduate qualification or course.
Garry also knew from his own experience “the requirement is that people who are delivering a degree have a postgraduate qualification in an area of relevance to their teaching and research interests.” However, Emma was unsure a degree qualification was required for teaching. “I’m not sure for teaching, maybe for research. Teaching and research are two different skills and the same individual may not have both. Someone could be a very good researcher, but a crap teacher.” She went on to say “a good teacher needs to be able to pass on knowledge and some teachers can do that without a degree.” Sophie also held the view that a degree was not always necessary to teach; rather “having a natural ability to investigate and research” were important skills to have in education.

‘Expertise’
Participants saw expertise as equating to having good massage experience in clinical practice. Teaching skills were also identified as essential; the ability to impart knowledge to others and relate to a variety of people was seen as part of having appropriate education expertise.

Mary indicated that clinical experience for a nominated period of time was a criterion to teach massage along with the ability to refer to real life cases:

first of all, teachers need to have had really good clinical practice experience. I think the minimum recommendation is three years before you can teach on a massage programme. Teachers should not be able to teach on a programme, without that. Also being able to refer to a case study and how it is in the real world is important.

Chris and Sophie agreed with the view that “educators need good clinical experience if they are teaching practical subjects and certainly they need teaching skills. Ideally if you were teaching on a degree you would at least have one.”

Some participants viewed expertise as not exclusively coming from massage therapists/massage teachers. For Emma, for example: “it depends what they are teaching. To give an example, our pathology teacher was a medical doctor and a health researcher, so probably a far better person to teach pathophysiology than a massage therapist.” For specific subject areas such as advanced strength testing and orthopaedic testing “a physiotherapist could be the person to teach these subjects.”
Additionally, Nicola thought that “someone who is passionate about massage and passionate about people” was important and Chris conveyed: “a passion for student learning was vital.” Jaime felt a teacher needed to have “insight into other cultures and be able to communicate effectively with a variety of people.”

‘A desire to contribute / help’
Some participants viewed a desire to contribute as a requirement for educators. This could be done through research, making links with the wider community and drawing groups together.

Chris believed that educators’ involvement in massage research would contribute to the massage industry:

I do believe if we want to grow this profession, then we have to participate in research. If we don’t generate the knowledge then other people will do it for us. Researchers who have no understanding of the culture of massage won’t necessarily best reflect what we know to work in practice as massage therapists and educators. So if we don’t do it, somebody else will.

Similarly, Lisa indicated that, “massage educators and therapists need to move the industry forward, to ask the questions about change. I would like to see more people doing PhD level studies and having opportunities to engage in research.” Ally also saw an opportunity in education for student practitioners to be exposed to research by participating in it, “by doing case reports and small research projects because together with students we are the ones that are generating the knowledge.”

Making links with the massage professional body was also seen as contributing to the massage industry. Ally thought that linking with Massage New Zealand was essential, as was pulling people together to support the growth of the massage industry. Ally was concerned that many educators and therapists did not:

belong to the association and for me it’s unbelievable. I think some people have a one track mind, that if it has no benefit for them they don’t need to join. They don’t see that they might actually benefit the industry by joining.
Benefits of a massage degree

Three themes emerged from the data around the benefits of a degree in massage therapy. These were a higher standard of education and consolidation, personal benefits and new opportunities, and building credibility.

‘Higher standard of education and consolidation’

Participants recognised a benefit of achieving a massage degree was a higher standard of education and time to consolidate their learning. It was thought that the lengthier time spent learning within a degree programme enhanced the development of ideas, confidence and the application of new skills.

Paul believed that the introduction of degree-based education “has actually raised the level of the diploma; those people doing a diploma were having to start with first and second year [degree] papers. This was a whole new step up for them especially in the area of academic skills.” Sophie thought “the fact a degree is over three years, it really gives you time to develop ideas and practice things, and gain confidence in your own ability.” Chris supported the idea that “degree level education allows you enough time to practice and apply those skills.” Further to this Chris stated, “a two year diploma doesn’t allow you to do that. There will be some very good diploma students, but the passing C student in a diploma is not strong enough for therapeutic massage practise.”

Garry felt strongly that a benefit of holding a degree qualification was “the strong theoretical and ethical base, especially in the field of health when working with people.” As a diploma student Katie recognised degree-based education would help her think differently and use her knowledge in different ways; she went on to say:

I am sure I will apply myself differently because I will understand why things are happening with my clients. I may have different avenues to use such as referring to other health professionals because I will understand the condition. Techniques might stay the same, but my reason for using them might be different. Understanding and knowledge will always make you better.
Chris reflected that a degree would give therapists the ability to do a better job clinically with harder cases. “They will be able to help clients that other practitioners haven’t helped. I also think a degree qualification grows you as a learner and an individual.”

‘Personal benefits and new opportunities’
A degree in massage therapy provided personal benefits such as confidence, personal development, life skills and a sense of pride. New opportunities noted included teaching, travel, job diversity and new careers, and access to postgraduate study.

On a personal note Ruby and Deborah believed achieving a degree increased their confidence and would create opportunities for them, as a degree is recognised internationally. Specifically, Deborah stated, “it just opens up so many doors, and not just job opportunities. It gave me confidence knowing my self-worth, and not limiting myself.” Ruby also thought it would “open more doors, not only for working in New Zealand, but for a recognised qualification if I wanted to travel. That’s quite a big benefit of a bachelor versus a diploma. It’s the international recognition.” For Katie, who was finishing the second year in her degree, the next phase for her was a:

learning journey because I really like learning and gaining the knowledge that makes you more professional. I think a degree is always worthwhile; it has had a huge impact on me as a learner. I’ve actually realised I can learn and achieve and how easy some of the things are for me. I wish I had done it 20 years ago.

For Deborah the learning journey and achieving her degree had changed her perspective on learning:

I didn’t do very well at high school. I basically didn’t fit the box and now I am the first in my family to gain a degree. It made me proud to have my Dad and two kids at my graduation and this has inspired my daughter to gain her qualification. Before getting my degree, study had never been important. Now I am itching to get back into study again. The only thing about going back and studying is being broke, but you get past that and move on. I will always be a learner now.

Ruby’s experience of secondary education was:
very slim because I was quite ill growing up. So for me I feel like there is a lot I missed out on and having a degree would definitely make me feel awesome. That is part of the reason why I’m doing it. It would give me pride in myself and my learning abilities.

Nicola also identified a benefit of a degree qualification in personal terms. “It’s made me grow personally, I use the same skills as I use in massage practice on myself and this is helping me, my family and friends.”

Sophie said: “achieving my massage degree has changed my career path completely. It has helped me get into teaching. It has really opened that up for me professionally, so it has been a real benefit.” Ally shared that a degree would allow her to “teach at a different level” while access to postgraduate study was an opportunity identified by Pam and Katie. In Katie’s words: “I’ve looked at postgraduate diplomas and those sorts of things that you can’t access unless you have a degree”.

Sarah and Abby identified that their massage degree enabled them to work in diverse situations with Sarah saying: “I definitely think that you want to be as qualified as you possibly can; it has been worthwhile and helped me get my job with an elite New Zealand sports team”. Abby said her degree has “allowed me to work with musicians and dancers”.

‘Builds credibility’
Building credibility was one of the benefits of degree-based education for both massage therapists and the massage therapy industry. Participants identified the following as contributing to building credibility: research; alignment with other health professionals, and collective power. Some participants thought that having a qualification lower than a degree would prohibit entry into certain areas of health care.

Research was seen as adding to massage therapy’s credibility. Sophie thought that:

scientific research makes you credible and instead of relying on others I really think that massage therapists and educators need to research to enhance the profession, because that’s something health professionals do. It is going to give us credibility and acceptance.
Paul supported the idea that: “learning how to justify what we do through research will show massage to be beneficial. That is what the academic world requires and that is what other health professionals take notice of.” Nicola added: “we want to be more like a profession, like a doctor. If we raise our standards, it makes us more credible rather than just a rubber.” Chris also suggested “without a degree, I do not think we will hold par with other health professionals and we will not be seen as credible as we could be.” Deborah commented:

I can’t imagine a hospital would take you seriously if you had certificate or diploma. It is hard enough with a degree, winning doctors over and other health professionals’, it’s a real battle. However, I still think if you have a degree it does give you more credibility with other health professionals.

Lisa and Garry also agreed that “if you wanted to enter hospitals and health settings where health is compromised then a degree would give you a lot more access to those areas.” Ally previously thought a diploma was appropriate for the work that massage therapists do: “I used to think a diploma was alright, but I can see now that it’s not. If you’re talking with other professionals, I don’t think they’ll take us seriously if we had a diploma.” Sophie had a similar view and suggested that: “a diploma was adequate for individuals, but I think for a profession having a degree is going to give more credibility. In the long term, if massage therapy wants to be seen as credible then a degree would definitely help.”

Tina noted that, “to get that piece of paper gives degree graduates some kind of credibility because more employers are requiring that level of education.” Garry and Chris shared similar views when they suggested the massage industry needed to work as a collective rather than a group of individuals to gain a sense of value and credibility. Nicola added: “with more people having a degree you end up with qualified, dedicated, responsible people out there that clients can trust. They can see the difference with between someone who is qualified and someone who’s not.”

**Barriers to a massage degree**

Accessibility and perceptions of a degree emerged as two themes identified as barriers to degree-based education.
‘Accessibility’
Some participants had difficulty accessing degree-based education. The main reasons given were: time; location; financial; personal health, and other commitments.

As an educator teaching on the massage certificate programme Sophie observed: “quite a few students get the certificate and they just want more, but then the next step is, three years of not working and leaving town and their family. It can be difficult.” Chris also identified similar barriers and acknowledged some difficulty to accessing education but offered a solution:

it is always hard to fit it in, life is so busy, but for me I wanted to do it so I made the time. I was fortunate, I could afford to. I know that finances are a barrier to some people, but if that is the case I would just do it slower and not rush. You won’t be a worse therapist for taking longer. I know living outside the main centres would be very difficult because it costs more to travel and more time to get there. For some people this is the tipping point that stops them.

For Nicola it was a “real adjustment as I live so far away from the school and had to travel when I first started, that was hard. Also, changing from being a stay-at-home Mum and then moving back into education was quite scary.” She went onto say that it was hard for her family; she would say to them “I don’t know if this is going to work, but until it starts to break, we’re just going to keep going forward and when we start hearing cracking, then we better stop and re-evaluate.” Similarly, Katie lived elsewhere and said: “having to change to another town at my age has made it very hard for my partner to find work to support me so it’s a financial thing for me.” Tina thought that if there were more “part-time options, summer school or extramural components more people would be interested because they don’t necessarily have to give up their day job.” Ruby said:

location is the biggest barrier as there are only two places that offer degree education here in New Zealand. As I have my own business it is hard to step away from that to study. Financially it is a huge barrier as well.

Ann also saw the cost of education as a barrier to accessibility. “I do have a problem with degree education as the cost is so high. I think it actually eliminates a large number of people and some of those people have very valuable skills.” Ann also held the view that cultural needs may impact on access:
in education as a whole, we forget about different cultures and their belief systems regarding education. This can be a barrier for some. I am not suggesting we pander to every culture because I disagree with that, but I do think the Māori population is important in New Zealand and we need to take their beliefs into consideration.

Garry thought that some people’s expectations were too high when considering location as a barrier to accessing education. “People cannot expect a degree to be right on their doorstep; to become a physiotherapist or osteopath there are very few places to study in New Zealand”.

Although time, location and finances may have been a barrier for some participants, returning as an adult student terrified Pam. She said: “when I returned as an adult student that was terrifying in itself trying to deal with technology and making the long term commitment to study was hard. However, I saw paying fees as an investment in a field I would enjoy.”

Sarah shared that her barriers were not the usual ones such as location, time or finances. “I don’t have children, I had the time and it was easy for me to move to another city. During my study the only barrier was that I was quite unwell at the time. The challenge was to keep going.” Jaime conveyed for her it was “having a family and having to study. Being a woman, you always put yourself last and I had to learn to start putting myself first as my studies did suffer. I had to learn to ask for help.” Abby also needed to learn to manage her study: “I had to say my degree comes first as I was working and doing other things, so I had to learn to manage everything.”

‘Perceptions of a degree’
Three key perceptions were identified as barriers to degree-based education. These perceptions were: lack of knowledge of a degree; the belief that a degree is unnecessary i.e. the diploma is adequate; and the view that a degree was restrictive.

Emma, a diploma student, was unsure what content a degree would include. She said:

I’d really need to know what was covered. I know there is additional material like research, but from what I understand a lot of other modalities are chucked in to make a degree and I don’t know that a lot more anatomy, physiology and pathology is covered in that much more depth.
Sarah had a degree in massage, but recalled reading an article in a Massage New Zealand magazine that indicated a lack of knowledge of a degree and the belief that a degree was unnecessary. Sarah shared:

a massage therapist and tutor who doesn’t have a degree wrote that she thought there wasn’t a lot of difference between what a massage therapist with a degree could provide and what a well-trained diploma therapist could provide . . . ultimately I think everyone should be aiming for a degree and I think if there’s a professional organisation that encourages that, then that’s only a good thing.

Some participants thought that there were good massage therapists without a degree education. Sophie could see both sides of the issue and said:

I can see why people would think having a degree is of no benefit because if you have a certificate, diploma or even a degree in New Zealand you could all end up with the same job, earning the same amount of money. So, in that way, you could think, personally it’s not going to benefit me, but for me, getting my degree was of great benefit.

Ann considered that, “I don’t necessarily think within New Zealand that you would get an increase in remuneration for having a degree” and Tina went on to say that a degree in massage therapy:

would not change what I currently do and it won’t change what people of think of me as a therapist. I’ve learnt things over and above massage and I’m choosing not to do a degree in massage therapy. I’m pursuing a health science degree because I realise that being a massage therapist is hard on the body and I don’t believe a massage degree would open any more doors for me.

Conversely, Sarah stated: “all I can say is from my experience is that if I had stopped after my two year diploma I would not be as good a therapist as I am having done my three year degree.” Paul believed a degree would not make for a better hands-on therapist. He said: “there are people who are very skilled with their hands, very able to relate to clients; they make wonderful practitioners and academia is not for everyone.” Paul added: “however, there is benefit in doing a degree and some people have not had their eyes opened to it.”

Returning to study at a higher level was a challenge for some participants. Jaime said “learning to study again was a new challenge after being away from that environment. I had to
learn to prepare essays and learn how to learn again. It was hard at that level [however] when you do a degree you learn more and if you are open, receptive and intuitive there is always something new to learn.” Ann also found returning to study a challenge, in particular: “getting my head around science that I have hated all my life was a major challenge and having confidence in myself that I could actually do it.”

Jamie also considered a degree could be restrictive as “there are people out there that are very intuitive whether we agree or not that is their calling, so who are we to argue with that.” Sophie also viewed degree-based education as restrictive and said: “for people at different stages of their life who cannot commit to three years of study a certificate or diploma would suit them better, so they can go out and massage.” Ally highlighted the need to consider other cultures and their approach to massage. She believed that in some cultures people are brought up with using massage and it is integrated into their daily lives and these cultures would not choose to learn massage formally.

Ruby thought: “[a degree] it’s more for your own learning rather than skills you’ll actually apply. I think no skill is ever wasted, but you could potentially get on just fine and be a great therapist without the extra year’s study.” Tina was concerned that degree level education might undermine other massage qualifications and said:

if a degree was the norm in the future, where does that leave those with a certificate or a diploma? People might perceive them as being less valuable or less knowledgeable. I feel from a skill set everything you are going to use for your client is learnt at the diploma level.

Emma also considered offering a degree could undermine other qualifications with the general public. Emma said: “I think it could undermine in some ways just in terms of public thinking. They might think well, if they’ve got a degree and you’ve got a diploma, what haven’t you studied?” Similarly, Ann believed: “people might see one person with a diploma and one person with a degree and think the person with a degree is the better person, but I don’t believe that.” Sophie held the view if degree level education was “the only qualification and there was a regulation where you couldn’t massage unless you had a degree, of course that would be restrictive, but it’s not like that at the moment.”
Opposing this view were Paul, Pam and Ally. Paul indicated:

there’s a place for a certificate as people need to have that relaxation spa approach, then there’s the diploma where people can start to assess and treat clients. The next step up is a degree, which is more about having academic awareness and at diploma level people don’t have that.

Pam went on to say:

I think each level has a different focus and it is about the purpose of a massage; however, I know in nursing and occupational therapy if people wanted to up-skill then they did. There was a diploma of nursing and a diploma of occupational therapy and people up-skilled because that was the recognised qualification and expected standard.

Ally saw that “each level was a step up to the next level and all were needed for learning.” Lisa also added, “I don’t see degree-based education as undermining anything, but actually opening up opportunities for therapists across the board at all levels.”

Some participants held the perception that to enter degree level study people needed to be mature and to have sufficient time to build their confidence. Mary held the view that “people need to be more mature when they come into training for the massage profession. We shouldn’t really be having teenagers doing this. They need to have life skills if they’re dealing with people of different age groups and different presentations.” Chris also acknowledged the need for maturity but thought a degree gives people time to get that maturity: “there is a lot more young people coming in to the massage profession. We are seeing lower literacy rates in younger people and we need time to build their confidence. I believe a degree gives us that time.”

**Discussion**

**Current issues facing the industry**
As noted earlier in the chapter, two themes were identified as key issues facing the massage therapy industry, namely, ‘image’ and ‘unregulated’.
'Image'

Participants had a number of concerns regarding the image of the massage therapy industry. These concerns centred on the historical connection to the sex industry, the duality and diversity of massage therapy practice, and the perceived lack of research.

A finding of the study was the association of massage therapy with the sex industry. Participants such as Ann and Jaime identified the association as still problematic to the image of massage therapy, while others such as Paul and Mary noted less connection with the sex industry now and therefore had less concern. Historically, massage therapy attempted to enhance its image by moving away from its association with prostitution. Like osteopathy and chiropractic practice, massage therapy practice moved toward the “biomechanical basis for health and illness” (Nicholls & Cheek, 2006, p. 2342). In addition, The Society of Trained Masseuses was formed in 1894 to regulate the training and registration of masseuses. This was to reassure the medical profession and the public of the professions’ propriety, and this further enhanced the image of massage practice (Calvert, 2002; Nicholls & Cheek, 2006). In New Zealand, these early interventions and practices evolved to create the physiotherapy profession. Now, 100 years on, the practice of massage therapy by massage therapists is unregulated and the association with prostitution remains. This association is supported by a New Zealand study which found that “twenty-five percent of MNZ massage therapists had been asked to provide sexual services by clients or prospective clients in the last 12 months” (Smith, 2009, p. 135). Participants were aware of the implications this link may have on the public perception of massage therapy. Perhaps the prevalence of this misconception by the public could be a useful barometer of the image of massage therapy, with respect to its association with prostitution.

