

## PROFESSIONAL IDENTITY OF MASSAGE THERAPISTS

IT'S COMPLICATED: AN EXPLORATORY MIXED METHODS STUDY OF  
THE PROFESSIONAL IDENTITY OF MASSAGE THERAPISTS IN  
ONTARIO

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A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the  
Requirements for the Degree of Doctor of Philosophy

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McMaster University DOCTOR OF PHILOSOPHY (2019) Hamilton, Ontario

(Health Research Methodology)

TITLE: It's Complicated: A Mixed Methods Study of the Professional Identity of  
Massage Therapists in Ontario

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NUMBER OF PAGES: xviii, 227

## **Lay Abstract**

Professional identity is a way in which individuals assign meaning to themselves and their contribution to society. Massage Therapy has been described as a profession divided and in need of articulating its identity. This research study was undertaken to describe massage therapists' identity in Ontario. The research design consists of both qualitative and quantitative methodologies, followed by a mixed analysis of both data sets. The resulting description is the first of its kind in the literature. Massage therapists are passionate about their profession, and value competence, the therapeutic relationship, individualized care, and patient empowerment. They desire to be recognized for their role within the healthcare system. While several areas of unity were identified, variation that impacts massage therapists' values and beliefs was also discovered. These variations present opportunities for future research to further the understanding of professional identity. Much remains to be discovered in this field of study, due to the complexity of professional identity.

## **Abstract**

### **Background**

Professional identity is a way in which individuals assign meaning to themselves and their contributions to society. The body of literature from across healthcare professions suggests that the sense of belonging that comes with a strong professional identity influences practitioners to act professionally and adhere to regulatory standards. Although all members of the College of Massage Therapists of Ontario (CMTO) call themselves (registered) massage therapists, there is disagreement about what they value and believe. Research that describes the professional identity of massage therapists in their own words may illuminate commonalities and form a shared model of identity.

### **Methods**

An exploratory sequential mixed methods design was chosen to investigate the professional identity of massage therapists in Ontario. Qualitative description and quantitative survey methodologies were used, followed by a mixed analysis of both data sets.

### **Results**

In the resulting description of professional identity, massage therapists believe they are healthcare providers. They value competence and currency with profession-specific knowledge and skill. They believe in the importance of communication to establish trust, create comfort, and empower patients. They are passionate about providing safe, effective, and individualized care. This study

also confirmed that variation in professional identity exists within the profession that impacts values and beliefs.

## **Conclusions**

This description is the first of its kind and will inform future research. Massage Therapy stakeholders can use this description to engage in discussions regarding whether these features adequately represent massage therapists' beliefs and values. Variation in professional identity occurred due to differences in gender, practice setting, length in practice, and additional education, roles within the profession, and designation as healthcare professional. These variations present opportunities for future research to further the understanding of professional identity. Much remains to be discovered in this field of study, due to the complexity of professional identity.

## **Acknowledgements**

I am grateful to many people for their expertise, guidance, and encouragement. I am deeply grateful to my PhD supervisor, Dr. Kelly Dore, whose excitement for my work helped me to stay focused and enthusiastic, which is no small feat. I am also extremely appreciative of my committee members, Dr. Meredith Vanstone, Dr. Del Harnish (deceased), Dr. Mitch Levine, and Dr. Anne Wong. Their advice, critique, and constructive suggestions continuously improved this work and my own understanding of mixed methods research.

I am also thankful for comments provided by Trish Dryden, Andrew Lewarne, and Dr. Jason Powell, which allowed me to enhance the arguments and distill the discussion early in the development of this manuscript.

I could not have successfully completed this achievement without the unwavering support of my parents, Dr. Jane Baskwill and Steve Baskwill, who played roles of editor, consultant, and research assistant throughout the project. Finally, I am grateful for David Conroy who made literal and figurative space for me to work and reminded me to keep momentum and balance.

## Table of Contents

<b>LAY ABSTRACT .....</b>	<b>III</b>
<b>ABSTRACT.....</b>	<b>IV</b>
BACKGROUND.....	IV
METHODS.....	IV
RESULTS .....	IV
CONCLUSIONS.....	V
<b>ACKNOWLEDGEMENTS.....</b>	<b>VI</b>
<b>TABLE OF CONTENTS .....</b>	<b>VII</b>
<b>LIST OF FIGURES.....</b>	<b>XIV</b>
<b>LIST OF TABLES.....</b>	<b>XV</b>
<b>LIST OF ABBREVIATIONS.....</b>	<b>XVI</b>
<b>DECLARATION OF ACADEMIC ACHIEVEMENT.....</b>	<b>XVIII</b>
<b>CHAPTER 1: IDENTITY: EXPLORING PROFESSIONALS’ SENSE OF SELF .....</b>	<b>1</b>
DEFINING PROFESSIONAL IDENTITY.....	3
CONSTRUCTING PROFESSIONAL IDENTITY .....	6
BENEFITS OF A STRONG PROFESSIONAL IDENTITY .....	7
<i>Importance of Professional Identity to the Individual Practitioner .....</i>	<i>7</i>
<i>Importance of Professional Identity to the Profession .....</i>	<i>8</i>



