



## **Introduction and Context**

Within New Zealand, the industry of massage therapy as a stand-alone complementary and alternative medicine (CAM) therapy has evolved in the last two decades in the areas of popularity and education (Smith et al., 2010). The division between massage therapy and physiotherapy occurred as the separation between

\*vkmcpic"O qtk"– vjg"ewuvq ou"qh"O qtk+0"Kv" o gcpu"vjg"rtqhguukqpcn"jcu"vhe attitudes, skills and knowledge needed to work with and treat people of different cultural backgrounds (Adams, 2011). The concept of kawa whakaruruhau (cultural safety) goes beyond cultural awareness (understanding there is a difference) and cultural sensitivity (alerting to the legitimacy of

### *Recruitment and Data Collection*

Survey participants were recruited through the Massage New Zealand website, the New Zealand business directory (the Yellow Pages), and contacts known to the researchers. Other participants were recruited using snowball sampling, where “previously identified members of a group are asked to identify other members of the population” (Fink, 2003, p. 18). All participants were emailed an invitation to participate along with a request to pass the survey link onto other prospective participants. The invitation email contained a link to the survey. Survey participants were asked to leave a contact email at the end of the survey if they were interested in participating in phase 2 interviews.

### *Phase one: Online Survey*

A total of 101 contacts were emailed with five emails being invalid. The online survey was available via SurveyMonkey™ for six weeks through May-June 2018, and a reminder was sent out sixteen days prior to the cut-off date. The survey included closed-ended questions with defined choices and open-ended free text questions. At the end of the survey raw data was imported to an excel spreadsheet for cleaning and coding. Results were analysed using descriptive statistics.

### *Phase two: Interviews*

Interested survey participants were emailed an information sheet and consent form regarding the interview phase. Twenty-eight participants volunteered for phase two and all were interviewed. Six interviews were face to face and 22 were phone interviews. All interviews were transcribed by the overseas online transcription service Rev.com. The transcriptions were sent back to the participants to enable them to recall the conversation and correct any mistakes or misinterpretations (Fox, 2009). Interviews ranged from 30-45 minutes and were audio recorded. Using an inductive thematic analysis approach (Thomas, 2006), a variety of code words and themes were taken from the transcripts to identify patterns of meaning across the data. Pseudonyms are used for participants when reporting results.

## **Results**

### *Demographics*

The demographics of the survey participants (Smith et al., 2020) are reported again for ease of reading. Sixty-four bachelor's degree qualified massage therapy graduates participated in the survey from an estimated total of 150 DQMTs. Due to the snowball approach the response rate is estimated at 42.7% (if all potential candidates were contacted). Almost 80% (51/64) of participants were female. The most common age groups were 20-29 and 30-39 years, and New Zealand European represented the most common ethnic group. Survey demographics are presented in Table 1.

*Table 1. Demographics of survey participants (n=64) (Smith et al., 2020)*

	Respondents	
	n	%
<b>Gender - Survey participants (n=64)</b>		
Male	13	20.3
Female	51	79.7
<b>Age (n=63)</b>		
20-29	23	36.5
30-39	22	34.9
40-49	6	9.5
50-59	10	15.9
60+	2	3.2
<b>Ethnicity* (n=63)</b>		
New Zealand European	52	82.5
O qtk	10	15.9
Samoan	1	1.6
Chinese	2	3.2
Others (Australian 4; British 1; Croatian 1; Taiwanese 1; New Zealander 1)	8	12.7

Note: \* Not mutually exclusive

Only three of the sixty-three responses from graduates (4.7%) indicated they had not worked in massage therapy since gaining their qualification. Further employment details are reported by Smith and colleagues (2020). Twenty-eight graduates took part in the interview phase of the project.

#### *Survey results*

Among the participants, 44% (26/59) declared having a 'good knowledge' of their own culture, and almost 57.6% (34/59) agreed that knowledge of their own culture was 'very' or 'extremely important' for the delivery of massage therapy services (Figure 1). 'Poor knowledge' (3.4%, 2/59) and 'satisfactory knowledge' (28.8%, 17/59) of their own culture were also noted. Interestingly, almost 17% (10/59) of the participants reported knowing their own culture is 'not at all' or 'not so important' (Figure 1).