A further issue affecting the image of massage therapy was the duality of massage therapy practice. This duality was of concern to Katie and Ruby who believed clients misunderstood the scope, diversity and qualifications of massage therapists. Massage is often viewed by clients as a “treat or time for self” (Smith et al., 2009b, p. 287), as well as being a treatment for a range of conditions. In addition, the different approaches, goals and styles of massage cloud the perceptions of massage therapy practice (Smith et al., 2010). Goals of massage may include relaxation massage, clinical massage, movement re-education, and energy work (Sherman et al., 2006). Furthermore, as a result of these differing goals, approaches and styles of massage
therapy, different levels of education exist, further confusing the image of massage therapy. Although massage therapy is used for a wide range of conditions ranging from the treatment of headaches, back pain and sports injuries to stress and spiritual well-being (Smith et al., 2011b), and the use of massage therapy and other CAM therapies is on the increase (Moyer et al., 2004; Chan & Whitehead, 2008), public awareness of the diversity of massage therapy services and associated qualifications and scopes of practice may be poor. Educating the public about the diversity of massage therapy and the qualifications of massage therapists were recommended by Katie and Sophie who thought this approach may assist in building a more positive image for massage therapy.

The diverse nature of massage therapy may also add to confusion over the image massage therapists want to portray as individuals and as a collective, a point reported by Lisa who thought “we have an identity crisis”. Due to the differing approaches to massage therapy, such as intuition or science reported by Sophie, there are likely to be potentially conflicting philosophies about the nature of massage therapy and an individual therapist’s approach to a massage session. With a lack of government regulation and controlled educational standards (Smith et al., 2012), the attitudes and behaviours within the practice of massage therapy are also likely to be varied. Mary and Sophie identified inappropriate professional behaviours, for example, poor personal presentation by the therapist and a poor practice environment, as issues. In a UK study of CAM practice practitioner appearance, the practice environment and personal interactions between the practitioner and patient were important factors in shaping patients’ first impressions and influencing their confidence (Turner, Leach, & Robinson, 2007). Therefore, the potential inconsistencies in massage therapy professional practice, based on the discordant philosophies or diversity of approaches within massage therapy, may contribute to the low level of pride, disillusionment, and a blurred identity reported by participants. An image is about transient perceptions and interpretations by members and non-members of an organisation (Treadwell & Harrison, 1994). An identity is a shared understanding and is more institutionalised and permanent (Treadwell & Harrison, 1994). Therefore, the massage therapy industry needs to address both its image and identity.

Another finding of the study was a perceived lack of research supporting massage therapy practice and the effect of this on the image of the industry. For example, Sarah was concerned by
the lack of research and had become disillusioned with massage therapy as a result. While massage therapy research has increased over the last ten years, it is still in its infancy (Moyer et al., 2009). The recent growth in research better positions massage therapy as an accepted health service, but stakeholders’ awareness of the growing evidence base for massage therapy could be low. However, participants who identified a lack of massage therapy research may have had limited access to research literature or a lack of opportunity to engage with research. If this experience is widespread within the massage therapy industry then access and opportunities to engage with research and research literature need to be addressed by the education sector and Massage New Zealand.

The image of a profession is linked with the “public’s perception of the status and role of a group involved in a particular discipline or vocation” (Auker, 2004, p. 35). An image of a profession can be either “positive or negative and is influential in determining the strength and viability of the profession” (Auker, 2004, p. 32). A number of factors can influence the image of an organisation, profession, or individual, for example: positive or negative portrayals in the media (Cabaniss, 2011); stereotypical ideas about an organisation (Treadwell & Harrison, 1994), or an individual’s attire and the practice environment (Newton & Chaney, 1996). Within the health professions, nursing has attempted to enhance its image by moving away from the “ministering angel label” or the “naughty nurse” depictions in the media (Cabaniss, 2011, p. 114). Some of the strategies used to create a more positive nursing image were to: adhere to professional standards, “become more visible and vocal as individuals and as members of organisations” (Cabaniss, 2011, p. 117) and become “better educated professionals” (Auker, 2004, p. 28). Among complementary and alternative medicine (CAM) health professions, both chiropractic and osteopathy aligned with science to assist in moving each profession into a position of orthodoxy. Both “adopted biomechanical explanations similar to those found in biomedicine” (Baer, 2009, p. 28). In doing so, both chiropractors and osteopaths enhanced their images as legitimate healthcare providers.

The image of the massage therapy industry is constantly developing as stakeholders contend with internal and external factors that influence its image. The lack of pride and the disillusionment within the massage profession seems to be inconsistent with the widely reported growth in CAM use, education and research over the past decade (Cant & Sharma, 1996; Clarke,
Doel, & Segrott, 2004; Leach, 2013; Moyer et al., 2009). It could be argued that a poor image for massage therapy may not be a problem as many people use this modality, however, massage therapy is not a mainstream health service. The lack of regulation of massage therapy by the 2003 Health Practitioners Competence Assurance Act (HPCAA) (Ministry of Health, 2010), the exclusion of funding for massage therapy treatments by the Accident Compensation Corporation (ACC), (Smith et al., 2010) and the infancy of its research base (Moyer et al., 2009) suggest that further work could be done to enhance the image of massage therapy as a health service rather than a service of wellness or relaxation.

For most organisations and professions time is dedicated to the initiative of image improvement (Auker, 2004). The image of massage therapy needs to be portrayed in a positive light. Professionals themselves are best suited to enhance the public’s knowledge and opinions of their profession (LeCroy & Stinson, 2004). It is important that massage therapists as a collective manage their diversity, and clarify their identity and the projected image of their profession. This may improve the low MNZ membership numbers, which were of concern to participants. The massage therapy industry could adopt some of the image-enhancing strategies used by other health professions and, in particular, explore the tactics used to manage diverse practices within an occupational group. Participants suggested a number of strategies such as education, alignment with other health professionals, clarity of qualifications, and building a strong membership organisation. These strategies are further discussed in a subsequent section.

‘Unregulated’
The second theme identified by participants was the ‘unregulated’ nature of massage therapy, for example, Phillipa was concerned that “anyone can call themselves a massage therapist.” Regulation of a profession or occupation provides procedures to ensure that people are competent to practice their professions or occupations for the primary purpose of “protecting the safety of the public” (Ministry of Health, 2010). Professional regulation can occur through a number of mechanisms. Government-controlled i.e. statutory regulation is one option. Another equally effective mechanism is self-regulation by individual industries (Ministry of Health, 2010). Within New Zealand a number of health practitioners, including chiropractors, osteopaths and physiotherapists, have statutory regulation under the 2003 HPCA Act. This Act was built on the framework of the Medical Practitioners Act, which previously regulated doctors, and that now
brings the regulation of a number of other health practitioners under one umbrella (Ministry of Health, 2011).

Statutory regulation, through its protection of title, may assist with participants’ concerns about the unregulated nature of the industry. The HPCAA specifies that “registered health practitioners must not perform activities outside the scope of practice for which they are registered and may only use the title associated with their scope” (Ministry of Health, 2011). While regulation is concerned with public safety, to date massage therapists are not regulated or included under the HPCA Act, a situation that concerned some participants. Phillipa, Mary and Ruby concluded the lack of regulation meant massage therapy was unrecognised by the government and not taken as seriously as other professions such as chiropractic. The idea that statutory regulation would provide recognition and access to government funding was also evident. Participants’ views of the benefits of regulation such as recognition and funding are supported in the literature (Ministry of Health, 2010; Duke, 2005). For example, Duke (2005, p. 13) states that “regulation is also perceived as giving status to a profession or enabling the profession to gain funding”. Many CAM therapies, such as osteopathy, have also sought regulation as part of the professionalisation process to afford them legitimacy (Baer, 2009; Cant & Sharma, 1996; Duke, 2005; Marks, 2010).

Furthermore, regulation may help to address the low entry barrier to the massage therapy workforce and the lack of national cohesive massage therapy standards of education. For Paul, Garry and Deborah this was a concern as some massage education standards were viewed as almost inadequate. Chris and Lisa stressed the under-valued nature of massage qualifications by therapists and the public. The massage therapy industry may need to consider taking an education path similar to other CAM professions. CAM professionals seek to procure professional status within the formal health care system (Kelner et al., 2006) undertake lengthy periods of time engaging in higher education. For example degree level education is now the minimum educational requirement within New Zealand for allied health professionals such as osteopaths (Osteopathic Council of New Zealand, 2009) and physiotherapists (Physiotherapy Board of New Zealand, 2009). Education practices also help socialise students into a profession and are fundamental to building a professional identity (Madsen, McAllister, Godden, Greenhill, & Reed, 2009). A stronger formal standardised education process may help address Ann’s and
Lisa’s concerns that some people viewed the practice of massage as a “little hobby” or that massage was seen as part of the “service industry.”

As a final point, the massage therapy industry and its stakeholders need to decide their image and identity by understanding their own diversity and the complexities of developing as a health profession. Engaging in regulation was a strategy put forward by participants as one means to manage the unregulated nature of the industry and the inherent problems associated with it. However, participants did express concerns and some resistance to the idea of regulation. There is further and more in-depth discussion of this under the focus area ‘Towards Professional Recognition’ in Chapter Seven, where ‘image’ and ‘unregulated’ will be revisited in the context of moving the massage industry forward.

A massage degree: the purpose, graduate outcomes and educator requirements
Nine themes that were found in the data related to perceptions held by participants about a massage therapy degree. The first two themes, ‘proficient professional massage practice’ and ‘learn research skills’, relate to the purpose of a massage therapy degree. Four themes - ‘knowledge’; ‘practical skills’; ‘academic skills’, and ‘professional practice’ - are grouped under graduate outcomes, and further three themes - ‘appropriate qualifications’; ‘expertise’; and a ‘desire to contribute/help’ - are desired attributes of a massage therapy degree educator.

‘Proficient professional massage practice’
One purpose of a massage degree was the role it played in developing proficient professional massage therapists. Participants such as Jaime and Katie thought the purpose was to gain a broad theoretical knowledge base and a variety of practical skills including interdisciplinary communication. Similarly Garry and Chris thought the intention of a degree as opposed to a diploma was to develop proficient professional massage therapists, who were “cognitively sound in the application of theory” and who could adapt and apply knowledge and skills to more complex clinical cases. Tina also highlighted that the role of a degree was to challenge a student’s “thinking power” and noted the additional year of training over that of a two year diploma allowed for consolidation of knowledge and skills and a greater confidence in ability.
The New Zealand Qualifications Authority (NZQA) states that a graduate of a Bachelor's Degree is able to:

- demonstrate intellectual independence, critical thinking and analytic rigour; engage in self-directed learning; demonstrate knowledge and skills related to the ideas, principles, concepts, chief research methods and problem-solving techniques of a recognised major subject; demonstrate the skills needed to acquire, understand and assess information from a range of sources; and demonstrate communication and collaborative skills (New Zealand Qualifications Authority, 2009, p. 1)

and “content is progressively developed such that it might form a basis for postgraduate study and/or professional practice” (New Zealand Qualifications Authority, 2009, p. 1). Therefore, a range of generic graduate skills is developed in conjunction with specific content and skills to create competent practitioners. Views of participants in this study were in alignment with the purpose and outcomes of degree-based education.

Participants’ experiences and opinions are also consistent with the findings from the University of South Australia, which has been developing conversion courses from advanced diploma to degree in acupuncture and naturopathy. They have found that their conversion courses have “improved the students’ critical thinking and reasoning skills, as well as their clinical and theory and practical skills” (Smith et al., 2006, p. 38). However, “professional competence extends beyond discipline-specific technical competence” (Higgs, Hunt, Higgs, & Neubauer, 1999, p. 23) to include leadership and a contribution to the profession and community (Higgs et al., 1999; Smith et al., 2006). Participants in this study did not report such views but instead reflected a more instrumental view of the purpose of higher education as reported by Spronken-Smith and colleagues (2009) who found that higher education was seen as being about gaining a qualification in preparation for a job.

‘Learn research skills’
Research skills were seen as an element of the academic skills included in degree-level education. However, participants also positioned ‘learning research skills’ and engagement with research as a distinctive purpose of degree-based education, a perception that is aligned with the definition of a bachelor’s degree (New Zealand Qualifications Authority, 2014). Participants such as Tina thought accessing and learning about research supported the development of critical thinking.
skills, and Paul saw the need to apply an evidence base to his practice. Deborah and Chris thought it important to develop massage therapists with research skills so that “research does get done” (Deborah). These participants, who have had exposure to bachelor’s degree education, are aware of the role of research in higher education and, in particular, the need for practitioner-generated research (as advocated by Moyer (2011)), and the need for research literacy to be integrated into curricula for massage therapists (Hymel, 2005). It is unclear whether participants without previous knowledge of degree-level education had this understanding.

‘Knowledge’ and ‘practical skills’
Participants identified areas of content (knowledge and practical skills) that included human structure and function, professional boundaries, business, and application of massage techniques that were common to a massage diploma, and that would fit within the first two years of a bachelor’s degree for massage therapy (Southern Institute of Technology, 2014). This content is also well aligned with the massage therapy body of knowledge (Sefton et al., 2011). Participants, like Katie and Deborah, also identified additional knowledge that was gained within the third year of their degree. For example Katie was looking forward to learning about neurological aspects of the body, psychology of pain, and research, and Deborah recalled the benefit of advanced clinical reasoning as taught in her third year of her massage degree. Emma thought that her two year diploma was light in the areas of assessment, neuromuscular, myofascial, and some energy techniques. Understanding nerves and practical content areas such as energy techniques were viewed as useful content for the third year of a bachelor’s degree in massage therapy. These findings were in agreement with the evaluation of the Bachelor of Therapeutic and Sports Massage programme by its graduates (Smith et al., 2013), and these content areas offer a direction for educators to consider when planning degree-level education for massage therapists.

‘Academic skills’ and ‘professional practice’
Participants like Pam and Ally also thought that academic skills such as research literacy and capacity, and ongoing learning and thinking skills, were or should be included in a massage degree. The inclusion of generic skills in higher education is common in undergraduate programmes to support personal and professional growth and develop self-directed learners (Broberg et al., 2003; Smith et al., 2006; Spronken-Smith et al., 2009). Findings in this study also highlight the need for degree-level education to: apply knowledge and skills in a range of
practice settings; facilitate interdisciplinary learning, communication and practice, and foster professional support practices. These components are found in undergraduate health care education such as physiotherapy (Broberg et al., 2003; Higgs et al., 1999), nursing (Lane & Kohlenberg, 2010), and in the conversion courses for complementary therapies (Smith et al., 2006). They are also recommended as components of future practice competencies for pharmacy curricula to assist pharmacists to better position themselves for opportunities that may arise within the changing healthcare environment (Jungnickel, Kelley, Hammer, Haines, & Marlowe, 2009).

‘Appropriate qualifications’, ‘expertise’, and a ‘desire to contribute/help’
It was interesting to see that a number of participants such as Mary thought that, in addition to teaching skills, massage educators needed to have had “really good clinical experience” to be able to relate to the real world. Furthermore, while some participants were aware of the need for educators to hold a post graduate qualification, some were less sure of the need to be qualified to bachelor’s degree level. These views infer that practical skills were more highly valued than higher-level critical thinking skills and perhaps reflect the bias towards the vocational purpose of education. ‘A desire to contribute / help’ was also reported as a requirement of educators.
Although no participant indicated that a massage degree should be “taught mainly by people engaged in research” (New Zealand Qualifications Authority, 2014, p. 1), engagement in research was noted as one avenue for educators to contribute to and be involved in the wider massage community. Educator participation beyond the classroom models the interactive professional (Higgs & Edwards, 1999) thereby showing massage therapists the need to include in their professional roles elements of leadership and participation in their profession.

Benefits of a massage degree
‘Higher standards and consolidation’, ‘personal benefits and new opportunities’, and ‘builds credibility’ were three themes found in the data relating to the benefits of a massage therapy degree.
‘Higher standards and consolidation’ and ‘personal benefits and new opportunities’

Garry and Pam believed the theory base was a benefit, and Sophie and Chris thought benefits of a degree were “the time to develop ideas”. These attributes of degree-level education were discussed in the previous section.

Some participants thought the benefits a massage therapy degree provided were increased confidence as a practitioner, and the opportunity to grow “as a learner and as an individual”. In addition, participants described a number of personal benefits such as increased confidence, personal development and lifelong learning. As low self-esteem and confidence collectively plague women returning to work or education (Greer, 2013), “realising I can learn and achieve” (Katie) was highly beneficial. Findings in this study also show that a sense of pride in accomplishment through the experience of degree-based education, a commitment to lifelong learning, and a belief that “a degree is always worthwhile” (Katie) mirrors that of learning-oriented students who see higher education as having value in and of itself (O’Connor, 1987 cited in Parks, Evans, & Getch, 2013). Personal benefits can also spill over to one’s family. McCoy & Byrne (2011) report that children with parents with a degree are six times more likely to enter higher education. This pattern was evident for Deborah who was the first in her family to enter degree-based education and she became a role model for her daughter. New opportunities such as job diversity, new careers, travel, and access to post-graduate study were also reported by participants as perceived benefits of a massage degree.

There are many economic and non-economic benefits associated with higher educational attainment. A number of authors (Bloom, Hartley, & Rosovsky, 2007; McMahon, 2009; Murray, 2009; Perna, 2005) have described these benefits in terms of both personal and public good. Economic benefits such as higher salaries for an individual and greater economic growth for society are noted. Increased social cohesion and appreciation for diversity, and social (non-economic) benefits for the individual such as improved health and increased personal status are also reported in the literature (Bloom et al., 2007; McMahon, 2009; Murray, 2009; Perna, 2005). Also benefiting the economy and society is the development of new knowledge (McMahon, 2009). However, there has been “a shift towards private expenditure in the tertiary education sector” (Murray, 2009, p. 230). This may explain the thematic bias towards personal benefits expressed by participants, namely: ‘higher standard of education and consolidation’ and ‘personal
benefits and new opportunities’. Further research is required to determine whether these benefits differ from those available to diploma trained massage therapists.