<i>Importance of Professional Identify to the Public</i> .....	9
PROFESSIONAL IDENTITY OF MASSAGE THERAPISTS .....	10
STUDY OVERVIEW .....	11
SUMMARY .....	13
REFERENCES .....	15
<b>CHAPTER 2: MASSAGE THERAPY IN ONTARIO</b> .....	<b>21</b>
A BRIEF HISTORY OF MASSAGE AND MASSAGE THERAPISTS .....	24
REGULATION: PROTECTING THE PUBLIC INTEREST.....	24
<i>Certification Examinations</i> .....	26
<i>Protected Title</i> .....	27
<i>Quality Assurance</i> .....	28
<i>Professional Competencies</i> .....	29
EDUCATION: ENCULTURATION INTO THE PROFESSION.....	31
<i>Accreditation</i> .....	31
PRACTICE: PUTTING KNOWLEDGE INTO PRACTICE.....	32
<i>Research</i> .....	33
SUMMARY .....	36
ACKNOWLEDGEMENTS .....	36
REFERENCES .....	37
<b>CHAPTER 3: JUSTIFICATION OF METHODOLOGY AND METHODS</b> .....	<b>42</b>
FOUNDATIONS OF MIXED METHODS RESEARCH .....	42

CONCEPTUALIZATION OF THE STUDY .....	45
<i>Approach to Researcher Reflexivity</i> .....	45
<i>Research Questions</i> .....	51
STUDY DESIGN.....	53
<i>Ethics Approval</i> .....	53
QUALITATIVE STRAND.....	53
<i>Population, Sample and Recruitment</i> .....	54
<i>Data Collection</i> .....	55
<i>Data Analysis</i> .....	56
QUANTITATIVE STRAND .....	58
<i>Population, Sample and Recruitment</i> .....	59
<i>Data Collection</i> .....	59
<i>Data Analysis</i> .....	61
INTEGRATION AND INTERPRETATION OF QUANTITATIVE AND QUALITATIVE DATA	
.....	62
MAINTAINING TRUSTWORTHINESS.....	63
SUMMARY .....	64
REFERENCES .....	65

<b>CHAPTER 4: “I AM A HEALTHCARE PRACTITIONER”: A</b>	
<b>QUALITATIVE EXPLORATION OF MASSAGE THERAPISTS’</b>	
<b>PROFESSIONAL IDENTITY.....</b>	<b>70</b>
ABSTRACT.....	71

INTRODUCTION.....	71
<i>Context</i> .....	74
<i>Research Question</i> .....	75
METHODS.....	75
<i>Design</i> .....	76
<i>Sample and Recruitment</i> .....	76
<i>Data Collection</i> .....	76
<i>Data Analysis</i> .....	77
<i>Reflexivity Statement</i> .....	78
<i>Maintaining Trustworthiness</i> .....	79
RESULTS .....	80
<i>Massage Therapists' Professional Identity</i> .....	80
<i>Theme 1: Passion as Professional Motivation</i> .....	81
<i>Theme 2: Confidence and Competence</i> .....	82
<i>Theme 3: The Therapeutic Relationship</i> .....	85
<i>Theme 4: Individualized Care</i> .....	88
<i>Theme 5: Patient Empowerment</i> .....	89
<i>Theme 6: Role Recognition</i> .....	90
DISCUSSION .....	93
<i>Themes within Massage Therapists' Professional Identity</i> .....	93
<i>Future Research</i> .....	99
CONCLUSION.....	100

ACKNOWLEDGEMENTS .....	100
REFERENCES .....	102
<b>CHAPTER 5: UNITY AND DIVISION: EXAMINING THE COMPLEXITY OF MASSAGE THERAPISTS' PROFESSIONAL IDENTITY .....</b>	<b>109</b>
ABSTRACT.....	110
<i>Background</i> .....	110
<i>Methods</i> .....	110
<i>Results</i> .....	110
<i>Conclusions</i> .....	110
INTRODUCTION.....	112
METHODS.....	113
<i>Design</i> .....	113
<i>Sample and Recruitment</i> .....	114
<i>Data Collection</i> .....	114
<i>Data Analysis</i> .....	115
RESULTS .....	115
<i>Demographics</i> .....	116
<i>Common Features of Massage Therapists' Identity</i> .....	118
<i>Variation within Responses</i> .....	118
DISCUSSION .....	122
<i>Role of Massage Therapists within the Healthcare Team</i> .....	122
<i>Use of Evidence in Practice</i> .....	124

