

MTRF PROJECT SUMMARY – A. KANIA-RICHMOND

Project title:	Hospital-based Massage Therapy -- A Survey of Canadian Hospitals
Names of Investigators/researchers:	Ania Kania-Richmond PhD, RMT, University of Calgary, Dept. of Community Health Sciences Marja Verhoef PhD - University of Calgary, Dept. of Community Health Sciences Esther Suter PhD MSW, Alberta Health Services Barbara Reece BSc RN, Independent Consultant
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PROJECT OVERVIEW

How will this study contribute to the MT knowledge base:

As the effectiveness of massage therapy continues to be recognized and its professional status evolves, it is being incorporated into various health care settings in Canada. One setting where massage therapy delivery is present yet unexplored is in Canadian urban hospitals. This study will aim to provide important information on the different ways that massage therapy delivery has been and is incorporated Canadian hospitals.

To date, research in the area of hospital based massage therapy has been primarily focused on the efficacy, effectiveness, and increasingly, safety of massage therapy. This research evidence is crucial in supporting the incorporation of massage therapy into conventional health care settings. However, the effective incorporation of massage therapy into these health care settings is also dependent on other factors. These include an understanding of the ways in which massage services can be delivered and how massage therapists' functions in such settings are understood and determined (e.g. description of the tasks and responsibilities). This is the first study to investigate massage therapy practice in hospital settings, and more specifically, how massage therapy services are incorporated in to these settings and the roles massage therapists play in patient care.

About the study:

This study was the PhD thesis completed by A. Kania-Richmond. It is the first phase of a larger study on hospital based massage therapy in Canada, which focused on describing the hospitals that provide massage therapy services and approaches used to incorporate massage therapy services into the hospital setting. The second phase focused on exploring and describing the professional role of massage therapists in patient care in these settings and comparing roles across different hospital sites.

The specific objectives of Phase 1 were:

- Identify and describe Canadian urban hospitals that deliver massage therapy services to patients by licensed massage therapists.
- Describe the ways in which massage therapy services are incorporated into hospital structures and patient care processes.

Study design:

To address the objectives of Phase 1, a descriptive survey design was used.

The study participants:

Managers or directors of hospital units where massage therapy was provided, and registered massage therapists working in a hospital setting. The individual who completed the questionnaire was internally identified as the most appropriate to respond to the questionnaire.

Participants were recruited from hospitals that met the following inclusion criteria:

Hospitals where massage therapy services were provided to patients by licensed massage therapists. Hospitals were excluded if massage therapy services were provided only to hospital employees, organized by the patient, provided by a massage therapist from the community, provided only by massage therapy students, and when massage therapy was provided as part of a study.

Data collection:

For the purposes of this study, The Hospital-Based Massage Therapy Questionnaire was developed. Using the questionnaire, descriptive data on the characteristics of hospitals, the ways massage therapists are incorporated into the hospital structures and patient care processes, and the organization of massage therapy services were collected. The questionnaire included predominantly closed ended question with opportunity to provide additional input through “other” response options or areas where a comment could be left by the participant. It was administered by telephone.

Results:*Objective 1a: Description of hospitals provide Massage Therapy services by licensed therapists:*

Out of 305 hospitals in Canadian urban centers that responded, provision of massage therapy services was confirmed at 69 hospitals (22%). Of these, 16 hospitals (5%) provided massage therapy services to patients by licensed massage therapists. The remaining hospitals provided massage therapy to employees only, were provided by massage therapy students, massage therapy provision was part of a research study taking place at the hospital or were provided by a community-based massage therapist. The questionnaire was completed at 15 or the 16 hospitals.

The majority of hospitals were located in Ontario and ranged from specialized small community hospitals to large multi-site hospitals. With the exception of one private hospital, all were public health care institutions. Eight of the sites provided focused areas of care which included: HIV/AIDS, cancer, and abdominal hernias; primarily provided rehabilitation services; women’s health; pediatrics.

Objective 1b: Delivery of massage therapy services

Delivery of massage therapy services at the study sites spanned a period of 24 years, with the average being 10 years. Inclusion of massage therapy services were based on a variety of factors, including:

- Patient demand (identified at all 15 hospitals).
- Patient satisfaction (13/15),
- Evidence of massage therapy effectiveness (12/15),
- An overarching holistic philosophy of care of the institution (11/15).
- Requests from hospital staff (10/15), other HCPs for massage therapy services (9/15) and physicians (7/15)
- Revenue generation (8/15)
- Other reasons for including massage services: technical expertise of massage therapists, family requests, and a holistic philosophy of the funder of massage therapy services.

Massage therapy services were incorporated into a designated hospital word (department, program, center or clinic) or a standalone entity. Massage therapy services were incorporated into the care of a broad range of patient populations: those attending a rehabilitation program, adult and pediatric cancer patients, HIV/AIDs, high risk pregnancy, chronic pelvic pain, and those in palliative care.

Massage treatments took place in a designated massage treatment space (13/15), patient rooms (9/15), and/or a common area shared with other HCPs (3/15). Treatment duration options ranged from 15 to 90 minutes. The most common durations for massage therapy treatments were 30 and 60 minutes at an average cost of \$50 CDN and \$76 CDN, respectively. Massage therapy services were funded in a variety of ways, including: direct out-of-pocket expense to the patient or private insurers (motor vehicle insurance providers and workers’ compensation), through donations from the hospital or external foundations

and/or charities.

Massage therapists functioned as independent contractors (at most hospitals), hospital employees, and volunteers. The number of treatment hours provided per week per massage therapist ranged from less than five to over 30. Massage therapists across all sites had some level of interaction with other HCPs in relation to patient care. However, they were identified as members of patient care teams in less than half of the sites (6/15). Hospital requirements specific to qualifications included licensing, insurance coverage, education, and professional experience.

Study limitations:

Two key limitations of related to the administration of the survey require attention:

- Although efforts were made to identify the most suitable individual at the hospital to complete the questionnaire, it became apparent during questionnaire administration that not all respondents had the information to respond to all of the questionnaire items. Administration of the questionnaire as a structured interview allowed the researcher to identify when a respondent was uncertain of the response and flag items that required verification. Triangulation with interview data and hospital documents, when available, enabled confirmation of several questionnaire items.
- The small sample size of hospitals (n=16) precluded a statistically-based analysis to further assess the relationships between hospital descriptors and approaches to the delivery of massage therapy services.

PRACTICE IMPLICATIONS:

The findings of the survey suggest that massage therapy services are being incorporated into a range of hospital settings in Canada. Although not common, massage therapists are treating hospital patients and involved directly in patient care. There does not appear to be one standard approach in how massage therapy service provision is developed or pursued; indeed, there appears to be a high degree of variability in terms of how massage therapy services are organized - in the types of wards, for which patient populations, and to what extent massage therapists are part of the health care teams caring for patients. Interestingly, hospitals were identified in only one of the five regulated provinces. Furthermore, massage therapists in non-regulated provinces are being incorporated as a health care service in hospital settings. As such, incorporation of massage therapy into a hospital setting requires careful consideration and crafting to ensure that it is situated in a way that meets objectives of the hospital and patients.

It is important to note that the inclusion criteria for hospitals in this study were quite narrow. As such, the results do not necessarily paint the complete picture of massage therapy in Canadian hospitals. For example, student clinics or placements and the work of community based massage therapists are not represented here. In addition, it is important to recognize that a significant activity of massage therapy in hospitals is focused on hospital staff and employees, as suggested by the fact that over half of the hospitals that responded in this study provided massage therapy to employees only.

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