Participants did not report receiving higher remuneration for massage therapy services as a benefit of degree education. This finding is similar to that found by Spetz (2002) in her review of the value of education in nursing relative to the choice of associate or baccalaureate degrees. Baccalaureate trained nurses did not have a higher level of lifetime earnings; however, they were more likely to have engaged in post-graduate education and employment outside the nursing profession.

‘Credibility’
Participants in this study also provided a number of examples of other benefits of a massage degree that fitted under the theme: ‘credibility’. For example through degree-based education, Sophie thought engagement in research by massage therapists and educators would give credibility to the profession, as “that’s something health professionals do”. Deborah and Chris’s view that a degree gave more credibility with other health professionals, along with Lisa and Garry’s view that higher education and its associated increase in credibility may allow access to new practice settings, are compatible with the trustworthiness and status accorded to a profession (Higgs et al., 1999). Credibility is an example of the social benefits associated with higher educational attainment (Bloom et al., 2007; McMahon, 2009; Murray, 2009); and its relationship to building a professional image and to the professionalisation journey is discussed further in the next chapter ‘Towards Professional Recognition’.

To sum up, the perceived benefits reported by participants in this study, namely ‘higher standard and consolidation’, ‘personal benefits and new opportunities’, and ‘builds credibility’, match many of the actual benefits of completing the third year of the massage degree reported by forty five BTSM graduates (Smith et al., 2013). For example, in alignment with the perceived benefit of ‘higher standard and consolidation’, BTSM graduates reported benefits such as ‘time and support to consolidate clinical reasoning and practice / everything comes together’, ‘professional development / growth as a therapist / more confidence’, and the opportunity to ‘learn new knowledge / topics / extra skills’ (Smith et al., 2013). BTSM graduates also thought they had greater credibility for themselves and the industry, were more employable, and had an
opportunity to study at post-graduate level (Smith et al., 2013), which indicates that degree-based education can build credibility and provide new opportunities.

**Barriers to a massage degree**

There were two themes in the data relating to barriers to a massage degree. These were: ‘accessibility’ and ‘perceptions of a degree’.

‘*Accessibility*’

Findings in this study highlighted the barrier of accessibility to degree-based education. For instance relocating at an older age, the financial burden, and the cost and time commitment associated with travelling and attending classes were a common barrier for many participants. Ann on the other hand identified cultural differences as a barrier and Jaime found it hard to balance study with family and other commitments. Other barriers were mentioned; Pam thought that returning to study was “terrifying” while Sarah’s health concerns were a barrier for her. Accessibility has been widely reported in the literature as a barrier to higher education for some groups. For example, Australian indigenous people (Scholfield, O'Brien, & Gilroy, 2013) face similar barriers to entering higher education as those reported for New Zealand Māori (Barnhardt, 2002). These were low socio-economic status, poorer health, adverse early educational experiences and cultural effacement (Barnhardt, 2002; McCoy & Byrne, 2011). It has also been reported that women entering training programmes face barriers that may preclude them from taking advantage of further education. Barriers such as the location and distance and lack of a means to travel to training courses, child care and its associated cost, as well as the cost of training, were mentioned (Greer, 2013). Likewise, the financial costs of higher education were detailed by McCoy & Byrne (2011) in an Irish study of the children of the ‘lower non-manual’ population, who perceived the cost of higher education as “too great and would exert hardship for the student and their families” (McCoy & Byrne, 2011, p. 153). Being of a certain age or being seen as a non-traditional student was also a barrier discussed by Parks and colleagues (2013) where some of the older students entering higher education perceived themselves as outsiders or a minority. The kind of barriers to accessing higher education shared by participants are common and solutions were offered by participants; these will be discussed under the focus area of ‘Towards Professional Recognition’ in Chapter Seven.
'Perceptions of a degree’

In addition to the barriers outlined above there were three key perceptions held by some participants as to why they would not undertake degree-based education in massage therapy. The first view was the belief that a degree was unnecessary. This belief was based on the opinion that a diploma was adequate to practice as a massage therapist and there were no additional advantages or benefits in having a degree education. Sophie and Tina encapsulated the view when they said that regardless of your qualification level “you could all end up with the same job, earning the same amount of money” and a degree would not open any more doors. Participants with these views did not perceive the ‘personal benefits and new opportunities’ reported earlier. Findings in the literature may help explain this view. Participants could be taking a ‘preparation for a job’ approach to education (Spronken-Smith et al., 2009) with a focus on “informative learning . . . acquiring knowledge and skills . . . to produce experts” (Frenk et al., 2010, p. 1952) and therefore missing the role of formative and transformative learning that produce professionals, develop leadership attributes, and produce “enlightened change agents” (Frenk et al., 2010, p. 1952). Another explanation could be the personal circumstances of students. For example, Spetz (2002, p. 79) suggested that older students and those with family commitments preferred the non-baccalaureate qualification in nursing as it enabled the “prospective nurse to enter the labour market more quickly”.

The second view was that a degree was restrictive. Some of these restrictions, such as the time commitment mentioned by Sophie and the cultural aspects mentioned by Ally, were related to the ‘accessibility’ barriers highlighted above. An additional view was that some people “who are very skilled with their hands” and are “intuitive” with their massage may not have the academic ability or interest to do a degree. As such, participants such as Paul and Jaime were worried that if degree-based education was the entry qualification for practice, this would prevent talented people from participating in the massage industry. Stair-casing qualifications and providing academic support, however, were put forward by participants as strategies to overcome this barrier and are further discussed in Chapter Seven. Participants like Tina, Emma, Sophie and Ann felt that if a massage degree “was the norm in the future” this would potentially undermine lower level qualifications and would restrict the practice of diploma and certificate trained practitioners. As noted above by Spetz (2002), personal circumstances may restrict participation. Although participants were concerned about the restrictive nature of degree-based education, at
some point the massage therapy industry may need to consider the role of exclusionary strategies (Cant & Sharma, 1995) to assist legitimation.

Third, while some participants had an idea as to the purpose and content of degree level education others, like Emma, were unsure what was included in a degree and Sarah referred to the lack of understanding of the differences between diploma and degree training. Given that “the availability of information and advice on higher education is a key factor in the decision to enrol” (McCoy & Byrne, 2011) and degree-based education for massage therapy in New Zealand is relatively new (Smith et al., 2010), a lack of knowledge about the purpose and benefits of a massage degree is a likely barrier to participation.

**Summary**

The themes arising from the 20 interviews in terms of the ‘current issues facing the massage therapy industry’, ‘a massage degree: the purpose, graduate outcomes, and educator requirement’, the ‘benefits of degree-based education’ and the ‘barriers to degree-based education’ have been discussed in this chapter. The image of massage therapy and its unregulated nature were of concern to participants and provided a contemporary context for the participants’ views about degree-based education for massage therapy. A massage degree was largely seen as means to produce proficient professional massage therapists and the ability for the massage therapy industry to participate in massage therapy research. Graduate outcomes were knowledge, practical skills, academic skills and professional practice. Benefits were a higher standard and consolidation of learning, personal benefits and new opportunities for graduates, and increased credibility for the massage therapy industry. Barriers to degree-based education were also reported. These were its inaccessibility for a range of reasons and the perception that a degree was unnecessary and potentially restrictive. As noted in the preceding sections, participants suggested a number of strategies to address the issues discussed. Their views are reported and discussed in the following chapter under the fifth focus area ‘Towards Professional Recognition’.
Chapter Seven

Interview Results: Moving Forwards

Image adapted from Dreamstime, 2014
Chapter Outline

In this chapter the strategies suggested by participants for dealing with the current issues facing the massage industry and degree-based education are reported and discussed under the final focus area towards professional recognition. This focus area has three themes, ‘professional image’, ‘regulation and registration’, and ‘massage therapy education’, which are illustrated using participant narratives.
Degree-based education for massage therapy \ Chapter Seven

**Introduction**

In the previous chapter 16 themes were reported and discussed within the first four focus areas: ‘current issues facing the massage industry’; ‘a massage degree: purpose, graduate outcomes, and educator requirements’; ‘benefits of degree-based education’; and ‘barriers to degree-based education’. The findings of the final area of focus, ‘towards professional recognition’, is reported and discussed in this chapter. The focus area ‘towards professional recognition’ collates the strategies suggested by participants to advance the professional standing of massage therapy in New Zealand and is reported under three themes: ‘professional image’; ‘regulation and registration’, and ‘massage therapy education’. Participant narratives are used to convey a range of views for each theme. The strategies are interrelated and are discussed with reference to the relevant literature after the report of findings.

**Towards professional recognition**

‘Professional image’

When considering the theme ‘professional image’ participants focused on the need to build a strong massage therapy identity, as well as the need to engage in professional behaviours and raise public awareness. Sophie summed up a massage therapist’s strengths as having a client focus and spending time with the client. She commented:

> when clients come to us it’s the time we spend with them, there is no one else there and we are completely focused on them. They appreciate that we will listen to them for quite a lot of the time, sometimes for the whole hour if they want to talk. They give us permission to touch them and to find out what is going on with their body. It’s not a quick kind of thing.

Paul supported Sophie’s view of spending time with clients and added the notion that massage therapists are muscle experts. He said: “I think our strength is we spend a decent amount of time with a person. We are soft tissue specialists and that amount of time allows a person to enter into that relaxation response and therefore gain healing.” Paul went on to add: “we spend an hour or more so there’s an opportunity for people to share issues that arise. This creates a degree of intimacy and I think people perceive us as credible and that we really care for them.” Katie shared another strength saying, “it was the natural approach that she and her clients enjoy. A
Degree-based education for massage therapy \ Chapter Seven

massage session could focus on wellness and helping to prevent injury before it occurred.”

Similarly, Alice thought that:

a strength of massage therapy is that clients don’t have to be sick to come to us. When you go to a physiotherapist, or a nurse or doctor there is a problem. Seeing a massage therapist you don’t have to have a problem. We can actually help the sports person to prepare for an event and help prevent injury. I think that is what sets us apart.

In addition to focusing on strengths, a number of suggestions were mentioned previously in Chapter Six about raising public awareness, and in particular the need to educate the public about qualifications and the benefits of massage therapy. For example, Ally believed “the massage industry could do more to educate the public so they look for registered members of Massage New Zealand (MNZ) or at least for them to have an awareness of MNZ and who it represents.” Profiling registered members by MNZ would contribute to building a positive and professional image of massage therapy.

Engaging in professional behaviours was also seen as enhancing the personal and professional image of massage therapists. Professional behaviours focused on improving the behaviours of individual therapists, engaging with other health professionals, and involvement in research. Paul and Ann agreed that being professional starts with the individual. Ann stated: “I don’t think we put ourselves out there enough.” Sophie shared: “I think it’s really important that we try to be professional. It’s basic things such as the way we dress, the environment we work in and the language we use.” Ally conveyed that when students go out in to the community: “we have clinic uniforms which portray a much more professional image” and Nicola added: “I have a uniform for the purpose of creating a more professional appearance and it looks more clinical.”

Good networking skills and a sense of confidence were part of behaving in a professional manner and creating the right image. Chris suggested: “massage therapists need confidence to talk and liaise with other health professionals,” and April said: “being positioned as a more clinical profession would help the public perceive massage as more medical and not so alternative.” Ally believed “reflective practice and having strong professional boundaries were important for a massage therapist’s image.” Ally went on to say: “I think knowing when you
have overstepped the mark is important and maintaining professional boundaries conveys the right image to the public and other professionals.”

Involvement in research was also identified as an important professional behaviour to project a professional image. Chris and Lisa had similar sentiments. Chris shared that massage “therapists need to be participating in research to prove what we do is valid.” Lisa specifically said: “I would like to see massage therapists have more opportunities to be involved in research, I think it builds the right image.” Ann also held the view that research was important and suggested:

massage therapists need to be able to read other people’s research and contribute to research. I think this is an important part of our job. Many people are moving away from traditional medicines and they’re thinking about massage and its benefits. We need to be seen as less alternative.

Garry thought: “in the future research will be really important especially if we want to access health funding. We need to be seen as credible.”

‘Regulation and registration’
Participants viewed regulation and registration of the massage therapy industry as a useful step to take in moving the massage therapy industry towards legitimation. They supported government regulation, or regulation by the professional association MNZ and its associated registration process. The need for clear scopes of practice and increasing membership numbers within MNZ was stressed.

Katie wanted to see some form of registration saying:

I would like to see massage therapists registered. I think there are still issues that need to be addressed in our industry. Education and what is deemed professional should be on the agenda as I’ve had experiences where professional behaviour is still a problem.

Abby also wanted the massage industry regulated in some form. “Government regulation or self-regulation would help professionalism within our industry.” Phillipa felt that government regulation was not required and self-regulation through Massage New Zealand was sufficient.
“We already have MNZ that has standards and rules, but if it was mandatory to be qualified then that would change things.” Garry conversely stated:

I’m opposed to compulsory registration, which has happened in the majority of States in America and Canada. However, the big issue is we need a concerted effort to encourage people to become registered at a level that is appropriate according to their skills and qualifications. This is because there has been an increase in people doing Thai massage, Chinese massage, Balinese massage, and such like. I would like to see some form of education for different ethnic groups so they can up-skill and for them to become registered as well.

Tina said:

registration is probably a good thing, so there is some consistency. I would like to see massage embraced more by other health professionals. I think there’s a lot of ignorance amongst medical doctors, in particular. If we could get it to a point where other health professionals value what we do that would be great.

Ruby added: “I think if there was some kind of regulation by the government then there would be a standard level of education. MNZ has a small amount, but not everybody has to be affiliated with them”. Paul thought registration and regulation might bring some issues. “I know a doctor who said joining the health system may ruin the practice of massage and the literature I have read about chiropractors is that they didn’t get what they thought they would. Also, the cost of registration would escalate.”

Several participants believed that a clearly defined scope of practice would support the idea of professional recognition. Chris suggested:

having a strict scope of practice for certificate, diploma and degree may work. If, as an occupational group we just said, we want to raise the service standard that we provide, then people would recognise the difference. If massage therapists aren’t capable of operating within the parameters then they will just keep us going backwards.

Mary thought that:

if massage was to match up with physiotherapists then we would say ‘degree only’. However, I still think there is a role for a diploma as long as therapists know their scope of practice and that’s the problem. People tend to stretch their scope of practice a little bit.
Mary added that another issue was that “students are setting up businesses without being qualified which shouldn’t happen.” Katie commented: “working outside of your scope of practice is driven by the dollar and a need to survive.” Katie added:

I think scope of practice is everybody’s responsibility. You know when you’re working within your scope or not. You take the risk because you think you can, but that’s not professional. Whatever the reason, people do it and they hunt the dollar.

Garry also suggested that the fear of losing clients might encourage a therapist to work beyond one’s scope of practice and said: “I believe that can happen and people have to be prepared to refer on. I know there is some reluctance amongst health professionals to refer unless the client initiates it. People often don’t want to lose their clients.”

Participants identified that the professional association (MNZ) needed more members. Ally was concerned by the lack of growth in membership of MNZ saying: “it concerns me that we haven’t grown much over the past few years.” Phillipa said: “I’m actually not a member with MNZ anymore, because as a student and at my level, I don’t really feel I was getting much benefit from it to be honest. There are a lot of therapists like me who are not members of MNZ.” Paul wanted to see all massage schools promoting membership to MNZ for their students “because it’s in their best interest and it’s in the best interest of the industry if MNZ gains more members. It is important that it is seen as the professional body for massage therapists.”

Chris suggested:

personally I think MNZ should drop their fees in order to get more members. A fee of $100 would be viewed as a donation, as a contribution to the industry. With more members there would be more of a professional profile and members would have some sense of pride . . . we need lots more people to find common ground that we all can work on and agree to differ in some other areas. We have to be proud of what we do and what our colleagues do.

‘Massage therapy education’
A number of ideas related to massage therapy education were noted as important in building professional recognition. These were the need: for cohesion of education standards; for
accessibility to degree-based education; to profile the benefits of degree-based education to help a change in thinking; to help people learn, and for useful and accessible professional development opportunities.

Sophie, Abby, Tina, Mary and Pam all shared the belief that massage education required a cohesive set of standards across education providers. Their views are epitomised by Sophie who said: “I think we do need cohesion so that people are coming out of their education with the same standard as everyone else”. Abby added: “a degree in the South Island should be the same standard, as the degree in the North Island”. Tina wanted core subjects such as anatomy and physiology to be the same throughout the country, while Pam shared the view that each massage programme should be of the same standard including the certificate and diploma level qualifications. Each of these participants indicated they thought it was important because the general public should be able to have confidence in a therapist’s qualifications. Tina went on to say: “I still think it’s important for education providers to have their own flavour as universities have their own flavour and culture.” However, Lisa said: “we can say all we want about being a profession but we are not acting as a profession until we have standardisation in education.”

Accessibility to degree-based education was seen as an issue to overcome with participants offering several suggestions. Chris thought the way to deal with accessibility was to offer extramural education.

It has to go distance and that distance has to include block courses because it can’t all be by distance. We have good technology these days, so there is no reason why there can’t be the use of Skype for semi face-to-face meetings. I believe people would attend face-to-face classes once or twice a year within a package of learning.

Ally also thought that block courses and technology can “make it more achievable for people.” Sophie and Paul agreed with a part-time option, with Sophie saying:

in an ideal world, there would be part-time options and block courses. If people wanted to add on to what they had there would be a way that the certificate could turn into a diploma and then a degree. I think that would make a difference to our industry. Clear stair-casing between qualifications would help people engage in further education.
Garry reasoned that the degree should be the benchmark and there should be an easy staircase between the different levels of massage education. He added: “there could be more provision made for students in terms of weekend courses and distance education so it would be financially viable if delivered in other places.” Emma added a personal wish: “if I was able to cross credit my diploma and do the degree extramurally with a part-time option I would sign up tomorrow.” Deborah pointed out that educators want the highest possible education for students “so why wouldn’t they be as flexible as possible then people can access degree education easily.” Lisa agreed, but went onto say:

we need to give the impression that it’s not as hard as you think. Honestly I don’t think degree students are doing a lot of work in New Zealand; in the States and in other areas of study you train for four years . . . we aren’t asking a lot, but it sounds like some people just want the piece of paper without the work.

Paul stated: “I think the schools could do more to promote degree-based education to help people understand why it might be useful to have a degree. At the moment it’s not really clear where a degree might lead, for the individual, or for the massage industry.” Chris agreed with Paul and offered an example:

students with a diploma won’t necessarily know what a degree will offer them. Most people at diploma level are still focused on the technical hands on skills. They won’t understand they can be better practitioners by making better clinical decisions.