<i>Limitations</i> .....	125
<i>Future Research</i> .....	126
CONCLUSION.....	127
ACKNOWLEDGEMENTS .....	128
REFERENCES .....	129
<b>CHAPTER 6: IT’S COMPLICATED: A MIXED METHODS STUDY OF MESSAGE THERAPISTS’ IDENTITY .....</b>	<b>134</b>
ABSTRACT.....	135
<i>Background</i> .....	135
<i>Methods</i> .....	135
<i>Results</i> .....	135
<i>Conclusions</i> .....	136
INTRODUCTION.....	137
METHODS.....	138
<i>Qualitative Data Collection and Analysis</i> .....	138
<i>Quantitative Data Collection and Analysis</i> .....	139
<i>Mixed Methods Data Analysis</i> .....	139
RESULTS .....	141
<i>Demographic Information</i> .....	141
<i>Results of the Mixed Analysis</i> .....	143
DISCUSSION .....	158
<i>Strengths and Limitations</i> .....	164

<i>Future Research</i> .....	165
CONCLUSION.....	166
REFERENCES .....	167
<b>CHAPTER 7: CONCLUSIONS FROM A MIXED METHODS STUDY OF MESSAGE THERAPISTS' PROFESSIONAL IDENTITY .....</b>	<b>171</b>
INTRODUCTION.....	171
ANALYSIS OF THE QUALITATIVE STRAND.....	171
ANALYSIS OF THE QUANTITATIVE STRAND.....	173
ANALYSIS OF THE MIXED ANALYSIS .....	175
DESCRIPTION OF THE PROFESSIONAL IDENTITY OF MESSAGE THERAPISTS IN ONTARIO.....	176
<i>Variation within Massage Therapists' Professional Identity</i> .....	180
IMPLICATIONS OF THE STUDY FINDINGS .....	187
CONCLUSION.....	190
REFERENCES .....	192
<b>APPENDIX A: FLOW OF THE STUDY.....</b>	<b>198</b>
<b>APPENDIX B: QUALITATIVE SEMI-STRUCTURED INTERVIEW QUESTIONS .....</b>	<b>199</b>
<b>APPENDIX C: QUANTITATIVE QUESTIONNAIRE .....</b>	<b>202</b>
<b>APPENDIX D: FULL RESULTS OF LIKERT SCALE QUESTIONS IN THE QUANTITATIVE STUDY.....</b>	<b>219</b>

## **List of Figures**

FIGURE 1: THEMES AND SUBTHEMES (IN THE ORDER OF APPEARANCE).....	81
FIGURE 2: PARTICIPANT ATTRITION.....	116

### **List of Tables**

TABLE 1: PROFESSIONALIZATION PROCESS .....	23
TABLE 2: DEMOGRAPHIC INFORMATION .....	80
TABLE 3: DEMOGRAPHIC INFORMATION .....	117
TABLE 4: VARIATION IN RESPONSE .....	119
TABLE 5: DEMOGRAPHIC INFORMATION FROM QUAL AND QUANT STRANDS.....	142
TABLE 6: VARIABLES THAT LOAD ON TO FACTOR 1 .....	145
TABLE 7: VARIABLES THAT LOAD ON FACTOR 2.....	148
TABLE 8: VARIABLES THAT LOAD ON FACTOR 3.....	150
TABLE 9: VARIABLES THAT LOAD ON TO FACTOR 4 .....	152
TABLE 10: VARIABLES THAT LOAD ON TO FACTOR 5.....	153
TABLE 11: VARIABLES THAT LOAD ON TO FACTOR 6.....	154
TABLE 12: VARIABLES THAT LOAD ON TO FACTOR 7.....	156
TABLE 13: VARIABLES THAT LOAD ON TO FACTOR 8.....	158
TABLE 14: COMMON FEATURES WITHIN FACTOR 1 .....	177



### **List of Abbreviations**

A/SA	Agree/Strongly Agree
AIT	Agreement on Internal Trade
CAAT	College of Applied Arts and Technology
CEU(s)	Continuing Education Unit(s)
CCMTS	Canadian Council of Massage Therapy Schools
CMTO	College of Massage Therapists of Ontario
COMTA	Commission on Massage Therapy Accreditation
CONF	Confidence and Competence
CMTCA	Canadian Massage Therapy Council for Accreditation
CMTRN	Canadian Massage Therapy Research Network
D/SD	Disagree/Strongly Disagree
EMPOW	Patient Empowerment
FOMTRAC	Federation of Massage Therapy Regulatory Authorities of Canada
HCP(s)	Healthcare Practitioner(s)
HiREB	Hamilton Integrated Research Ethics Board
INDIV	Individualized Care
MCQ	Multiple Choice Question
MT(s)	Massage Therapist(s)
OSCE	Objectively Structured Clinical Evaluation
PASSION	Passion as Professional Motivation