When asked what strategies DQMTs typically used to improve the health status of clients of a different culture to their own (Table 2), they reported 'showing respect' (93.1%, 54/58) and 'awareness of, and respect for cultural diversity' (87.9%, 51/58). Just over one third (37.9%, 22/58) reported 'awareness of cultural privilege and cultural disempowerment'. Among the strategies mentioned, over half of respondents 'seek cultural knowledge – ask questions, reciprocal learning' (65.5%, 38/58) but approximately one quarter 'access educational resources' (25.8%, 15/58) or 'undertake peer or client review or self-reflection on cultural aspects of my practice' (17.2%, 10/58).



Figure 2 reports DQMTs knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi. Over half of the DQMT's surveyed (52.5%, 31/59) considered having a 'satisfactory knowledge', however, 30.5% (18/59) reported 'poor' or 'no knowledge'. It is noted that 61.9% (39/63) of the participants were working in New Zealand at the time of the study (Smith et al., 2020).

*Figure 2. DQMTs and knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi (n=59).*

DQMTs awareness of the principles of culturally competent care for M ori clients when offering massage therapy is reported in Table 3. More DQMTs were aware of the need to 'be guided by the individual client and/or their wh pcw"y jgp"kv"eq o gu"vq"ewuvq o ct{"O qtk" practices' (71.4%, 35/49), ÷dgkpi"cyctg"qh"O qtk"dgnkghu"u{uvgo uø"\*63.2%, 31/49) and ÷wpfgtuvcpfkpi"O qtk"eq o o wpkecvkqp"uv{nguø"\*57.1%, 28/49). However, less awareness was noted in 'uukpi"Vg"tgq"O qtk"y jgp"rqukdngø"Uggmkpi"cuukvcpeg"y kvj"rtqpwpkecvkqp"qh"O ori names'(38.8%, 19/49), 'learning about existing support systems for M ori' (36.7%, 18/49), or 'working with and learning about community relationships including M ori health professionals, attending hui, sports events and events at local marae' (32.6%, 16/49). Five

*Table 3.*





My biggest thing that's really important to me, is listening. I find that is a real lost skill in the world at large and I think, as a health professional or massage therapist in any capacity, the best way to learn about who your client is and what they need is the skill of listening. (P.51)

I ask questions, to make sure that [clients] feel as comfortable as possible, so I make no assumptions made about their culture. (P.58)

### Awareness of differences

DQMTs reported the advantageous practice of having awareness and exposure to different cultures of their own through education or experience, and acknowledging diversity.

We did touch a bit on cultural sensitivity stuff when we were studying. (P.1)

I did go and do a cultural awareness training course to help. (P.8)

I have clients that are from different cultures to mine; I try and treat carefully and if I know something is taboo, I try to work around that. (P.15)

I think we are quite multi-cultured in our clinic. I was born in Taiwan, but I grew up here. We had a German lady, and we also have a Canadian and a French person. (P.60)

### Respect

Participants acknowledged the fact that everyone is different and therapists should take people as they come and treat them with respect.

Everyone is different in general. Someone that says they have the same cultural beliefs as another person won't actually be exactly the same. You just got to take each person as they come. (P.10)

To me, every client is an individual and they all have their likes and dislikes and things regardless of religion or culture. (P.54)

Just respecting their boundaries and what they feel comfortable with. (P.39)

I think it's just being respectful and not putting your own ideas onto them. (P.45)

Informed choice and giving, empowering your clients to make the choices so it doesn't matter what you do, you give them a choice. (P.46)

### Access to knowledge

Massage therapists sought more information and shared information on cultural differences in their practices. This information came from a number of sources including Google, friends

If I have a person come in who is of a different culture, I will Google it, see if there's any customs here. (P.11)

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with people of different cultures, that 'awareness of

Second, cultural competence training to bridge the identified gap in cultural knowledge and education was noted by DQMTs. Immersion was suggested to help massage therapists to understand the dimensions of biculturalism and cultural diversity. These types of training are typically one-time events. However, training alone will not change a person's behaviour, but they are a very good start (Brownlee & Lee, 2020; Nursing Council of New Zealand, 2011). Taking responsibility for one's own professional development is needed. Attending training is one method; another approach could

## References

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