Several participants believed that degree-based education provided the opportunity for students to learn how to learn and be supported to achieve. Jaime said: “something I learned as an individual was that I needed to ask my tutors if I didn’t understand. They knew I was trying hard and gave me more time for my assignments, they made suggestions and gave me support to help me achieve.” Chris said: “some students need more time to build their confidence and learn academic skills.” Chris added: “nobody wants to force education on people, they need to believe it is worthwhile and of value.” Tina shared her experience of extramural degree-based education in another area:

It can be pretty lonely doing distance study, but they have liaison officers if you are struggling or about to throw in the towel. Facebook pages are created for groups and we
can have a whine on Facebook if we’re finding it hard. They do an amazing job and I would love to see it done for a massage degree.

Participants identified that the current continuing education options for professional development were insufficient and that a system of post-graduate education would be beneficial. Current workshops were mostly viewed as useful for professional contact and exposure to new ideas. For example, Chris held the view that workshops were appropriate for professional development when the application of new skills was not the primary focus. Chris believed:

it depends on the people using the information and what they’re using it for. If they are using it [a workshop] as a taster to get an idea or to understand whether to refer a client to another professional then that is useful. However, if they are attending workshops, as I believe people are, to gain new skills over a three day course then I don’t agree with it . . . if you are learning mobilisation techniques or trigger points as a new skill then it continues to reinforce the fact that we are a bunch of technicians that apply these things willy-nilly when there needs to be a lot more thought behind the application.

Ally felt “some of the workshops being offered make me nervous. For example the myofascial workshops I’ve seen advertised recently are in the degree and advanced diploma, however certificate qualified people can attend. It’s a little scary.” Katie wanted to see “proper post-graduate study for massage therapists. Really specific content, so if you want to have more education then it’s there. Not just weekend courses, which really need to be regulated.”

Chris, Emma, Deborah and Katie acknowledged that professional development opportunities were limited. Emma and Katie said: “most people access workshops at the massage conference” (Emma) while Chris affirmed “conference workshops were good for social and professional contact as people get to talk to other massage therapists and share ideas.” Deborah commented: “many massage therapists have no access to postgraduate education because few have a degree qualification and they need to go to a university to access it.” On the other hand, Sophie shared:

people who aren’t continuing with degree level study and have a diploma would need workshops. I think it’s good to pick up new ideas and different ways to apply techniques. We often work alone and it is easy to get in a rut, so workshops are important.
Mary elaborated on Sophie’s view by saying: “I actually think there should be a professional development education system nationwide. MNZ in the past has tried to run courses but with a very low uptake at times.” Phillipa thought that: “having workshops that allowed you to slowly upgrade your qualification would be good, especially anatomy and physiology.” Sarah believed: “workshops are more achievable for people, particularly if you don’t live in a main centre. I actually think workshops are probably preferable.” Sarah went onto say: “I wanted to do a breathing course but couldn’t as I wasn’t a physiotherapist. I was disappointed but it’s exactly what I mean when I say they have standards, and that was their standard so I accepted it.”

**Discussion**

This chapter has reported the findings of the final area of focus, ‘towards professional recognition.’ Three key themes with their associated strategies have been illustrated in the preceding section using participant narratives and are summarised in Table 7.1. Participants identified a number of strategies as needing attention in response to the current issues facing the industry and to advance the current position of massage therapy in New Zealand.

**‘Professional image’**

The first theme involved developing a positive professional image and two strategies were identified: the need to build a strong massage therapy identity, and the need to engage in professional behaviours. For the first strategy it was suggested that a clear massage therapy identity was built on the strengths of a massage therapist and by raising awareness of who massage therapists are and what massage therapists do. Sophie and Paul thought massage therapists’ strengths included the time spent with clients and the client focus. Paul also thought massage therapists were the muscle experts i.e. “soft tissue specialists”, and Alice and Katie focused on their natural wellness approach. These attributes are not unique to massage therapists and, like the osteopathic profession, massage therapy may need to consider building an identity as a “separate (though not particularly distinct) profession” (Miller, 1998, p. 1747). Recent research into the nature of the massage therapy encounter suggests that massage therapy is: “valued as a personalised, holistic and hands on approach to health management, which focuses on enhancing relaxation in conjunction with effective touch, within a positive client-therapist relationship and a pleasant non-rushed environment” (Smith et al., 2009b, p. 281). Smith and
colleagues (2009a) reported six valued elements and four modulators that characterised the massage therapy ‘culture of care’. The six valued elements were: time for care and personal attention; engaging and competent therapist; trust partnership; holism and empowerment; effective touch, and enhancing relaxation. The four modulators were: comfort, contact, connection and caring. These elements of this ‘culture of care’ may provide a useful and distinctive element to help the massage therapy industry to develop its identity and then articulate the strengths identified by participants.

Table 7.1: Towards professional recognition – themes and strategies

<table>
<thead>
<tr>
<th>Theme</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional image</strong></td>
<td>1. The need to build a strong massage therapy identity</td>
</tr>
<tr>
<td></td>
<td>a. Focusing on the strengths of a massage therapist</td>
</tr>
<tr>
<td></td>
<td>b. Raising public awareness</td>
</tr>
<tr>
<td></td>
<td>2. Engage in professional behaviours</td>
</tr>
<tr>
<td></td>
<td>a. Improving the professional behaviours of individual therapists</td>
</tr>
<tr>
<td></td>
<td>b. Engaging with other health professionals</td>
</tr>
<tr>
<td></td>
<td>c. Involvement in research</td>
</tr>
<tr>
<td><strong>Regulation and registration</strong></td>
<td>1. Government regulation or regulation by the professional association (MNZ) and its associated registration process</td>
</tr>
<tr>
<td></td>
<td>2. The need for clear scopes of practice</td>
</tr>
<tr>
<td></td>
<td>3. The need to increase membership numbers within MNZ</td>
</tr>
<tr>
<td><strong>Massage therapy education</strong></td>
<td>1. The need for cohesion of education standards</td>
</tr>
<tr>
<td></td>
<td>2. The need for accessibility to degree-based education</td>
</tr>
<tr>
<td></td>
<td>3. The need to profile the benefits of degree-based education to help a change in thinking</td>
</tr>
<tr>
<td></td>
<td>4. The need to help people learn</td>
</tr>
<tr>
<td></td>
<td>5. The need for useful and accessible professional development opportunities</td>
</tr>
</tbody>
</table>
The second component of building a strong massage therapy identity was raising public awareness. For example: “making massage therapists more visible” (Ann), “educating them [the public] about what we do” (Jaime), and educating people about “what’s involved with the training and how there are different levels of knowledge” (Sophie) were all suggested. However, in order to profile an industry / occupation / or potential profession to others in a consistent manner, there needs to be agreement about who massage therapists are and what massage therapists do. Agreement about identity is facilitated by increasing group cohesion (Abbott, 1988 cited in Kelner et al., 2006), and is required for unification of an occupational group (Cant & Sharma, 1996). In Chapter Six it was reported that participants noted the low membership numbers of MNZ, a potential identity crisis and the different philosophies of massage therapy approaches. These all suggest that group cohesion is low and unification of massage therapy as an occupational group has yet to be achieved. Alternatively, raising awareness of massage therapy services could be a business strategy of market-driven practitioners, allowing massage therapy to continue to function outside of the rules and regulations of a recognised and credible health profession (Kelner et al., 2004). However, given the overriding desire of participants for credibility, this is less likely.

The second strategy for developing a positive professional image involved therapists engaging in professional behaviours. Three approaches were suggested: improving the professional behaviours of individual therapists; engaging with other health professionals, and being involved in research. For example, Sophie, Ally and Nicola noted the importance of presenting a “professional appearance” and working within “professional boundaries”. While these behaviours are a mark of acting professionally (Hammer et al., 2003), findings in Chapter Six suggested the image of massage therapy was negatively influenced by a lack of uniformity in standards of practice. Participants recognised the need for moving towards standardised clinical practice and, like chiropractors and homeopaths in Ontario, Canada (Kelner et al., 2006), they wanted regulation to ensure that standards of practice were uniformly enforced to support the creation of a positive image of massage therapy.

Engaging with other health professionals was suggested as a way to improve the professional image of massage therapy, and was seen as the mark of acting professionally. For example, Katie said: “educating doctors, physiotherapists [about massage therapy and massage
therapists]” would be useful and Chris thought: “liaising with other health professionals” was part of behaving in a professional manner. Some engagement with other health professionals is evident in the referral patterns of MNZ massage therapists (Smith et al., 2011b). A high level of support, networking and referral to massage therapists in primary health care has also been reported in Australia (Wardle, Sibbritt & Adams, 2013). Referral patterns within their study were associated with the general practitioner having increased knowledge and a positive experience of massage therapy, indicating that engagement with other health professionals is a useful strategy.

Lisa suggested involvement in research useful to “build the right image” or, as Garry put it, “to be seen as credible”. However, involvement in research was not only seen as a professional behaviour, but was an opportunity to build the knowledge base for massage therapy. Given that there is an expectation that members of professions will demonstrate professional autonomy, competence and accountability, engage in lifelong learning, and contribute to the profession through research and scholarship (Higgs et al., 1999), involvement in research is likely to advance the massage therapy industry. Findings reported by Kelner and colleagues (2006) also support this stance. These authors found that, while not all chiropractic leaders agreed that engagement in research would influence their progress to mainstream health care, they did emphasise the need to develop research capacity to become “a full-fledged profession” (Kelner et al., 2006, p. 2622) and were “trying to develop more chiropractic researchers” (p. 2624).

‘Regulation and registration’

The second theme under the focus area ‘Towards professional recognition’ was ‘Regulation and registration’. These terms were interchangeable and were used by participants to suggest the need for rules and conditions around who could practice massage therapy or call themselves massage therapists. Three strategies were grouped under this theme: regulation by the government or the professional association; the need for clear scopes of practice, and the need to increase membership numbers within MNZ.

Both statutory regulation and self-regulation were identified as mechanisms to control practice, “achieve recognition and access to funding from the ACC” (Ruby), “achieve consistency” (Tina), “help professionalism” (Abby), and create “a standard level of education
(Ruby). For example, Abby mentions both, saying: “government regulation or self-regulation would help professionalism within our industry” whereas Phillipa thought “self-regulation through MNZ was sufficient”. Within Australasia many professions such as medicine and nursing are regulated by the state through specific legislation. This regulation controls practice, especially in professions where there is the potential to cause harm to individuals (Pearson, Fitzgerald, Walsh, & Borbasi, 2002). However, not all health professions are regulated by the state, but “attempt to self-regulate through the operations of their professional associations” (Pearson et al., 2002, p. 358). Most complementary and alternative medicine (CAM) practitioners in Australia (Wardle, Weir, Marshall, & Archer, 2014), Canada (Boon, 2002), and New Zealand (Duke, 2005) still fall outside of statutory regulation and rely on various forms of voluntary self-regulation. Yet, self-regulation also has its disadvantages. Wardle et al. (2014) reports these as being: a lack of infrastructure to control practice; a lack of a clear and accountable pathway for complaints; more than one professional body, and the reliance on consumer law to protect the public. As a result, some CAM groups still seek state-sanctioned regulation. For example, a study of CAM practitioner leaders from five different Ontario CAM groups thought that statutory regulation would legitimise their practice, provide protection for their practitioners, ensure quality standards thus providing a safer environment for patients, and was needed for accessing government funding for their services and for research (Boon, 2002).

Participants also expressed alternative views on regulation. Garry was “opposed to compulsory registration [statutory regulation]” but thought we need “to encourage people to become registered at a level that is appropriate according to their skills and qualifications”. Others also expressed this view. For example, Paul was in favour of promoting registration through membership to MNZ. He was concerned about the “cost of [statutory] registration” and thought that: “joining the health system may not best serve the practice of massage”. Paul’s concerns mirrored that of several CAM groups who thought: “their ‘identity’ as a CAM group or the individualistic nature of their practice would be compromised if they were regulated under the Health Profession Act” (Boon, 2002, p. 18). Clark et al., (2004) also identify this tension between standardisation and professionalisation for CAM. As standardised practices for education, competency and best practice become increasingly formalised, there is little room for variation. For some this regulation with its inherent rigidity and control is inimical to CAM practice. However, opposition to regulation could also be “for reasons of protection of self-
interest rather than protection of public safety” (Wardle et al., 2014, p. 16). Whatever the reasons for resistance, fragmented opinions delay regulatory mechanisms (Wardle et al., 2014). Both statutory regulation and self-regulation need to be considered by the massage therapy industry in the context of its motivations and desired outcomes of regulation.

Throughout the conversations with participants about regulation, a second strategy that emerged was the need for clarity of scopes of practice. In particular, there was the sense that participants thought some of their colleagues practiced outside of their scope, for reasons such as “hunting the dollar” (Katie) and “fear of losing clients” (Garry). Participants believed there was a need for a “strict scope of practice for certificate, diploma, and degree” (Chris) and a means to monitor whether “you’re working within your scope or not” (Katie). Debate has occurred in Canada over the advantages and disadvantages of regulating the massage therapy profession, with the result being the recommendation that “massage therapy be regulated under a certification / right to title model where only practitioners who have successfully demonstrated professional competencies to the regulatory body are able to practice under the title of registered Massage Therapist” (Gowan-Moody & Baskwill, 2006, p. 18). Like New Zealand, there is a range of levels and types of massage therapists in Canada and variety in their scopes of practice. One possible model for regulation discussed in the Canadian review was the multi-category model, where categories of regulated massage therapists were formed based on levels of education and therapeutic intention (Gowan-Moody & Baskwill, 2006). This multi-category model more closely fits the views of participants in this study. However, the report recommended that massage therapy be regulated under a single category model where “all massage therapists who are registered with the regulatory body have the same set of values and skills enabling them to assess and treat a diverse patient population regardless of the environment in which they practice” (Gowan-Moody & Baskwill, 2006, p. iv). The report suggests that a “single category for massage therapy services defined through a broad scope of practice . . . may be less confusing to the public and provide better protection from risk of harm” (Gowan-Moody & Baskwill, 2006, p. 12). These are important issues for the massage therapy industry to consider given that creating a positive consistent image of massage therapy was also desired by the industry.

The last strategy that related to ‘regulation and registration’ was the need to increase membership of MNZ. This was best stated by Paul who said “it’s in the best interests of the
industry if MNZ gains more members. It is important that it is seen as the professional body for massage therapists”. Given that a professional body is largely involved in self-regulation mechanisms (Pearson et al., 2002) and in providing a unified voice to statutory regulation policy makers (Welsh, Kelner, Wellman, & Boon, 2004), low membership numbers seem to be a limiting feature for either statutory or self-regulation.

Finally, Boon (2002) reported four main challenges associated with regulating CAM. These were the diversity of regulatory frameworks, the cost associated with new regulations, the lack of cohesion among some CAM groups, and the issue that many CAM therapies are practiced by a number of different providers. While regulation was not the primary focus of this study, participants only reported costs as an obstacle to regulation. They sought regulation for status, credibility and access to funding to gain legitimacy for themselves and the massage therapy industry. However, with the increase in consumer use of CAM therapies, it has been said that legitimacy is a moot point (Wardle et al., 2014). In the absence of regulation massage therapists would still be able to “enjoy this legitimacy without the requisite accountability measures or minimum standards required to afford public protection” (Wardle et al., 2014, p. 16). However, participants also wanted ownership of the title ‘massage therapist’ to protect the image of the profession. Therefore, perhaps the more relevant motivations, apart from legitimacy, are image protection and professional identity. Given that regulation differs markedly from the climate of early CAM therapists “who learnt their ‘art’ through apprenticeship” (Cant & Sharma, 1996, p. 157), the New Zealand massage therapy industry needs to address the issues raised by participants. It needs to come to some agreement on the level and mode of regulation that will best serve its motivations, as “only groups that were unified and had good internal communication and organisation have been able to achieve statutory self-regulation” (Boon, 2002, p. 15).

‘Massage therapy education’

The third theme under the focus area ‘Towards professional recognition’ was ‘massage therapy education’. Participants identified five strategies to advance the massage therapy industry towards ‘profession’ status. The role of degree-based massage therapy education was highlighted within each strategy. The first strategy for progress was the development of “standardisation in
education” (Lisa), albeit with some local “flavour and culture” (Tina), so that the general public could have confidence in a therapist’s qualifications. The massage therapy industry in New Zealand did attempt to create a standard curriculum using New Zealand Qualifications Authority (NZQA) unit standards in 1999/2001 (Smith et al., 2012). However, the establishment of a bachelor’s degree in 2002 and the removal of the massage unit standards from the NZQA framework in 2012 undermined a standardised national curriculum. The establishment of core curricula (Cant & Sharma, 1996) and standardisation of training are common pathways to the development of a profession (Cant & Sharma, 1995) and, as indicated by the participants, needs to be addressed by the massage therapy industry. Degree-based education, positioned by some as the “benchmark” (Garry), also “needed to be of a similar standard between North Island and South Island education providers” (Sophie). Improving the quality of educational programmes was a strategy used by both the chiropractic and homeopathic schools in Ontario, Canada to advance their professional standing, but this was not without tensions or disagreement about “what is an appropriate curriculum” (Kelner et al., 2006, p. 2621).

Participants also had strong support for cohesion of education standards, as shared by Sophie, “there would be a way that the certificate could turn into a diploma and then a degree”. Recent discussions regarding massage therapy qualifications and the possibility of stair-casing started in 2013 as part of the Targeted Review of Qualifications process instigated by NZQA (Massage New Zealand, 2014a). To date, a standardised programme of training with a diploma level 5 for a relaxation massage therapist, a diploma level 6 for a remedial massage therapist, which then progresses to a level 7 degree, has been recommended. However, standardising education may not be enough, given that professional status commonly requires social closure through the use of higher entry training level programmes (Cant & Sharma, 1996). Social closure creates social and legal boundaries around occupations, using licensing, certification, professional associations and educational credentials (Weeden, 2002). Likewise, Kelner and colleagues (2006, p. 5) reported that elevating standards of practice “to satisfy members of the group as well as other concerned stakeholders” better positions an occupation to advance professionally. Participants’ recommendations therefore may provide cohesion of education standards, but cohesion of education standards alone is unlikely to achieve professional recognition.
The second strategy was the need for access to degree-based education. There was a sense that low participation in degree-based education was not only due to resistance (detailed in Chapter Six), but also due to its inaccessibility. Stair-casing was viewed as a useful means to improve accessibility to degree-based education, as was providing extramural and part-time options. Deborah indicated a need to “be as flexible as possible then people can access degree education easily”, and many, such as Chris, Ally and Garry, suggested block courses, “technology” (Ally) and “weekend courses” (Garry). Extramural study provides access to flexible learning for people who might not otherwise have the opportunity to study. While distance education is seen as fitting alongside work, family life and many other commitments, it is not without its challenges (Brown, et al., 2012). In the face of issues such as a lack of time (Nash, 2005) and isolation (Angelino, Williams, & Natvig, 2007) that educators need to find ways to engage and support distance students, and students need to be “mindful that to survive the distance they need to be independent, self-motivated learners” (Brown et al., 2012, p. 73).