PCC	Private Career College
PCs	Professional Competencies
PIs	Performance Indicators
QA	Quality Assurance
QD	Qualitative Description
QUAL	Qualitative
QUANT	Quantitative
RHPA	Regulated Health Professions Act
RMT(s)	Registered Massage Therapist(s)
RMTAO	Registered Massage Therapists' Association of Ontario
ROLE	Role as Healthcare Provider
THER	Therapeutic Relationship

### **Declaration of Academic Achievement**

This is a sandwich thesis and consists of three manuscripts, which were the result of collaboration between the primary researcher and her PhD supervisor, Dr. Kelly Dore, and committee members, Dr. Meredith Vanstone, Dr. Del Harnish (deceased), Dr. Mitchell Lavine, and Dr. Anne Wong. At the time of writing, all individual manuscripts have been submitted to peer-reviewed journals.

For this PhD thesis, the primary researcher determined the methodology and study design, created the research ethics boards' applications, interview guide, and questionnaire, collected the data, reviewed and analyzed the data, and wrote and edited the manuscript. The contribution of the co-authors was within the provision of supervision, guidance, and editorial support in preparing the research proposal (KD, MV, DH), conducting the research study (KD, MV, DH), discussing the results (KD, MV, DH, ML, AW), and editing the manuscripts (KD, MV, DH, ML, AW).

## **Chapter 1: Identity: Exploring Professionals' Sense of Self**

Identity is not straightforward. Individuals have multiple, competing identities that vary in their importance to the self (Caza & Creary, 2016; Hogg, Terry, & White, 1995; Korte, 2007). At birth, individuals enter into a society in which there are established social groups with pre-existing rules and expectations. In order to belong in such a society, we cultivate our person(al) identity and add group identities to form a unique constellation of roles, values, and beliefs (Stets & Burke, 2000; Terry, Hogg, & White, 1999). The desire to identify with a social group is a compromise between one's attempt to feel both unique and included (R. Brown, 2000). Therefore, identity is a complex phenomenon created by one's subjective experience of self (Caza & Creary, 2016).

As described in social identity theory, one engages in a process of self-categorization, or the classification of the self within social categories (Chattopadhyay & George, 2001; Stets & Burke, 2000). In order to determine which groups are similar to the self (in-groups) or different (out-groups), one must compare oneself to others (R. Brown, 2000; Stets & Burke, 2000). Categorization creates demarcations between groups, forming prototypes or stereotypes for each (Hogg & Terry, 2000; Hogg et al., 1995). A prototype is a collection of characteristics that are often attributed to exemplary members of a group (Hogg & Terry, 2000). The norms constructed tend to more positively describe the in-group (Hogg et al., 1995).

The salience of the group identity determines the extent to which one categorizes oneself as part of the social group (Hogg & Terry, 2000; Terry et al., 1999). In other words, the more a group's attitudes, beliefs, behaviours and expectations align with the individual's, the more likely they will associate themselves with that group. The more salient a group identity is, the more likely the individual is to believe what that group believes, and act in ways that are expected by the group (Hogg et al., 1995).

When individuals find saliency with social groups, it has been suggested that the individual's self-esteem increases (Chattopadhyay & George, 2001; Hogg & Terry, 2000). This is thought to be especially true when the in-group is viewed favourably by the individual (Chattopadhyay & George, 2001). Social psychologists have investigated uncertainty reduction (Hogg & Terry, 2000) and self-enhancement as benefits of a salient social identity. Uncertainty reduction is when individuals seek to lessen their uncertainty about their self-concept and place in the social world (Chattopadhyay & George, 2001; Hogg & Terry, 2000); whereas self-enhancement is when individuals are motivated to “maintain or increase the positivity, or decrease the negativity, of the self” (Reid & Hogg, 2005, p. 804). Reid and Hogg (2005) report that these two motivations occur together; when uncertainty is high, the motivation of self-enhancement is low, and when uncertainty is low, the motivation of self-enhancement is high. In other words, individuals who are confident in their alignment to a social group, such as their profession, are motivated to enhance the positive view of themselves.

However, when an individual's professional identity is either misaligned with their personal identity or the profession's identity is unclear, self-enhancement is less of a motivator. Thus, a strong professional identity can provide benefits to the individual.