Profiling the benefits of degree-based education was suggested as the third strategy. Paul thought there was a need “to help people understand why it might be useful to have a degree . . . for the individual [and] for the massage industry”. Given that degree-based education in New Zealand for massage therapists is relatively new, it would be useful to share with the industry the benefits of degree-based education reported by graduates (Smith et al., 2013).

The fourth strategy for advancing the profession was the need to help people learn. Participants recognised the need and benefits of creating a system where students were supported to achieve, and were given “time to build confidence and learn academic skills” (Chris). Tina had found this to be very important in her experience of extramural degree-based education in another discipline. Participants have highlighted a very real concern, congruent with the view that some students may not have the ability to achieve a degree level massage qualification. This was a barrier discussed in Chapter Six. As reported by Brock (2010), even though access to higher education in general has increased, underprepared students are unlikely to succeed in higher education without academic support. Therefore, as degree-based education providers consider making their courses more accessible, thought also needs to be given to appropriate support services.
The last strategy for advancing massage therapy ‘towards professional recognition’ was the need for useful and accessible professional development opportunities. The current arrangement of weekend and conference workshops was seen by some as “useful for a taster . . . [but not] to gain new skills” (Chris), whereas others, like Sophie, thought such workshops were a good place “to pick up new and different ways to apply techniques”. Some participants like Ally and Katie thought workshops need to be regulated to prevent attendance by unqualified people, and Katie wanted “proper postgraduate study for massage therapists”. Philippa suggested that: “having workshops that allowed you to slowly upgrade your qualification would be good”. Engaging in lifelong learning (Higgs et al., 1999) is an expectation of members of a profession. Massage therapists in New Zealand have long been aware of the need for continuing professional development (CPD) (Smith et al., 2012), and this is a criteria for membership of MNZ (Massage New Zealand, 2014b). Participants’ views however suggest that the current avenues for CPD may be inaccessible, inadequate, or inappropriate for some. It is feasible that modularised, part-time, distance delivered degree-based courses could fill some of this need.

**Summary**

This chapter has discussed strategies that were formed by participants to address some of the issues reported in Chapter Six. The strategies were grouped under the three themes: ‘professional image’; regulation and registration’, and ‘massage therapy education’. The ideas within these three themes collectively addressed the steps that participants thought were needed to advance the massage therapy industry ‘towards professional recognition’.

Professionalisation “can progress forwards on many fronts at the same time” (Richardson, 1999, p. 465). Kelner et al. (2006) reported four strategies being used by chiropractors and homeopaths to move into mainstream health care in Ontario, Canada: improving the quality of educational programmes; elevating standards of practice; developing more peer reviewed research, and increasing group cohesion. The analysis presented in this chapter reported similar strategies proposed by participants, i.e. the need to build a strong massage therapy identity; engagement in professional behaviours; building MNZ membership numbers; the need for cohesion of standards; regulation and clarifying scopes of practice, and useful and accessible professional development. Additional strategies such as the need for accessibility to degree-
based education and learning support and profiling the benefits of higher education were also recommended. Problems with the image of massage therapy arose from its historical connections, the diversity of massage therapy approaches, and the lack of a strong collective group. A lack of standardised education and the uncontrolled entry to massage practice were associated with its unregulated nature. Stakeholders wanted professional recognition from the public, from government/government agencies, from other health professionals and from within the massage industry. The findings from the previous results chapters are integrated and synthesised in the next chapter. The implications for degree-based education and for the massage therapy industry are also discussed.
Degree-based education for massage therapy

Chapter Eight

Synthesis, Implications and Conclusions

Image adapted from Dreamstime, 2014
Chapter Outline

This final chapter consists of three sections. In the first section I integrate and synthesise the perceptions, benefits and barriers to degree-based education using the study findings from the previous four results chapters to present a conceptual model. The second section of the chapter reviews the synthesis in relation to implications for degree-based education and for the massage therapy industry. The last section looks at the overall limitations of the study and avenues for future research, and finishes with some concluding remarks.
Introduction

As outlined in Chapter One this research project originated from questions I had about whether there was stakeholder resistance to degree-based education for massage therapists and, if so, where was this resistance coming from and for what reasons? I wondered whether degree-based education was supported and whether it had a role in legitimising the massage therapy industry and increasing the professional status of massage therapists. This research project was organised around four research objectives:

1. To investigate the necessity of degree-based education for the practice and growth of massage therapy;
2. To identify and explore perceived benefits of degree-based massage education;
3. To identify and explore perceived barriers to degree-based massage education, and
4. To explore understandings of, and attitudes toward, degree-based massage education for massage therapists.

In addressing these questions an interpretivist, mixed methods sequential explanatory approach (quantitative followed by qualitative) was adopted. The rationale for this approach was that the quantitative data and subsequent analysis would provide a general understanding of the research focus. The qualitative data and analysis would contextualise, refine and explain the phase one findings by exploring participants’ views in more depth. In this chapter I first integrate and synthesise the study findings on the perceptions, benefits and barriers to degree-based education for massage therapists using results from Chapter Four (Survey) and Chapters Five, Six and Seven (Interviews). I then add a review of professionalisation, the concept of a profession, professional identities, and the next steps for the massage therapy industry to consider with regard to growth and legitimisation. Next, I review the synthesis in relation to its implications for degree-based education and for the massage therapy industry. Finally, I discuss the strengths and limitations of this research and areas for future research and make concluding comments.

Integration and synthesis of study findings

Mixed methods research by its nature integrates both quantitative and qualitative data which together capture the trends and details of a situation. In the first phase of the study the quantitative analysis focused on all four research objectives noted above. One hundred and twenty eight valid responses were received from participants in the online survey. Frequency counts enabled analysis of the demographic information and participants’ answers to separate
items on the survey scales. Freeform comments by participants gave some insight into the reasons for their responses. The second, qualitative, phase also addressed the four research objectives through analysis of 20 interviews with massage educators, massage therapists and massage students, enabling an in-depth exploration of the themes arising from the survey. Moreover, additional questions in the areas of knowledge and skills needed by massage therapists, educator requirements, professional development needs, regulation, strategies for growth, and issues facing the massage industry at present were also added as a result of survey findings. In the synthesis of findings presented here, results from the two phases of this study are integrated.

Findings from the online survey of massage educators, massage therapists and massage students, reported in Chapter Four, clearly showed resistance to degree-based education from all three subgroups, but support for degree-based education was also strongly evident. Table 8.1 summarises the frequency and reasons for agreement and disagreement of the need for degree-based education for both the practice and growth of the massage therapy industry. Neutral responses were also expressed and, when reasons for this view were examined, two themes emerged: ‘partial agreement/partial disagreement’ and ‘unsure’. For simplicity Table 8.1 does not include the frequencies of the neutral responses.

As Table 8.1 shows, 45.6% of participants strongly agreed or agreed with the statement: “degree-based education is essential for massage therapists practicing in New Zealand”. However, there was a nearly equal amount of disagreement with this statement. Clearly there are two schools of thought and these differences were apparent in all subgroups. As massage therapy in New Zealand has two main areas of practice (relaxation massage therapy and therapeutic/clinical rehabilitation massage), opinions were sought in relation to these two areas. When participants were asked whether a bachelor’s degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist, a substantial percentage of participants (84.8%) disagreed or strongly disagreed, and this disagreement was shared across all subgroups. However, there was a clear split between agreement and disagreement on the need for degree-based education to practice therapeutic/clinical rehabilitation massage. More participants (49.6%) agreed, whereas just over a third disagreed, and opposing views were evident in each subgroup.
Table 8.1: Summary of phase one findings – agreement / disagreement with statements regarding degree-based education

<table>
<thead>
<tr>
<th>Themes</th>
<th>Agreement (% strongly agree &amp; agree)</th>
<th>Statement regarding Degree-based education (DBE) for Massage Therapy</th>
<th>Disagreement (% strongly disagree &amp; disagree)</th>
<th>No benefit</th>
<th>Restrictive</th>
<th>Beyond scope of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DBE is essential for massage therapists practicing in New Zealand [% from Figures 4.8 and 4.9]</td>
<td>40.1% (ME) 42.9 (ME/MT) 50.0 (ME/MT) 47.6 (MT) 22.2 (MT/MS) 27.3 (MS)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Knowledge and skills</td>
<td>45.6%</td>
<td>57.1 (ME) 25.0 (ME/MT) 39.7 (MT) 44.4 (MT/MS) 57.6 (MS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth and viability</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive image</td>
<td>5.6%</td>
<td>7.7 (ME) 0.0 (ME/MT) 6.6 (MT) 11.1 (MT/MS) 2.9 (MS)</td>
<td>A bachelor’s degree in massage therapy should be the minimum qualification to practice as a relaxation massage therapist in New Zealand [% from Figures 4.12 and 4.13]</td>
<td>84.8% (ME) 92.3 (ME) 87.5 (ME/MT) 82.0 (MT) 77.8 (MT/MS) 88.2 (MS)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>49.6%</td>
<td>53.8 (ME) 50.0 (ME/MT) 47.5 (MT) 22.2 (MT/MS) 58.8 (MS)</td>
<td>A bachelor’s degree in massage therapy should be the minimum qualification to practice as a therapeutic/clinical rehabilitation massage therapist in New Zealand [% from Figures 4.14 and 4.15]</td>
<td>38.4% (ME) 30.8 (ME) 50.0 (ME/MT) 42.6 (MT) 55.6 (MT/MS) 26.5 (MS)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>54.7%</td>
<td>64.3 (ME) 25.0 (ME/MT) 55.6 (MT) 44.4 (MT/MS) 58.8 (MS)</td>
<td>DBE is essential for the growth of the massage therapy industry within New Zealand [% from Figures 4.10 and 4.11]</td>
<td>25.8% (ME) 21.4 (ME) 62.5 (ME/MT) 22.2 (MT) 22.2 (MT/MS) 26.5 (MS)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
When it came to perceptions on growth, there more agreed (54.7%) than disagreed (25.8%) with the statement that degree-based education is essential for the growth of the massage therapy industry within New Zealand. Therefore, although there were a number of massage educators and massage therapists who thought that degree-based education was not needed for practice, they did agree that it was essential for the growth of the industry. Nevertheless at least a quarter of participants thought that a bachelor’s degree in massage therapy was not needed for industry growth or for any level of massage practice.

While no statistical comparisons of subgroups could be made due to small sample sizes, several subgroup trends were noted. Massage therapy students agreed on the need for degree-based education for both practice and the growth of the massage therapy industry. Forty five percent of massage students were enrolled in a diploma in massage therapy and 27% of students were enrolled in a certificate or a bachelor’s degree in massage therapy respectively. This suggests that the students currently engaged in a degree level programme are not unduly influencing the agreement findings for degree-based education. At least 30% of massage therapy educators disagreed with the need for degree-based education for massage therapy practice. The implications of this are discussed later in the chapter. Half of the massage therapist subgroup agreed with the need for degree-based education to practice therapeutic/clinical rehabilitation massage, whereas the other half disagreed. These clearly opposing views may contribute to a lack of industry cohesion and may create a barrier for collective growth. This disunity is also apparent in the reported findings concerning planned actions regarding compulsory higher-level education. Whereas over a third of massage educators, massage therapists and massage students would be willing to up-skill, approximately a quarter of massage educators and massage therapists would lobby against this direction (Figures 4.16 and 4.17).

Views on the benefits and barriers of degree-based education were reported in Chapter Four, in Tables 4.1 and 4.2 respectively. The benefits and barriers where more than 50% of participants strongly agreed or agreed have been transposed onto Figure 8.1. Findings from the qualitative interviews have previously been reported and discussed in Chapters Five, Six and Seven. Table 8.2 summarises the findings from the thematic analysis of these interviews. In total, 19 themes were reported in five areas of focus: current issues facing the massage industry; a massage degree: purpose, graduate outcomes, and educator requirements; benefits
of degree-based education; barriers to degree-based education, and towards professional recognition.

In Chapter Five three descriptive cases (Mark, Hannah, and Sam) were constructed from a range of views using the narratives of participants within each subgroup. Similarities were found across all three subgroups in the areas of current issues facing the massage therapy industry, the benefits and barriers to degree-based education, and the strategies for professional recognition. A small number of differences were noted. More massage therapy educators identified learning research skills as a purpose of a massage degree, and fewer massage students identified professional practice as a graduate outcome, when compared with the other two subgroups. The case of Mark (massage educator) focused on the changes in massage therapy education and showed the range of views regarding the benefits and barriers to degree-based education. The case of Hannah (massage student) highlighted the benefits of degree-based education in relation to a massage career and emphasised its role in portraying a credible professional image. Sam (massage therapist) concentrated on the relevance of massage education in relation to the area of work and clients’ needs. Accessibility to degree-based education was also an issue. These descriptive cases provided a contextual bridge between the survey findings and the interview themes. Figure 8.1 brings together the themes, benefits and barriers reported in phase one and integrates them with the 19 themes from phase two interviews.
Table 8.2: Summary of phase two findings – 19 themes over five areas of focus

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Themes</th>
<th>Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current issues facing the industry</td>
<td><strong>Image</strong></td>
<td>1. The historical and contemporary link to the sex industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The low level of public knowledge of massage therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Low pride within the industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. A potential identity crisis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. A lack of a research base</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. The different philosophies and scopes of massage therapy practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Low membership to the professional association Massage New Zealand (MNZ)</td>
</tr>
<tr>
<td></td>
<td><strong>Unregulated</strong></td>
<td>1. The practise of massage therapy is not regulated within New Zealand by government or industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Individuals can practise massage therapy with no qualifications, and anyone can claim to be a massage therapist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Low entry barrier to the massage workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. No national standardised curriculum or standardisation between courses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Diversity of views and indecision about the levels of education required to practice massage therapy</td>
</tr>
<tr>
<td></td>
<td><strong>A massage degree: purpose</strong></td>
<td>1. To gain a broad knowledge base and practical skills</td>
</tr>
<tr>
<td></td>
<td><strong>Proficient professional massage practice</strong></td>
<td>2. The ability to apply knowledge was important as was spending time obtaining a degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Recognition by society and building personal confidence was identified as part of becoming a professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Higher education was also seen as a process of becoming cognitively sound to manage more complex cases</td>
</tr>
<tr>
<td></td>
<td><strong>Learn research skills</strong></td>
<td>1. The ability to research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The ability to find resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The ability to read and understand research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Use research to deliver evidence based practice</td>
</tr>
<tr>
<td></td>
<td><strong>Knowledge</strong></td>
<td>1. Knowledge was perceived as the theoretical content within a degree qualification. Participants recognised types of content that were of value to become a massage therapist or content required after graduating. Knowledge of the body and its functions, psychology, neurological content, research and business skills were some of the subject areas that were identified. Maintaining boundaries of behaviour was also seen as important</td>
</tr>
<tr>
<td></td>
<td><strong>Practical skills</strong></td>
<td>1. The practical aspect of massage is the ‘hands on’ component of applying massage techniques to clients’ bodies to assist in supporting their health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Some participants viewed undertaking a degree as offering an opportunity to learn advanced practical topics and consolidate their learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. It was also an avenue to learn to think about what they were doing</td>
</tr>
<tr>
<td></td>
<td><strong>Academic skills</strong></td>
<td>1. Academic skills included the ability to access, understand and apply information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The capability to research to benefit clients, ongoing learning and adaptability were also components of academic skills</td>
</tr>
<tr>
<td></td>
<td><strong>Professional practice</strong></td>
<td>1. Professional practice refers to the application of knowledge and skills within a range of practice settings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. It also includes learning the finer skills of interacting with clients and other health professionals</td>
</tr>
</tbody>
</table>
Table 8.2: Summary of phase two findings (continued)

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Themes</th>
<th>Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>A massage degree: educator requirements</td>
<td>Appropriate qualifications</td>
<td>1. Appropriate qualifications meant having a qualification at least the level being taught 2. Some participants thought that if a person was teaching on a degree then a postgraduate qualification was expected</td>
</tr>
<tr>
<td></td>
<td>Expertise</td>
<td>1. Participants saw expertise as having good massage experience in clinical practice 2. Teaching skills were also identified as essential 3. The ability to impart knowledge to others and relate to a variety of people</td>
</tr>
<tr>
<td></td>
<td>Desire to contribute / help</td>
<td>1. Some participants viewed a desire to contribute to the wider massage community as a requirement for educators. This could be done through research, making links with the wider community and drawing groups together</td>
</tr>
<tr>
<td>Benefits of a massage degree</td>
<td>Higher standard and consolidation</td>
<td>1. Participants recognised a benefit of achieving a massage degree was a higher standard of education 2. Time to consolidate their learning. It was thought that the lengthier time spent learning within a degree programme contributed to the development of ideas, confidence and the application of new skills</td>
</tr>
<tr>
<td></td>
<td>Personal benefits &amp; new opportunities</td>
<td>1. A degree in massage therapy provided personal benefits such as confidence, personal development, life skills and a sense of pride 2. New opportunities noted included teaching, travel, job diversity and new careers, and access to postgraduate study</td>
</tr>
<tr>
<td></td>
<td>Builds credibility</td>
<td>1. Credibility through research 2. Credibility by alignment with other health professionals 3. Credibility through building collective power 4. Some participants indicated that having a qualification lower than a degree would prohibit entry into certain areas of health care</td>
</tr>
<tr>
<td>Barriers to a massage degree</td>
<td>Accessibility</td>
<td>1. Time, 2. Location, 3. Financial, 4. Personal health, 5. Other commitments</td>
</tr>
<tr>
<td></td>
<td>Perceptions of a degree</td>
<td>1. A lack of knowledge of a degree 2. The belief that a degree is unnecessary i.e. the diploma is adequate 3. The view that a degree was restrictive</td>
</tr>
<tr>
<td>Towards professional recognition</td>
<td>Professional image</td>
<td>1. The need to build a strong massage therapy identity a. Focusing on the strengths of a massage therapist b. Raising public awareness 2. Engage in professional behaviours a. Improving the professional behaviours of individual therapists b. Engaging with other health professionals c. Involvement in research</td>
</tr>
<tr>
<td></td>
<td>Regulation and registration</td>
<td>1. Government regulation or regulation by the professional association (MNZ) and its associated registration process 2. The need for clear scopes of practice 3. The need to increase membership numbers within MNZ</td>
</tr>
<tr>
<td></td>
<td>Massage therapy education</td>
<td>1. The need for cohesion of education standards 2. The need for accessibility to degree-based education 3. The need to profile the benefits of degree-based education to help a change in thinking 4. The need to help people learn 5. The need for useful and accessible professional development opportunities</td>
</tr>
</tbody>
</table>
Figure 8.1: Integration of Phase 1 and Phase 2 findings
As seen in Figure 8.1, all (except one) of the themes that emerged in phase one of this research relating to agreement and disagreement with the need for degree-based education were also evident in phase two. Disagreement with the need for degree-based education, grounded on the notion that it is beyond a massage therapist’s scope of practice, was not evident in phase two. It was not a dominant theme in phase one and participants were asked in the interviews whether they agreed with this viewpoint. Their responses indicated that they did think degree-based education extended a massage therapist’s scope of practice, and this was seen positively, rather than negatively. Reasons for disagreement on the need for degree-based education in phase one included: it was of ‘no benefit’ and ‘restrictive’. Interview findings clarified participants’ views and indicated that, while there was no personal benefit for many, some could see a benefit for the massage therapy industry. Some interview participants thought a degree was unnecessary i.e. a diploma was adequate for practice and this may explain the mixed responses to the survey questions about the minimum level of qualification for massage therapy practice. However, the interview findings also indicated that ‘there was room for everyone’ and that a degree should be an available option. For some, multi-level staircased qualifications were preferred, whereas for others a degree was favoured. The findings from the thematic analysis of interview questions about the purpose of degree-based education and the graduate outcomes of a massage degree provided further insight into why survey participants agreed with the need for degree-based education.

In phase one, participants’ responses on the perceived or realised benefits and barriers to degree-based education resulted from survey categories (Appendix B). In phase two, findings from the interviews were discussed in light of an individual’s circumstances, and were in alignment with phase one findings. Interview findings clarified that benefits were seen as both individual and collective. Worth mentioning is that inaccessibility due to a location barrier was reported by 50% of interview participants, indicating that the lack of ‘extramural / distance’ options, noted in phase one, needs to be addressed. Additional barriers, for example personal health and other commitments, were also found during the interviews.

Additional information was gained in the interviews regarding the current issues facing the industry and strategies for professional recognition. This additional information provided excellent context to the views about the role of degree-based education for the growth of the industry and, in particular, the role it could play in addressing the issues facing the industry. The utilisation of degree-based education was included in the strategies for
professional recognition. Details of these findings were reported and discussed in Chapters Six and Seven. Data were also collected on the perceived requirements for a massage educator and implications are noted later.

The next steps towards legitimation for the massage therapy industry

As discussed in Chapter Two, the massage therapy industry in New Zealand over the past 20 to 30 years has undertaken the process of professionalisation in an attempt to give a professional status to its industry. Gerrish, McManus & Ashworth (2003, p. 105) state that professionalisation aims to ensure “the legitimacy of the occupational group and therefore [give] a secure work-role”. Evidence of professionalisation in the massage therapy industry to date has included: forming of a professional association with continuing professional development requirements; some alignment of massage therapy education with health sciences; generating support from some politicians; recognition by the consumer; developing bachelor degree education for massage therapists and seeking statutory and self-regulation. These steps collectively have attempted to portray credibility and trustworthiness of practice for the purposes of seeking an increase in professional status and legitimation of massage therapy practice. Survey findings mostly showed agreement with the need for degree-based education for the growth of the massage therapy industry (Table 8.1), with increased credibility and professionalisation identified as benefits (Figure 8.1). Developing a professional image and building industry credibility by making degree-based education more accessible were also reported in participant interviews (Figure 8.1) and have been suggested by stakeholders as strategies to help the massage therapy industry move towards professional recognition. However the literature on the development of professions and the benefits of professionalisation present some challenges and are reviewed below.

Bourdieu (1989b cited in Grenfell, 1996, p. 290) suggests that the concept of a ‘profession’ is problematic and “too real to be true”. Similarly, Millerson (1964 cited in Gerrish et al., 2003, p. 104) states that there is no consensus regarding the term ‘profession’. However many occupational groups who are seen as a ‘profession’ are highly trained, competent and specialised, and have as a main focus serving the public (Popkewitz, 1994). Other characteristics such as “a unique body of knowledge, a code of ethics regulating practice, community sanction, lengthy socialisation (including control over training and entry to the occupation) and autonomy of practice feature prominently in the literature” (Gerrish et al., 2003, p. 104). Many allied health care professions such as pharmacists (Hammer et al.,
2003), physiotherapists (Higgs et al., 1999) and nurses (Pearson et al., 2002) have achieved recognition and legitimation by engaging in a professionalisation process, i.e., “adoption of strategies and practices whereby a unified group makes a claim for authority, expertise and status” (Cant & Sharma, 1995, p. 756). However even when an occupational group, such as nursing, undertakes professionalisation activities of “selective educational process, autonomy over clinical decisions and self-regulation” it may still “not be regarded as a profession in its own right” (Gerrish et al., 2003, p. 104), thus highlighting the problematic nature of the concept of a ‘profession’ and the complexity of the professionalisation journey.

A number of complementary and alternative medicine (CAM) occupations have also sought or are seeking the status of a profession. For example, homeopaths, chiropractors and osteopaths in the United Kingdom (Cant & Sharma, 1996), osteopaths in Australasia (Baer, 2009), and chiropractors, naturopaths, acupuncture/Traditional Chinese doctors, homeopaths and Reiki practitioners in Ontario, Canada (Kelner et al., 2004), have or are engaged in professionalisation. Professionalisation does not exist within a vacuum (Kelner et al., 2006). It is influenced by complex external and internal factors such as the socio-political environment, conflict with other occupations over jurisdiction, readiness of government to respond to requests for regulation, and cohesiveness of membership and uniformity of vision (Welsh et al., 2004). Gerrish et al., (2003, p. 105) argue that “the process of professionalisation is dynamic, subject to external and internal forces at both micro and macro level” . . . and “that professional boundaries are subject to a process of continual negotiation”.

As a consequence of these varying influences, some CAM occupations in New Zealand like osteopaths (Baer, 2009) have achieved “authority, expertise and status” (Cant & Sharma, 1995, p. 756), whereas others, for example massage therapy (Smith et al., 2012), are still seeking legitimacy and recognition.

While “many consider professional status a worthwhile goal for CAM occupations . . . it is fraught with tensions” (Welsh et al., 2004, p. 216) and discontent (Timmons, 2011).

Gerrish et al., (2003, p. 105) suggest that traditional professionalisation can be “at the expense of the recipient of professional services” (p. 105), and Salvage (1992) cautions nurses against professional elitism which reinforces the power imbalances evident in health-care. Dissenting voices of professionalisation suggest that the advantages of collective social status and power (Gerrish et al., 2003) that historically have accrued to professions will not be available to new professions, and they may not achieve the autonomy, monopoly, and a place in the established
health care system that they seek (Timmons, 2011). Some of this may be due in part to the number of contemporary changes that are challenging the once securely established legitimacy and autonomy of professional work and the link between knowledge and professions (Beck & Young, 2005).

In the nineteenth century, “knowledge was classified into distinct scientific or humanities subjects, and their organisation into self-regulating communities” (Williams, 2008, p. 127). Bernstein (1996) termed these ‘singulars’, and argued that “each singular functioned as a pedagogic device, regulating the transmission and criteria for access to, and evaluation of, its knowledge base” (Williams, 2008, p. 127). This particular structuring of knowledge relations, with its “insulation between the categories” (Bernstein, 1990a, cited in Beck and Young, 2005, p. 186), led to highly specialised identities (Beck & Young, 2005). Bernstein refers to identifications as ‘sacred or profane’ – sacred describing inward (introjected) relations to knowledge, and profane an outward (projected) orientation towards economic, political or institutional imperatives (Williams, 2008, p. 127). Singulars developed the autonomous and ‘sacred’ identities, and formed the core elements of professional identity, which for generations centred on the relationship with their knowledge base (Bernstein, 1996). However, Bernstein (1996, p.76) suggests that postmodernism and “the new period of transitional capitalism”, along with ‘genericism’ of knowledge structure, “has brought about a disturbance and disembedding of identities”, thus weakening the boundaries of professions and creating a need to manage market forces and government regulation (Beck & Young, 2005). Bernstein (1996, p. 77) proposes new identity constructions, two of which are relevant to massage therapy:

- the “market identity” (where identities are constructed out of market signifiers and boundaries are permeable), and the “therapeutic identity” (where the concept of self is crucial and the self is regarded as a personal project. It is an internally regulated construction, and is independent of external consumer signifiers. Boundaries are again permeable with the past not necessarily the guide to the present or the future).

However, the permeable, changing nature of these boundaries and the decentred nature of both identities (Bernstein, 1996) suggest that a collective professional identity and collective recognition in the current environment may be difficult to construct.

Every professional has an identity which “involves intellectual, inter-personal and psychological processes of identification” (Williams, 2008, p. 127), and is “a continuous and
reflexive process, a synthesis of (internal) self-definition and the (external) definition of oneself offered by others” (Henkel 2005 cited in Middleton, 2008, p. 126). The need to build a strong ‘professional image’ by building a strong massage therapy identity was another theme within the interview findings. Professional identity formation “means becoming aware of what matters most in practice, what values and interests shape decision making” (Trede, 2012, p. 163), and requires socialisation to the occupation / profession. The socialisation process “is a learning process through which the individual acquires the knowledge and skills, the values and attitudes, and the habits and modes of thought of the society to which he/she belongs” (Bragg, 1976, cited in Gopaul, 2011, p. 11). Weidman et al. (2001) cited in Gopaul (2011, p. 11) identifies three core features of socialisation: “knowledge acquisition [of what and how things are done], investment [of the self], and involvement [in professional activities]”. Socialisation and the development of a professional identity therefore can occur at the intersection of educational training, the workplace and work-integrated learning, where “students’ development of their sense of professional self and connecting self to professional identity” can be enhanced (Trede, 2012, p. 160). However, this learning is also dependent on reflexivity to create meaning for different students (Gopaul, 2011), the traditions of practice (Dall’alba & Sandberg, 1996), and Bourdieu’s notion of ‘habitus’. Habitus refers to “the distinctive modes of perception, of thinking, of appreciation, and of action associated with any particular collectivity” such as an occupational group. The ‘habitus’ determines the “unexamined, taken-for-granted view of the world of any given collectivity” (Atkinson & Delamont, 1985, p.315).

Professional education is a strong social force that can influence an occupational group (Rafferty 1996 cited in Gerrish et al., 2003), and can reproduce the social structure (Atkinson & Delamont, 1985); it can also be an exercise of power (Zepke, 2000). The development of degree-based education for massage therapy could challenge the ‘habitus’ of the massage therapy industry. The three-year qualification with its extended specialist knowledge, additional generic knowledge (e.g. research skills), time for consolidation of knowledge and practice, and ongoing development of professional identity through additional workplace experiences could build Bourdieu’s ‘cultural capital’ (Jenkins, 1992) and as these changes in capital and habitus change over time, and degree trained massage students are socialised differently, ‘practice’ [i.e., “the actions that individuals take within a particular environment”] itself can change (Gopaul, 2011, p. 16).
In the current socio-political environment and given the challenges associated with traditional professionalisation and the concept of a ‘profession’, engagement in traditional professionalisation strategies to reposition massage therapy from an occupation to a profession is a moot point. However, the findings in this research project, and in particular the strategies suggested by interview participants for advancing the massage therapy industry ‘towards professional recognition’, indicate a desire to change a number of elements currently faced by the massage therapy industry. Strategies suggested by participants included: addressing the professional image by building a strong massage therapy identity and engaging in professional behaviours; addressing the need for some type of regulation, as well as building membership numbers of the professional association and addressing a range of massage therapy education issues such as cohesion of education standards, and profiling and making degree-based education accessible. These strategies could still increase the credibility and associated trustworthiness of massage therapy practice, and provide an increase in status and esteem for massage therapists, thereby creating the recognition and legitimacy they seek.

Research findings in this study have depicted the ‘current situation’ and a ‘desired situation’ for the massage therapy industry (Figure 8.2). The components of the ‘current situation’ can be corroborated using the literature presented in Chapter 2 and the qualitative comments from participants in both the survey and interview data. The components of the ‘desired situation’ also have their origins from the qualitative analysis of comments from participants in both the survey and interviews, but there may not be collective agreement from massage industry stakeholders as to whether all elements are desired.

Figure 8.2 depicts three arrows indicating three different paths for the massage therapy industry to choose from: keeping the status quo; a strong professional association, or degree-based education in coalition with a strong professional association. This research has indicated that it is unlikely that keeping the status quo will provide a successful path to the ‘desired situation’. Having a strong professional association may provide some of the elements of the ‘desired situation’. However, the conceptual model presented next in Figure 8.3 suggests that the choice that needs to be taken to achieve the ‘desired situation’ is the coalition between degree-based education and a strong professional association.
Current Situation

• Growing consumer demand
• No access to public health dollar
• Growing research base
• Diversity of massage modalities and approaches
• Dominance of technician based practice
• Low level of professional expertise
• Low level of research literacy and capability
• Unregulated title and practice
• Variable education/qualification levels
• Poorly defined scopes of practice
• Low barrier to entry --> threat of increase in unqualified / lowly qualified therapists
• Variable practice levels
• Individual focus with weak professional association
• Identity crisis
• Disunity and discontent among massage educators, therapists, and students
• Blemished public image
• Low level of trustworthiness and credibility as a collective

Desired Situation

• Growing consumer demand
• Access to public health dollar
• Growing research base
• Diversity of massage modalities and approaches
• Dominance of evidence-based practice
• High level of professional expertise
• High level of research literacy and capability
• Regulated title and practice
• Standardised education and stair-case of qualifications
• Clearly defined scopes of practice
• Barrier to entry --> limits unqualified therapists
• High standards of practice
• Collective focus with strong professional association
• A defined identity
• Collective unity
• Positive image
• High level of trustworthiness and credibility as a collective

Figure 8.2: Choices for the massage therapy industry to consider going forwards.
The four research objectives of this study centred on the perceptions and benefits of, and barriers to, degree-based education for massage therapy in its current environment and with the issues the industry is facing. In particular the first research objective was to determine whether there was a need for degree-based education for practice and for growth of the massage therapy industry. While views were mixed there was some support for the role of degree-based education, and its associated benefits, to facilitate the legitimation of the massage therapy industry and increase the status of massage therapists. Based on the research findings (Figure 8.1) and the discussion of findings in Chapters Six, Seven and Eight, insights emerged on the core components needed to help the massage therapy industry advance its standing as a health care occupation, and the central role that degree-based education can play. These insights are outlined below and are portrayed in Figure 8.3. Given the problematic nature of ‘professions’, the model does not portray the steps needed to move massage therapy from an occupation to a profession. Some components of professionalisation are included as they are seen as core components of legitimation and will assist in the strengthening of ‘credibility’, ‘best practice’ and ‘professional identity’ for massage therapists.

A conceptual model: stepping towards legitimation for massage therapists

The model ‘Stepping towards legitimation for massage therapists’ presented in Figure 8.3 illustrates the coalition needed between degree-based education and a strong massage therapy professional association. This coalition may help advance the massage therapy industry if the desired results are credibility, best practice and a professional identity. This model mainly focuses on therapeutic/clinical rehabilitation massage therapy practice. While the model would still work for relaxation massage therapy practice, research findings clearly showed generalised opposition for the need for degree-based education for this service. The strengths of each coalition partner - degree-based education, and the massage therapy professional association - can be seen in two layers: the core components (positioned in the circle), and the four outcomes (positioned in the boxes) that result from the combination of core components. Each partner has a role and, when combined, credibility, best practice and a professional identity can be achieved.

Degree-based education: core components and outcomes

Findings from this research have highlighted the perceived strengths of degree-based education. Three of the four core components of degree-based education - knowledge, skills
and research, experience; and personal growth - come directly from the research and are supported by the literature. Personal and professional growth is developed using a range of generic skills in higher education (Broberg et al., 2003; Smith et al, 2006; Spronken-Smith et al., 2009). Research is a core component (New Zealand Qualifications Authority, 2014), as is work experience in vocational degrees (Broberg et al., 2003; Higgs et al., 1999). The fourth core component, professional socialisation, was hinted at by some interview participants and was viewed as a strong component of higher education by Madsen et al. (2009). When each of the core components are combined, four outcomes result: engagement in professional behaviours; expertise, new opportunities; and increased capability in practice and research. These outcomes of degree-based education have been discussed previously in Chapters Six and Seven, and correspond with bachelor degree graduates’ views on the benefits of degree-based education (Smith et al., 2013). While not all research participants would agree with these outcomes, many did indicate that these were benefits of degree-based education, and these outcomes of higher education are supported by the literature (e.g., Lane & Kohlenberg, 2010).

**A strong professional association: core components and outcomes**

Two of the four core components of a strong professional association seen in Figure 8.3 - regulation (either self or statutory) of standards of education and practice, and a growing membership - come directly from the research findings and are supported by the literature. Both self-regulation, through a professional association, and state-sanctioned regulation (Pearson et al., 2002) were mechanisms proposed by participants to address the need for standardised education and clinical practice to improve the image of the massage therapy industry. Two of the core components of a strong professional association - a defined, unified group, and a commitment to high level education and research - were strongly advocated by Kelner et al. (2006) as necessary for successful professionalisation, and have been discussed in Chapter Seven. When the four components are combined, four outcomes result: improved safety and service to the consumer; trustworthiness (as an occupational group); social closure defining an occupational boundary, and a stronger collective professional voice to profile a positive image and raise public awareness. These outcomes were wanted by a number of massage therapy industry stakeholders. Social closure is used to erect a boundary “to demarcate ‘expert’ knowledge” (Cant & Sharma, 1995, p. 744), and Amark (1990, cited in Cant & Sharma 1995, p. 745) noted that a professional association is vital to “the
advancement of the group, and in activating exclusionary strategies of social closure.” Therefore, a strong professional association is important to the legitimation process.