### **Defining Professional identity**

For many, professional identity may have more effect on the individual than other social identities individuals may also hold, such as gender, age, or ethnicity (Hogg & Terry, 2000). There is little consensus in the literature as to a singular definition of professional identity. Kimura, Russell, and Scaringe (2016) describe professional identity as “a person's self-concept - or how a person thinks of himself or herself - as a professional, based on attributes, beliefs, values, motives, and experiences” (p. 61). Professional identity has also been described as “the construction of a person's experience, qualities, beliefs, and values that define their professional role” (Clarkson & Thomson, 2017, p. 18). A third description is, “the recognition of beliefs, attitudes, values, knowledge, skills and understanding of one's role, within the context of the professional group to which you belong” (Ashby, Adler, & Herbert, 2016, p. 233).

Each description has three common elements: individual construct, professional self, and attitudes and beliefs. The first element is the idea that professional identity is constructed by the individual. It is an understanding one comes to about the role of the self within a larger social group. It is dependent on

the individual's experience and intersects with the other two elements of professional identity.

The second element is specific to the professional self. Individuals may hold many identities as they establish their sense of self within cultural, social, gender, or other personal groups. It goes beyond the acquisition of certain skill sets and often is constructed through social and relational interactions, such as those that occur in professional education or within the work environment (Hart, 2016). Social groups are formed and united by shared commonalities, such as language, gestures, customs, and rituals (R. A. Brown, 2016).

Finally, each description mentions beliefs and values which underpin the understanding of professional capacity (Caza & Creary, 2016). A professional identity is constructed on the qualities that make the individual, or their professional group, different from other groups. (Schneider, Murphy, & Hartvigsen, 2016). In social identity theory, this categorization creates prototypes by which individuals determine what makes the in-group different, and more favourable, than the out-group(s) (Hogg & Terry, 2000).

Additionally, the public develops its own perceptions of the identity of a professional or profession that are informed by what it sees, hears, reads, and experiences (R. A. Brown, 2016). Schneider et al. (2016) suggest that a profession does not determine its own identity, but rather is given one by society. Professional identity is ever changing and is shaped by a society's perception of a

profession, its history, government policy, professional education, and other issues that influence society as a whole (Kell & Owen, 2008).

It is with these three elements in mind that the definition of professional identity by Fagermoen (1997) has been adopted for the purpose of this discussion and study. In this definition, professional identity is “the values and beliefs held by [a professional] that guide her/his thinking, actions and interactions with the patient” (p. 435). In other words, it is the prototypical features identified by the individuals, and to some extent agreed upon by the professional group, that guides the professional in practice.

Varying features of professional identity within different healthcare professions have been described across multiple studies (Arreciado Maranon & Isla Pera, 2015; Ashby et al., 2016; Cope, Bezemer, Mavroveli, & Kneebone, 2017; Gliedt et al., 2015; Nicácio, Heringer, Schroeter, & Pereira, 2016). For example, for graduate nursing students, the features of their professional identity include caring, knowledge, confidence, experience, independence, integrity, teamwork, and communication (Fitzgerald, 2016). For midwives in Italy, the key elements of professional identity were culture, competence, membership (in the profession), and acknowledgement (by others) (Vincifori & Min, 2014).

Professional identity has been described as having the potential to be unifying and clarifying, not only for the professional group, but for others who interact with those professionals (Hart, 2016). For healthcare professionals, having a coherent and shared professional identity builds trust with patients and



practitioners alike (Kimura et al., 2016). Through the lens of a group's professional identity, insights can be gathered regarding how they view the world and how they exist within it.

### **Constructing Professional Identity**

As professional identity is influenced by complex factors, researchers have sought to understand how identities are formed and what influences their development. Holden, Buck, Clark, Szauter, and Trumble (2012) describe professional identity formation in medicine as the “foundational process one experiences during the transformation from lay person to physician” (p. 246). Some factors that may influence professional identity formation are: the workplace and workplace values, relationships with peers and professors during entry-to-practice education, professional culture and mentorship, an individual's personal experience, and their cumulative professional experience (Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; Holden et al., 2012; Slay, Khapova, Arthur, & Smith, 2010; ten Hoeve, Jansen, & Roodbol, 2014). These factors can inform professionals' interpretations of their identity within their discipline.

Professional identity is formed, in part, through professional socialization; the process through which students acquire profession-specific knowledge and skills, as well as expectations regarding behaviour, values, and attitudes (Clarkson & Thomson, 2017; Gibson, Dollarhide, Leach, & Moss, 2015). The perceptions an individual holds as they consider entering a profession, also known as *anticipatory socialization*, includes influences such as public perceptions of a

particular professional role and career selection. In addition, experiences in the professional education program and professional practice contribute to identity development (Ashby et al., 2016; Clarkson & Thomson, 2017; Kimura et al., 2016). Within entry-to-practice education, formal and informal socialization within the curricula facilitate the development of a sense of identity (Ashby et al., 2016). In particular, placements in a related practice setting influence students' development of professional identity (Clarke, Martin, de Visser, & Sadlo, 2015).

### **Benefits of a Strong Professional Identity**

Establishing a strong identity has benefits to the individual practitioner, the profession, and the public.

#### ***Importance of Professional Identity to the Individual Practitioner***

As an extension of self-concept, professional identity is a way in which individuals assign meaning and describe their life's purpose (Caza & Creary, 2016). The body of literature from across healthcare professions suggests the sense of belonging that comes with a strong professional identity influences practitioners to act professionally and adhere to regulatory standards (Ashby et al., 2016; Clarkson & Thomson, 2017). This may be further explained through reasoned action and planned behaviour theory in that self-identity has been shown to influence actions (Terry et al., 1999).

Similarly, a strong sense of role and feeling of contribution has been theoretically associated with a decreased risk of anxiety and depression (Caza & Creary, 2016). In other words, belonging to a profession wherein an individual

feels a sense of purpose enhances their overall sense of psychological wellbeing. A weak professional identity places a practitioner at risk of burnout, role blurring, and adopting the identity of other healthcare professionals (Ashby et al., 2016; Drolet & Desormeaux-Moreau, 2016; Edwards & Dirette, 2010).

In an effort to establish their own sense of professional identity, practitioners may choose to adopt values or roles associated with another profession with which they feel better aligned. Some may even go so far as to enroll in further education to become a healthcare professional in a different speciality. For example, a massage therapist who feels limited by their profession specific knowledge and skill may complete a degree in kinesiology or athletic therapy, so as to address a lack alignment. Participation in this additional education exposes the individual to a new professional culture, including values and beliefs, that may better align with their own personal values, thus shifting the individual's professional identity towards that of the new group.

### ***Importance of Professional Identity to the Profession***

For a profession, there are additional benefits to having a strong identity. It not only communicates the value of the profession to the public, but it does so to other healthcare professionals (Murphy, Schneider, Seaman, Perle, & Nelson, 2008). Failure to clearly describe the value to others may result in the profession being isolated and ignored (Kell & Owen, 2008). A common professional identity unites the profession with a collective message and shared vision, for which the members can advocate (R. A. Brown, 2016).

Role awareness is a crucial component of interprofessional collaboration (Howarth, Holland, & Grant, 2006). In order to understand one's contribution to a team, or circle of care, one must understand one's own role, as well as those of the team members. Professional identity is more than simply the role of the profession. It is the values and beliefs held by the profession impact upon the thinking, actions, and interactions of individual practitioners.

***Importance of Professional Identity to the Public***

A strong professional identity allows members of the public to understand what the profession can offer (Hart, 2016; Kimura et al., 2016). For professions that have a weak or unarticulated identity, there is a risk that the public may be disinclined to seek out the professional group, as they may be unaware of the profession's role and motivation and may subsequently distrust the professionals (Hart, 2016; Keyter, 2010). For example, early in its professionalization, the profession of chiropractic was somewhat unknown to the public. The public did not understand the philosophy on which the practice was based. Members of the profession promoted the professional identity of chiropractors to the public as the experts in spine health, an identity that remains well understood by the public today (R. A. Brown, 2016). Failure to articulate a profession's identity may also create confusion about the nature of a given profession and may risk having an identity imposed upon it (R. A. Brown, 2016; Mackey, 2007).

### **Professional Identity of Massage Therapists**

To date, no research has investigated massage therapists'<sup>1</sup> identity in Ontario, the largest group of regulated massage practitioners in Canada. Although all members of the College of Massage Therapists of Ontario (CMTO) call themselves (registered) massage therapists, there is disagreement about what truly makes a massage therapist. Divisions seemingly exist between several different groups within massage therapy: (1) 'medically' or 'clinically' oriented versus 'relaxation' or 'spa' oriented practitioners, (2) public institution versus private institution educated, and (3) new graduates versus established practitioners. While other divisions may exist, these three stand out as highlighting the variances in what it means to be a massage therapist (Hart, 2016).

Without a description of the commonalities across the identity of massage therapists, this discord may continue to grow. In addition, the profession is experiencing an era of change and development, concerning regulation, education, and practice, that influences what massage therapists value and believe (Baskwill, Sumpton, Shipwright, Atack, & Maher, In press). Research that describes the professional identity of massage therapists in their own words may illuminate common values and beliefs. Articulating the commonalities may allow the formation of a shared model of professional identity. An important step for

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<sup>1</sup> I have chosen to use Massage Therapy when referring to the profession, massage therapy when referring to the practice, and massage therapist when referring to the practitioner.

massage therapists, or any healthcare professionals who experience great change or variation within practice, is the creation of such an identity.