**The coalition**

Credibility, best practice and a professional identity are interdependent and support each other, and the model in Figure 8.3 infers that one partner alone cannot achieve all three results. For example, credibility requires both expertise and trustworthiness as an occupational group, and therefore draws on components and outcomes from each partner. Best practice as a collective requires individual expertise, research and regulation. The massage therapy industry is unlikely to achieve best practice as a collective by using a strong professional association or degree-based education alone. Similarly, a strong professional identity will be more difficult to achieve without degree-based education or without a strong professional association.
Figure 8.3: A conceptual model: stepping towards legitimation for massage therapists.
Implications for degree-based education and the massage therapy industry

A number of implications arise for degree-based education and the massage therapy industry as a whole from the results of this research, and are discussed below. These implications relate to the conceptual model ‘Stepping towards legitimation for massage therapists’ (Figure 8.3) and the choices for the massage therapy industry going forwards, outlined in Figure 8.2.

Implications for degree-based education within New Zealand

The findings from this study suggest that the perceptions of degree-based education for massage therapists within New Zealand are mixed. Many participants are receptive to the notion of degree-based education and their perceptions demonstrate a desire to move the massage industry into a new phase of growth, capability and credibility. They wish to see a unified, professional collective, and view degree-based education as one means of helping achieve this status. Given the slow uptake of degree-based education over the last 13 years this receptivity towards degree-based education needs to be harnessed by massage educators and promoted for a positive outcome for the massage industry as a whole.

While the views on the need for degree-based education were mixed, the benefits of degree-based education will contribute positively to the massage therapy industry. The impact on the industry will be graduates that practice with increased capability and expertise who conduct themselves as a professionals, and a potential for new opportunities for graduates to work in areas such as hospitals, rest homes or multidisciplinary teams. Articulation to a range of stakeholders of the benefits for the individual and for the massage therapy industry is imperative. Furthermore, it would be useful to clarify the differences between a degree and diploma qualification, and explain the theoretical, practical, academic and professional practice components in a degree. In addition, promoting the idea that degree-based education can provide an opportunity for continuing professional development for diploma trained massage therapists in clinical practice may increase the likelihood of massage therapists engaging in higher-level education.

Massage education providers will need to consider their role in providing easy access to degree-based education if they wish more students to adopt this initiative. Massage degree providers will also need to help participants overcome individual barriers where possible, and
provide support for learning as suggested by Brown et al. (2012). The creation of a modularised, blended delivery programme of study, using online learning tools and face-to-face classes, may assist in overcoming accessibility issues. The convenience of a blended programme of delivery would counteract the need for people to relocate, while providing them with flexibility around their learning and other commitments. Education providers may wish to consider offering the degree qualification in other locations around New Zealand so the face-to-face component can be delivered in the main cities. This would assist in alleviating the costs of relocation and minimise travel costs. Other strategies for improving access to degree level education could include standardising lower level qualifications, and creating a stair-case to a bachelor’s degree. This may help address the view that a bachelor’s level qualification is not necessary for the practice of relaxation massage therapy. For some, multi-level stair-cased qualifications were preferred, whereas for others a degree was favoured. Massage therapy educators would need to work together and with the professional association (Cant & Sharma, 1995) to create a cohesive package of learning that incorporates the option for degree-level study.

It was noted in Chapter Two that one motivation for developing degree-based education was to use higher education for professionalisation and legitimation for massage therapy (Smith, 2002). However, degree-based education is only one intervention in changing an industry’s direction or focus. The findings of this research suggest that degree-based education on its own will not achieve legitimation. There is a need for the providers of degree-based education to interface with the professional association to assist both coalition partners to achieve credibility, best practice, and a professional identity for the massage therapy industry.

It was surprising to see some massage therapy educators disagreeing with the need for higher education for massage therapists. Having good massage experience in clinical practice appeared to rate more highly than academic qualifications. No massage educators that held this position were willing to be interviewed and, therefore, this position needs further explanation. However interviews with educators who had up skilled to a degree reported that, prior to up-skilling, they had not appreciated the value of a degree education in massage therapy. This suggests that massage educators also need a broader understanding of the components, purpose, benefits and barriers to degree-based education. In addition, it is not usual practice in the massage therapy education sector for educators teaching on a diploma to hold a degree.
qualification. Therefore, massage educators without degrees will be required to up-skill their qualifications and contribute to research in massage therapy if teaching on a bachelor’s degree (New Zealand Qualifications Authority, 2014).

The process of professional recognition is complex and problematic (Welsh et al., 2004), and requires a unified focus and a commitment beyond the individual (Kelner et al., 2006). Massage therapy students need to be socialised into their professional roles (Higgs et al., 1999). There is no apprenticeship structure for massage therapists in New Zealand and, therefore, a lengthier educational process, such as degree-based education, will help in this socialisation process, and may result in professional practitioners contributing to the wider massage therapy industry. This may help the professional association to grow in membership with members contributing to their industry and community (Higgs et al., 1999).

Implications for the massage therapy industry

The first consideration for the massage therapy industry is to reflect on its current situation and determine where it wants to go. If the desired situation is a commercial identity, “centred in the private market” (Cant & Sharma, 1995, p. 748), rather than a collective professional identity, built on the qualities of a profession, then the selected path could differ from the coalition recommended above. If the massage therapy industry does seek a professional identity and the desired situation in Figure 8.2, then it would be worthwhile to reflect on the role that past choices have had in creating the current situation. A range of participants believed that degree-based education was unnecessary and restrictive. These participants, consider that a diploma is adequate for therapeutic/clinical rehabilitation massage therapy practice, and that a degree qualification may be beyond the capabilities of some who wish to practice massage therapy. However, currently a diploma is the dominant qualification for practicing massage therapists, and this may have contributed to the current situation.

The massage therapy industry may also wish to consider any current threats to ‘its patch’. An increase in consumer demand (Smith et al., 2010) may be positive for the growth of the industry, but it also comes with risks. Given the low entry barrier to massage therapy practice and the growth in use, there is an increased risk of untrained ‘cowboys’, making it difficult for
the consumer to know who the real massage professional is (Cant & Sharma, 1995). Another threat is intellectual colonisation or gatekeeping (Kelner et al., 2004) by other health professions that may result from the growth in research, especially research that reports on the effectiveness of massage therapy for some conditions.

The conceptual model, ‘Stepping towards legitimation for massage therapists’ (Figure 8.3), also suggests that there is a need for a defined, unified collective body for massage therapists. Research findings suggest that the massage therapy industry needs to determine its identity and answer the questions: ‘who are we?’ and ‘what do we do?’ When determining this identity it would be useful to discuss whether a collective is wanted. If a group identity is preferred, then there is a need to build group cohesion, and membership, and manage diversity within the occupational group. If this is not done then the professional body will not have a strong collective voice. In addition, the industry risks a breakaway professional organisation that better represents the needs of a section of the occupational group. It would be useful for the massage therapy industry to agree on the level and mode of regulation, if any. Regulatory mechanisms to control the practice of the specified occupational group include: regulation of title or practice; statutory or self-regulation (Ministry of Health, 2011), and multi-category or single category regulation (Gowan-Moody & Baskwill, 2006). The most appropriate path will depend on the motivations for regulation, i.e., image protection, autonomy, monopoly, and public safety, as well as the advantages and disadvantages of each approach. Interview findings indicated that ‘there was room for everyone’ and that a degree should be an available option and, therefore, this would result in the need for a multi-category model of regulation (Gowan-Moody & Baskwill, 2006). If however, degree-based education was adopted as the entry level qualification for practice, then massage therapy could be regulated under a single category model where “all massage therapists who are registered with the regulatory body have the same set of values and skills” (Gowan-Moody & Baskwill, 2006, p. iv). Once an identity is agreed upon, and education and practice standards are in place, then there is room to improve the public image of a massage therapist.

Reviewing and choosing an entry level qualification for practice as a therapeutic / clinical rehabilitation massage therapist is essential. A number of elements could be considered in this decision. These include:
Degree-based education for massage therapy \ Chapter Eight

- the desired outcomes of the group;
- the diversity of current massage therapy practice;
- the negative consequences of a low entry barrier to practice, i.e. no effective social closure;
- the benefit of developing research literacy and capacity;
- the use of longer education programmes to socialise students into appropriate practice;
- the role that education plays beyond training for a job;
- the desire for greater knowledge and skills in education programmes;
- the need to elevate standards of practice;
- the consequences of multi-level qualifications, i.e., disunity, lack of public awareness of differences in scopes of practice, and therapists practicing beyond their scope of practice;
- the effectiveness of current qualifications;
- the requirement for cohesion in education, and
- accessibility to education.

In particular, the massage therapy industry needs to consider the role that degree-based education can play in elevating standards, building expertise, increasing research capability, providing individual and collective benefits and new opportunities, improving the image of massage therapy and building credibility. Figure 8.3 suggests that the professional association should show a commitment to high-level education and research. Without this, it is unlikely that the massage therapy industry will achieve credibility, best practice and a professional identity. Therefore, further debate and discussion is also recommended on the entry level qualification to practice as a relaxation massage therapist.

Strengths and limitations

One strength of this research project is the use of a mixed methods approach. The sample frame for the survey was wide-ranging, sourcing participants from throughout New Zealand from the Yellow Pages telephone directory, MNZ members and 14 massage schools. This approach provided initial descriptive data from the population of interest, as well as qualitative data to guide the next phase. The survey qualitative data offered a solid preview of the perceptions held by participants, which were further explored in the interviews. The survey, while having a small
sample size, still captured a reasonable representation within the subgroups. Massage educators were teaching at Institutes of Technology or Private Training Establishments, or offering private tuition, therefore the range of massage education options was covered. The student participants were also from a variety of schools and studying at various levels of massage therapy education. A further strength of this research was the demographics of the participants which, for the most part, reflected the massage therapy industry. The strengths of the sample mean that there was a good representation of the groups within the New Zealand massage therapy industry.

The survey also sourced participants for phase two of the research and the data gained from phase one helped develop the questions used in the interviews, demonstrating continuity within the research process. The interviews provided a further opportunity to seek explanations about the survey data and allowed participants to speak of their concerns and opinions about other areas and issues that they thought important. An additional strength (but also a weakness) was the researcher’s own familiarity with the massage therapy field. The bias of the researcher was made clear at the beginning of the thesis, along with the ontology and epistemology of the researcher. The transparency with which the research was conducted and data analysed contributes to the rigour of the research. This mixed methods approach provided in-depth, rich and comprehensive data that fully explored participants’ perceptions and has answered the research questions.

The limitations of this research were the poor overall response rate leading to a smaller-than-desired sample size from the survey, and low numbers in each subgroup. Four complications were noted in the implementation of the survey. The first was the time of year and timeframe that the online survey was accessible. The survey sampling period during November and December 2011 may have affected the response rate by massage educators and massage students, as education training programmes would be concluding at this time of the year. The survey sampling period may have also been difficult for massage therapists as it tends to be a busy part of the year in clinical practice. Second, the response rate was partially dependant on programme coordinators providing students with a link to the online survey and may have contributed to the very low response rate for this subgroup. Third, the response rate was also reliant on the “Select Survey” software working appropriately. Fourth, it was important that the sample size was large enough to adequately cater for the number of subdivisions entailed in the
analysis (Denscombe, 2002). Three subgroups (ME, MT, MS) were initially planned for subdivision analysis. However, complicating this were the participants who fitted within more than one subgroup such as ME/MT and MT/MS. This led to five subdivisions, which in turn, due to low participant counts, did not allow for any inferential statistical comparisons between subgroups, and differences could not be attributed to any one group of stakeholders. In addition, the small sample size and poor response rate resulted in very few of the participants being aged between 18-21 years, and there was not a broad representation of ethnicities and, therefore, the views of these groups may not be fully represented. While MNZ members were emailed and invited to take part in the survey it would have been useful to have asked all survey participants if they were members of MNZ. This would allow the researcher to establish whether both members and non-members of the professional association were represented. The low response rate and additional limitations need to be considered when exploring the findings and implications of the research.

A limitation of the interview phase of this research was recruitment of interview participants using the survey questionnaire. The question asking participants to indicate their willingness to participate in the interview process and provide their contact details was either misunderstood or the “Select Survey” software timed out. This resulted in 50 willing participants being unable to be contacted. While each subgroup and widely opposing views on the value of degree-based education were represented in the 20 volunteers with contact details, the plan to select typical and interesting cases from each subgroup could not be implemented, potentially limiting the diversity within the findings.

**Areas for future research**

The thesis provides a platform for a wide range of subsequent investigations and a strong contribution of this thesis to the wider field is the many additional research questions that the study poses. The model, ‘Stepping towards legitimation for massage therapists’ (Figure 8.2) provides a framework to guide future research.

Given the current gaps in the literature regarding degree-based education for massage therapy, the emergent trends and themes identified from this study need to be confirmed or
extended with future studies, especially in the educator and student subgroups where numbers were low. Of particular interest are the views of massage therapy students. It appears that there may be different educational motivations for massage therapy students depending on their age, as well as different skills to be developed. This needs further investigation not only for the development of appropriate educational training programmes but also for the influence that the different ages of graduates may have on the massage therapy workforce.

Key components and outcomes of degree-based education could be examined. The resistance to degree-based education, especially for relaxation massage practice, suggests that future research could determine the effectiveness of the current qualifications for the workplace and establish whether there are expertise gaps. An inventory of the knowledge and skills of diploma and degree trained massage therapists and the skills required for clinical practice could be identified. Studies such as these could inform the development of a set of educational standards for the massage therapy industry and the influence of this on cohesion and collective growth of the industry could be explored. Furthermore, as educators consider implementing strategies to increase the accessibility to degree-based education, factors that contribute to engagement in degree-based education could be monitored.

Participants perceived a number of benefits of degree-based education. The actual outcomes for massage therapy graduates who undertook a bachelor’s degree in massage therapy could be monitored over time to compare and contrast work practices, career paths and any influences on the development of the New Zealand massage therapy industry; such a study could also inform the wider international massage therapy community where industry entry-level training needs are also being discussed. Future studies could also examine the influence of degree-based education on public and health professionals’ perceptions of the image and credibility of massage therapy within the New Zealand context. Similarly the impact of qualification levels on regulation of New Zealand massage therapists in the current socio-political climate could be investigated. This would allow a comparison with other international contexts and would contribute to further understanding of the use of higher education for managing professional image and regulation of professions. Furthermore the views of external stakeholders, such as allied health professionals and general practitioners, on the need for and benefit of
Degree-based education for massage therapy may also be useful; such a study may contribute to the literature on integrative medicine.

Another perceived benefit of degree-based education in comparison to a diploma education was the increase in research literacy of students. Future studies could investigate the translation of research understanding into clinical practice and could provide insight into the utilisation of evidence-based practice by massage therapists. Research literacy levels among new diploma and degree graduates as well as massage therapists in practice could be examined. The impact of an increase in capability for understanding and applying research on the massage therapy knowledge base and credibility of the industry could also be explored. Moreover, as massage therapy educators’ up-skill their own post-graduate qualifications as a requirement of teaching on a bachelor’s degree, the levels of massage therapy educators’ engagement with research and its application in the classroom could be studied.

Professional socialisation and the development of a professional identity may be related to a number of educational factors such as workplace experiences and type of training (Gopaul, 2011; Trede, 2012). The impact of a three-year degree-based education compared to a one or two-year diploma education on professional socialisation and professional identity of entry-level massage therapists could also be investigated. Monitoring the involvement of degree-qualified massage therapists in professional behaviours beyond their individual clinical practice (e.g., liaising with other health professionals, contributing to the profession) could be studied, as could the impact of this involvement on strengthening the professional association. Determining ‘who massage therapists are and what massage therapists do’ requires further investigation to assist in the development of a cohesive professional identity.

A number of areas of future research are also related to the professional association. These include:

- Reasons why massage therapists join/do not join Massage New Zealand;
- The support for a professional association to represent degree-qualified massage therapists;
- Strategies to build cohesion and manage intra-group diversity of massage therapy, and
The motivations for regulation, and stakeholders’ understanding of the strengths and weaknesses of the different regulatory mechanisms.

Lastly, as a working hypothesis, future research could examine not only the elements of the conceptual model noted above, but also the effectiveness of the coalition between degree-based education and a strong massage therapy professional association in strengthening the credibility, best practice and professional identity of New Zealand massage therapists primarily engaged in therapeutic/clinical rehabilitation massage therapy practice.

Concluding remarks
The findings in this research have highlighted the mixed perceptions of a range of stakeholders within the New Zealand massage therapy industry toward the need for degree-based education. For some, a massage degree was essential for clinical practice and for the growth of the massage therapy industry. They saw it as an integral part of advancing the professional status of massage therapy, and they valued the perceived benefits of higher standards, personal benefits, new opportunities and credibility. For others, a massage degree was not essential for clinical practice and, for a few, it was also not needed for growth of the industry. They viewed a massage degree as restrictive, and unnecessary as the current education levels of certificate and diploma were adequate. Participants also had variable levels of understanding (from a little to a great deal) as to what the purpose and graduate outcomes were of a massage degree. A widely held view was that degree-based education for massage therapy should be an option, and many participants would consider up-skilling their qualifications if a massage therapy degree became more accessible. These findings have given insight into the factors that contribute to resistance and engagement in degree-based education.

The lack of a professional image and the unregulated nature of the massage therapy industry were noted as the current issues facing the industry, and many participants wish to see massage therapy become a credible health care choice. A number of strategies for advancing the industry forward towards professional recognition were noted. These included: creating a professional image; involvement in regulation; improving the cohesion of education standards, and profiling and making degree-based education more accessible. There was a role for degree-
based education in all of the strategies reported. The conceptual model, ‘Stepping towards legitimation for massage therapists’ (see Figure 8.2), suggests that stakeholders in the massage therapy industry need to engage with degree-based education and develop a strong professional association if they wish to attain credibility, best practice and a professional identity.

With very few bachelor degrees for massage therapy in the world, a scarcity of research studies in the area of degree-based education for massage therapists, and the increasing consideration of regulation and professionalisation of complementary and alternative medicine therapies, this research has made a unique, significant, and timely contribution to current knowledge of the perceptions of and benefits and barriers to degree-based education for massage therapy. It has analysed clearly and evaluated the current issues facing the massage therapy industry within New Zealand and the tensions surrounding the attempt to advance the industry towards professional status. The conceptual model pulls together key components to provide a framework for further research and discussion on the use of degree-based education for advancement of the industry. Findings can also inform the international massage therapy community and may provide a basis for further discussions on the benefits and tensions related to degree-based education for other CAM therapies. This research has provided new information that may assist massage therapy education providers, massage therapists, MNZ and other stakeholders to more easily guide the direction of the next phase of evolution of massage therapy within New Zealand.