An example of change that may have an impact is national standards for program accreditation. One of the primary objectives of this type of accreditation is to ensure massage therapy education programs uphold the standard of the profession (Menard, 2014). This accreditation may standardize the quality of massage therapy education (Baskwill, Sumpton, et al., In press). It is notable that accreditation, and other changes in the profession, are occurring without a unified understanding of massage therapists' identity. Without this description, it will be impossible to determine the degree of impact of this type of systemic change on the profession's identity. A description of professional identity could serve as a baseline against which changes in the profession could be understood.

### **Study Overview**

An exploratory sequential mixed methods research design was chosen to explore massage therapists' professional identity. This integration of data and results created a rich description of professional identity that could be used by practitioners, the profession, and society to better understand the values and beliefs that inform the thinking, actions, and interactions of massage therapists. This thesis document details the background, methods, results, and future implications of this study.

- **Chapter 1: Identity: Exploring Professionals' Sense of Self** outlines the complexity of the phenomenon of identity, the theory of social identity,

the construction of professional identity, and the importance of professional identity to health professionals, such as massage therapists.

- **Chapter 2: Massage Therapy in Ontario** describes the historical and current state of massage therapy regulation, education, and practice in Ontario. It is within this context that the investigation of professional identity of massage therapists was conducted.
- **Chapter 3: Justification of Methodology and Methods** explains the methodology and methods used, including the rationale for their use. The mixing of methods, data, and findings was a pragmatic approach to investigating the complex phenomenon of professional identity.
- **Chapter 4: “I am a Healthcare Practitioner”: A Qualitative Exploration of Massage Therapists’ Professional Identity** presents the findings of the first phase, or qualitative strand, of this exploratory sequential mixed methods study. The results described, for the first time, the values and beliefs that form massage therapists’ identity.
- **Chapter 5: Unity and Division: Examining the Complexity of Massage Therapists’ Professional Identity** builds upon the results of the previous strand in the second phase, or quantitative strand, to describe the common features of massage therapists’ professional identity. The results highlight areas of unity and division that inform thinking, actions, and interactions with others.

- **Chapter 6: It's Complicated: A Mixed Methods Study of Massage Therapists' Identity** combines data from the qualitative and quantitative strands to describe factors that create massage therapists' professional identity. Suggestions regarding additional areas of identity to explore in future studies are made.
- **Chapter 7: Conclusions from a Mixed Methods Study of Massage Therapists' Professional Identity** concludes the presentation of this thesis by summarizing the methods and results. Variation seen in the mixed methods study is discussed. Finally, future directions for Massage Therapy research are proposed.

### **Summary**

Through a complex and ongoing process of self-categorization, individuals navigate social groups in an attempt to satisfy their desire to be both unique and accepted in a larger group. Professional identity is developed through a socialization process in which future members perform the thinking, actions and interactions expected of the professional group. These behaviours are informed by the values and beliefs that are prototypical to the profession. For individuals whose personal identity closely aligns with the profession's, they create a salient professional identity that guides them in practice.

A strong professional identity is beneficial on social, relational, and individual levels. On a social level, members of the public use this identity to understand when to seek out the professional for care. On a relational level, the profession



can express to other professions their role, values and beliefs, thus facilitating inter-professional collaboration. Finally, on an individual level, practitioners use the identity to inform their actions with patients and other healthcare providers.

Professions change over time in response to internal and external factors. Exploring the new or changing identity of a profession is important to establish or maintain a clearly articulated professional identity. For professions that do not have a well-articulated identity, engaging in the discovery of the features that form a common prototype is critical to the future of that profession as it allows them to take control of how they are viewed by the public, to communicate a common message, and to advocate for their identity.

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## Chapter 2: Massage Therapy in Ontario

Chapter 2 outlines the context for this thesis. Context is important as the identity of a group of professionals is informed by the environment in which they work (Edwards & Dirette, 2010). This study explores the professional identity of registered massage therapists in Ontario, Canada, which assumes massage therapists in Ontario are professionals and have evolved from an occupational group through a professionalization process.

The process of professionalization, the action or process of giving an occupation, activity, or group professional qualities, typically by increasing training or raising required qualifications ("professionalization, n," 2019), is dependent on the *potential* of a “client-serving occupation” to claim professional status (Forsyth & Danisiewicz, 1985). Potential is formed by the predisposing characteristics of the work of, and the image-building activities undertaken by, the occupational group. If the work of the occupational group is seen by the public as “essential (of serious importance to clients), exclusive (the occupational practitioners have monopoly on the service-task), and complex (the service-task is not routine and typically involves the individual and discretionary application of a specialized body of knowledge)”, the emerging profession has passed their first test (Forsyth & Danisiewicz, 1985, p. 62).