Prior to undertaking this research I had anecdotal evidence that there was resistance to degree-based education for massage therapists, and thought that the resistance was due to the lack of knowledge of degree-based education and the benefits associated with it. I also believed degree-based education was the answer to most of the issues facing the massage therapy industry. My overarching belief was that the massage therapy industry was in no way going to grow and progress without degree-based education as its central focal point. Listening to people tell their stories fits my Māori worldview and has helped me understand why there was resistance to degree-based education. Their views have also highlighted the disunity, discordance and disorganisation of the current massage therapy industry in New Zealand and the importance of relationships among stakeholders. I am still convinced that degree-based education for massage therapists is an important vehicle for change within the New Zealand massage therapy industry.
However, I now appreciate that degree-based education is one component of the process of growing and gaining credibility for the massage therapy industry. Within my worldview, research needs to benefit the wider community. This research has helped better frame the direction and focus for the next steps forward in our future development as a health and wellness industry. My next goals are to work towards further increasing the availability and support for degree-based education, building relationships to help strengthen the professional association, and promoting degree-level education as a necessity in advancing the massage therapy industry.
References


Appendices
Appendix A: IJTMB Approval

Copy of Email from the International Journal of Therapeutic Massage & Bodywork approving the use of the published article as the literature chapter in the PhD thesis.

From: Antony Porcino [mailto:eeijtmb@gmail.com]
Sent: Friday, 28 February 2014 12:59 p.m.
To: Donna Smith
Subject: Re: Article to be used within my PhD thesis (unchanged)

Hi Donna,
Yes, I can confirm that you can do that. You just need to give attribution (i.e., where it was published).

Best regards,
Antony

Antony Porcino, PhD, HSI
Executive Editor, International Journal of Therapeutic Massage & Bodywork
www.ijtmb.org

On Feb-27-14, at 2:36 PM, Donna Smith <donna.smith@sit.ac.nz> wrote:

Hello Antony,

Can you please confirm that I am able to use my article, The Drive for Legitimation of Massage Therapy in New Zealand published December the 19th 2012 as my literature chapter within my PhD thesis? I have read the copy right policy of IJTMB and my interpretation is that it can be used, but I’m just checking. I would insert it unchanged as the literature chapter.

Many thanks

Kind Regards
Donna Smith
Southern Institute of Technology
New Zealand
Appendix B: Survey

Hard Copy of Electronic Survey

Welcome to this Survey

Degree-based Education for Massage Therapists

Welcome to this Survey.
Massage therapy education has developed over the last fifteen years with a range of educational packages: from weekend workshop training in the early 1990's to the new offered certificate, diploma, or bachelors degree in massage therapy. Degree-based education for massage therapists has been available for the past ten years and there is still debate about its usefulness.
This survey offers participants an opportunity to express their views on this subject.

There are three sections with a total of 26 questions to complete and should take no longer than 10-15 minutes. The survey site will save your responses when you log out in order for you to return and continue at a later date.

In the event that the questions being asked on the survey questionnaire make you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular questions and that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

Please note that if you fill out this questionnaire, you are consenting to the collection of data and its publication. However, your anonymity in completing this survey is guaranteed.

Thank you again for participating in this survey.

Section 1: Attitudes toward degree-based education.

1. Do you agree or disagree with the following statement? Degree-based education is essential for massage therapists practising in New Zealand.
   Please select the appropriate response for you.
   □ Strongly Agree
   □ Agree
   □ Neutral
   □ Disagree
   □ Strongly Disagree

2. Please explain why you have given this rating in question 1.

3. Do you agree or disagree with the following statement? Degree-based education is essential for the growth of the massage therapy industry in New Zealand.
   Please select the appropriate response for you.
   □ Strongly Agree
   □ Agree
   □ Neutral
   □ Disagree
   □ Strongly Disagree

4. Please explain why you have given this rating in question 3.

5. Do you agree or disagree with the following statement? A Bachelor’s degree in massage therapy should be the minimum qualification required to practice as a relaxation massage therapist in New Zealand.
   Please select the appropriate response for you.
   □ Strongly Agree
   □ Agree
   □ Neutral
   □ Disagree
   □ Strongly Disagree
   □ Don’t know

6. Please explain why you have given this rating for Relaxation Massage.

7. Do you agree or disagree with the following statement? A Bachelor's degree in massage therapy should be the minimum qualification required to practice as a Therapeutic/Clinical Rehabilitation massage therapist in New Zealand.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree
   - Don't know

8. Please explain why you have given this rating for Therapeutic/Clinical Rehabilitation Massage.

9. If a Bachelor of massage therapy was set as the minimum level of education, what would you do?
   - I would be willing to upskill to a Bachelor's degree in massage therapy.
   - I would leave the massage profession.
   - I would lobby against this.
   - N/A I already have a Bachelor's degree in massage therapy.
   - Other, please specify:

   Section 2: Possible benefits and barriers to higher education for massage therapists.

10. Possible benefits of a Bachelor's in massage therapy for you are:
     Please select the appropriate responses for you.
     - Increased capability
     - Increased job opportunities
     - Increased credibility
     - Access to research knowledge
     - Increased research literacy
     - Increased financial gain
     - Increased professionalisation
     - Increased community participation
     - Increased evidence based massage practice
     - Increased scope of practice
     - Increased access to postgraduate education

11. Possible barriers to a Bachelor's degree in massage therapy for you are:
     Please select the appropriate responses for you.
     - Time restraints
     - Family commitments
     - Financial limits
Welcome to this Survey

Section 3: General Information.

12. Please feel free to list other benefits or barriers not listed in questions 10 and 11. Please provide your responses as either benefits or barriers.

Section 3: General Information.

13. What is your gender?
   Please select the appropriate response for you.
   □ Female
   □ Male

14. What ethnic group do you belong to?
   Please select all that apply.
   □ New Zealand European
   □ Maori
   □ Samoan
   □ Cook Island Maori
   □ Tongan
   □ Niuan
   □ Chinese
   □ Indian
   □ Other, such as Dutch, Japanese, Tokelauan

15. What is your nationality?

16. What is your age range?
   Please select your current age band.
   □ 18-21
   □ 22-35
   □ 36-45
   □ 46-65
   □ 66+

17. Please state your current employment and/or study status.
   Please select all that apply.
   □ Massage educator — full time (more than 20 hours per week)
   □ Massage educator — part time (20 hours or less per week)
   □ Massage therapist — full time (more than 20 hours per week)
   □ Massage therapist — part time (20 hours or less per week)
   □ Massage student — currently enrolled in a Certificate of Massage course
   □ Massage student — currently enrolled in a Diploma of Massage course
   □ Massage student — currently enrolled in a Bachelors in Massage course

http://survey.otago.ac.nz/Print.aspx?SurveyID=959&Title=Y&Breaks=N&AllPages=... 07/10/2011
18. What is your highest massage therapy qualification?
Please select the appropriate response for you.
- Certificate
- Diploma
- Bachelor
- No massage qualification
- Other, please specify

19. What is your highest level of education (non massage),
Please select the appropriate response for you.
- Certificate
- Diploma
- Bachelor
- Masters
- PHD
- Other, please specify

20. If you work in massage therapy education at which levels do you teach? If you are not in massage therapy education please go to question 24.
Please select all that apply.
- Teaching Certificate
- Teaching Diploma
- Teaching Bachelor
- Community Course
- Other, please specify

21. If you are a massage therapy educator how long have you been teaching massage therapy?
Please select the appropriate response for you.
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- Over 20 years (please state the number of years teaching massage therapy).

22. If you work in massage therapy education where is your current location of work?
Please select all that apply.
- A Private Training Establishment.
- An Institute of Technology or Polytechnic.
- Other, please specify

23. If you work in massage therapy education in what province/region do you work? (e.g. Otago)
Please state the region in the associated box.

24. If you work as a massage therapist what is your current work status?
Please select all that apply.
- Self employed
- Sub-contractor - part-time (20 hours or less per week)
- Sub-contractor - full-time (more than 20 hours per week)
- Wage and salary earner - part-time (20 hours or less per week)
- Wage and salary earner - full-time (more than 20 hours per week)
- Other, please specify
25. If you work as a massage therapist, what province/region do you work (e.g. Otago)
Please state the region in the comment box.

26. If you are a student of massage therapy where is your current location of study?
Please select the appropriate response for you.
- Private Training Establishment
- Institute of Technology or Polytechnic
- Other, please specify

27. If you are a student of massage therapy, in what province/region do you study? (e.g. Otago)
Please state the region in the comment box.

28. Please feel free to make further comments pertaining to massage therapy education and practice within New Zealand.

29. Interview, Results and Letter of Participation. If you are willing to be interviewed for the second phase of this research project please indicate below. If you would like only a letter of participation, please select below.
- I am willing to be contacted to participate in a face to face or telephone interview.
- I request a copy of the research results.
- I request a letter of participation.
- Contact details:

Thank you for participating in this study.
If you would like more information about the results of this study please contact Dona Smith at smdoa65@student.otago.ac.nz

http://survey.otago.ac.nz/Print.aspx?SurveyID=959&Title=Y&Breaks=N&AllPages=... 07/10/2011
Appendix C: Survey – Letter of Invitation for an Online Survey

Copy of Letter of Invitation for an Online Survey - sent October 2011

Letter of Invitation for an Online Survey
Perceptions of Degree-based Education for Massage Therapists

We are looking for volunteers to take part in a research project exploring perceptions of massage therapy education in New Zealand. The project is being conducted as part of a Master’s degree at the University of Otago.

We invite:-

MASSAGE THERAPISTS, MASSAGE EDUCATORS & MASSAGE STUDENTS

to participate in an online survey and possibly a follow up face-to-face interview or telephone interview. This letter provides background information on the project, as well as a link to the survey. Note that participation in this study is voluntary.

The project aims to determine the benefits, barriers and attitudes to degree-based massage education. Issues to be examined are: purposes of degree-based education; perceived benefits of degree-based massage education; barriers to accessing degree-based massage education, and participants’ attitudes toward degree-based education for massage therapists. The population of interest for this study includes massage therapy educators, massage therapists (currently practicing) and massage therapy students enrolled in a NZ Certificate, Diploma or Degree programmes in massage therapy. Participants must also be able to communicate in English and be over the age of 17 years.

If you willing to participate, the survey is located at http://survey.otago.ac.nz/TakeSurvey.aspx?SurveyID=I85Mnn8 and will take about 10-20 minutes to complete. The survey site allows you to answer questions on one or all of the survey pages and will automatically save your responses when you log out in order for you to return and continue at a later date. Please note that your responses are anonymous and you will not be able to be identified in the reporting of any data. By filling out the questionnaire, you are consenting for these data to be collected, and for any resulting data to be included in publication.
We are also seeking volunteers for follow-up interviews to explore in more depth perceptions of degree-based education for massage therapists. If you are willing to participate in this part of the study please tick the box near the end of the survey and provide contact details. Further information will be supplied to volunteers regarding the nature of the interviews as well as a consent form.

Thank you for your consideration of this project. If you have any questions about our project, either now or in the future, please feel free to contact either:-

Donna Smith  (Masters Candidate)
Southern Institute of Technology
Ph: 64 03 211 2699  extension 8832  (smido955@student.otago.ac.nz)

Rachel Spronken-Smith (Associate Professor)  Project Supervisor
Higher Education Development Centre
Ph: 64 3 479 8929

David Baxter (Professor)  Project Supervisor
School of Physiotherapy Ph: 64 03 479 7411

This study has been reviewed and approved by the School of Physiotherapy Human Ethics Committee at the University of Otago (reference number SoP/EC/11/02-v2).

Kind regards

Donna Smith
Appendix D: Survey – Survey Reminder Email

Copy of Survey reminder email - sent December 2011

Dear Participant

Survey Reminder -

On [date] we invited you to participate in a short survey regarding the Perceptions of Degree-based education for Massage Therapists in New Zealand.

If you haven’t already completed the survey, you may like to take 20 minutes to do so now.

As part of a Master’s research project with the University of Otago I will be examining the perceptions of degree-based education for massage therapists. I hope that you can take the time to fill out this questionnaire.

The personal information provided by individuals will be aggregated for the purposes of analysis and no reference will be made to them in any resulting publication. Thus your anonymity is protected.

By filling out this questionnaire, you are hereby consenting for the data to be collected, and for any resulting data to be included in publication.

If you have any queries about the research please contact any of the researchers listed below:
The survey has ethical approval from the School of Physiotherapy Human Ethics Committee at the University of Otago.

Please click on the following link to participate in the survey.

Link here

Kind regards,
Donna Smith (Masters Candidate) Ph: 64 03 211 2699 extension 8832
smido955@student.otago.ac.nz

Rachel Spronken-Smith (Associate Professor), Project Supervisor
Ph: 64 3 479 8929

David Baxter (Professor), Project Supervisor
Ph: 64 03 479 7411
Appendix E: Interview – Participant Information and Consent Form

Copy of Participant Information and Consent Form

INFORMATION SHEET
FOR PARTICIPANTS TAKING PART IN THE INTERVIEW

Perceptions of Degree-based Education for Massage Therapists

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request. Participation in this study is voluntary.

What is the Aim of the Project?
The aim of this study is to determine the benefits, barriers and attitudes to degree-based massage education. Issues to be examined include purposes of degree-based education; perceived benefits of degree-based massage education; barriers to accessing degree-based massage education, and participants’ attitudes toward degree-based education for massage therapists.

Who are the Participants?
The population of interest for this study includes: massage therapy educators, massage therapists (currently practicing) and massage therapy students enrolled in a NZ Certificate, Diploma or Degree programmes in massage therapy. Participants must be involved in one of these areas of the massage therapy industry to participate in this project. Participants must also be able to communicate in English and be over the age of 17 years.

A minimum of ten participants are being sought to undertake semi-structured interviews to add insight to the findings from the survey. Participants will identify their willingness to take part in a 30-60 minute face-to-face or phone interview by ticking a box on the survey questionnaire. Potential interviewees will provide their contact details on the survey questionnaire therefore, showing their interest in and willingness to participate further in the study. The researcher will make contact with interested participants.
Potential interviewees will be purposively selected according to their current level of involvement within the massage industry. Participants will not be paid but can request a letter of participation and research results. Please tick the appropriate box on the bottom of the consent form if you wish to have either or both of these options.

**What will Participants be Asked to Do?**
Should you agree to take part in this project, you will be asked to meet at an agreed location and time (for the face-to-face interview) or an agreed time (for the telephone interview) that suits both the researcher and yourself. The outline of the types of questions to be covered will be sent prior to this meeting. There will be period of time (5-10 minutes) prior to commencing the interview for building rapport. As an interviewee you will be encouraged to ask any clarifying questions prior to the interview commencing. The interview will take no longer than 60 minutes, including rapport-building time. An email or telephone call prior to the interview will be employed to confirm date, time and location. The interview will be audio recorded.

**What Data or Information will be collected and What Use will be Made of it?**
No personal information will be published and where individual perceptions are reported, pseudonyms will be used to protect the identity of participants. The general line of questioning includes:

- Participant’s experiences of learning to become a massage therapist.
- Their current educational needs.
- Work opportunities.
- Degree-based education (participant views).
- Barriers to accessing degree-based massage education.

The audiotape data will be transcribed coded and analysed. On completion of the project participants will be sent a copy of the transcript of their interview for review and correction as required. Participants may request a letter of participation for professional development hours, and are welcome to request a copy of the results from the researcher.

The researchers, external supervisor and transcriber will have access to the original data with pseudonyms in place. The data collected will be securely stored in such a way that only those
mentioned above will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand). Every attempt will be made to preserve your anonymity.

What if Participants have any Questions?
If you have any questions about our project, either now or in the future, please feel free to contact either:-

Donna Smith  (Masters Candidate)
Southern Institute of Technology
Ph: 64 03 211 2699  extension 8832

Rachel Spronken-Smith (Associate Professor)
Higher Education Development Centre
Ph: 64 3 479 8929

David Baxter (Professor)
School of Physiotherapy
Ph: 64 03 479 7411

This study has been reviewed and approved by the School of Physiotherapy Human Ethics Committee at the University of Otago (reference number SoP/EC/11/02-v2). If you have any concerns about the ethical conduct of the research you may contact the research supervisors.
CONSENT FORM FOR PARTICIPANTS TAKING PART IN THE INTERVIEW

Perceptions of Degree-based Education for Massage Therapists

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. Personal identifying information and audio tapes will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years.
4. This project involves an open-questioning technique. The general line of questioning includes:
   - Participant’s experiences of learning to become a massage therapist.
   - Their current educational needs.
   - Work opportunities.
   - Degree-based education (participant views).
   - Barriers to accessing degree-based massage education.

   The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. There are no foreseen risks to participating in this research project. If you have any concerns regarding this study please contact the researcher. smido955@student.otago.ac.nz

6. There is no remuneration for participating in this research project.
7. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand). Every attempt will be made to preserve my anonymity.

8. Please tick the box if you would like a copy of the research results and/or a letter of participation. Please provide your name and mailing address.

   Research results  ☐   Letter of participation  ☐

Name:…………………………………………

Address:………………………………………………………………………………………….
…………………………………………………………………………………………
…………………………………………………………………………………………

Postal Code:……………………………………

I agree to take part in this project.

(Signature of participant) ………………………………………………………………………

(Date)……………………………………
Appendix F: Ethics Approval

Copy of University of Otago School of Physiotherapy Ethics Committee approval in July 2011. Note: an extension to the data collection period was requested and approved on 29/8/2012, by the Head of the Higher Education Development Centre.

Memorandum/Manatu

To/Ki a: Associate Professor Rachel Sprouk-Sprong-He
From/Nā: Prof. David Baxter
C.C/He kape mā:
Date/Te rā: 06 July 2011
Re/Te Kaupapa: Perceptions of Degree-Based Education for Massage Therapists
(SoP/EC/11/02-42)

Dear Rachel

I am pleased to advise you that your application to the School of Physiotherapy Ethics Committee has been approved. Approval is until 31st December 2011. If this project has not been completed by such time, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise the Chair (Prof. John Sullivan) in writing.

Yours sincerely

[Signature]

Professor David Baxter
Dean

[Signature]

Deputy Dean