Based on this first test alone, massage therapists may be seen as semi-professional (Marks, 2010). Massage may be considered essential, especially by those who use it as part of their healthcare regimen, but it is practiced by those



other than massage therapists, and is not necessarily seen by the public as complex. There are other measures, however, by which professions are also judged. Establishing a profession often results in control over entrance to that profession through an educational requirement or a formal qualification process (Marks, 2010). Furthermore, professions have expectations regarding professional and ethical conduct and a high level of independent decision making (Baskwill & Dryden, 2008; Forsyth & Danisiewicz, 1985; Marks, 2010; Wilensky, 1964).

Depending on which interpretation of the professionalization process is applied, the professional status of massage therapists may be described differently. Using the measures described above, massage therapists in Ontario are likely described as semi-professionals, having demonstrated some of the requirements of professions, but not all (see Table 1). However, using the 12 steps presented by Jansen (2015), massage therapists fare much better and are currently completing the ninth step, which is educational program accreditation. These differences in professional status illustrate the subjective nature of this assessment and remind us that there are likely other factors, rhetorical, social, and political, that influence how massage therapists are perceived.

*Table 1: Professionalization Process<sup>1</sup>*

Event <sup>2</sup>	Activity
1. Informal Collaboration*	Assembly of a group of people with common skills or knowledge
2. Formalized Collaboration*	Formation of professional association (often national)
3. Authorized Practice*	Passage of governmentally sponsored licensure or registration
4. Standardized Qualifications*	Administration of professional examinations
5. Educational Identity*	Establishment of distinctive programs for professional education
6. Educational Uniformity*	Standardization of process for professional education
7. Consolidated Beliefs*	Establishment of professional code of ethics, values, and philosophies
8. Enhanced Communication*	Publication of a professional journal
9. Regulated Education*	Accreditation of educational process
10. Enlarged Influence	Expansion of practice scope

<sup>1</sup> Reproduced from (Jansen, 2015, p. 49)

<sup>2</sup> Events indicated with an asterisk are those that Massage Therapy in Ontario have achieved.

11. Intensified Training	Expansion of education to accommodate growth of practice scope
12. Specialization	Division into multiple and more restricted professions

### **A Brief History of Massage and Massage Therapists**

Massage has been used as a part of traditional medicine for thousands of years (Calver, 2002). It is seen in ancient texts, along with herbal remedies and physical activities, as early modalities to treat various ailments. Perhaps one of the most famous proponents of massage in ancient times was Hippocrates, who used and recommended massage as part of his medical approach (Calver, 2002). Over time, massage fell out of favour with medical practitioners as advances in science provided new understanding of diseases and new treatments (Pettman, 2007) and was delegated to other members of the healthcare team; first nurses, then physiotherapists (Benjamin, 2015; College of Massage Therapists of Ontario, 2003). Massage was offered in hospitals by nurses, but was often omitted from treatment due to the time intensive nature of the application, allowing for the development of the occupation of masseur/masseuse (Benjamin, 2015).

### **Regulation: Protecting the Public Interest**

The first regulation of massage therapists in Canada occurred in 1919 when massage therapists, known as masseurs and masseuses, were included under the *Drugless Practitioners Act* (Benjamin, 2015); however, they were not regulated to

the same extent as mainstream healthcare providers. Massage therapists became regulated health professionals in Ontario in 1991 with the enacting of the *Regulated Health Professions Act* (RHPA) (Government of Ontario, 1991b). The inclusion of massage therapists in the RHPA was due to the advocacy work of the Board of Masseurs and the Ontario Massage Therapist Association (now the Registered Massage Therapists' Association of Ontario [RMTAO]).

Behind the advocacy work was a drive to legitimize massage therapy. Those who championed regulation saw this as a way to improve public image and increase professional standards and accountability. They believed in the potential of massage therapists as healthcare professionals. Not all massage therapists were interested in further regulation and cited increased government oversight, fees, and educational requirements as some of the arguments against regulation (Baskwill & Dryden, 2008).

It was not easy to convince provincial government representatives of the need to regulate massage therapy. At the time, there was little documented about the scope of practice, associated risks, or efficacy of treatment. Further, there was no standardized level of education underpinning practice. However, increased use of massage therapy by a public with complex health presentations became the foundation of the argument that convinced the Government of Ontario to include massage therapists in the Act (Baskwill & Dryden, 2008; Registered Massage Therapists' Association of Ontario, 2018b).

The regulated status of massage therapists in Ontario is envied by other jurisdictions (Smith, Smith, & Baxter, 2012). In Canada, massage therapy is regulated in five provinces, listed here in order of date of regulation: Ontario, British Columbia, Newfoundland and Labrador, New Brunswick, and Prince Edward Island. Efforts continue in Alberta, Saskatchewan, and Manitoba to convince provincial governments to regulate massage therapy and develop the required legislation (Registered Massage Therapists' Association of Ontario, 2018c). In the United States, regulation varies from state to state and sometimes by municipality (American Massage Therapy Association, 2017). Advocates in New Zealand have referenced regulation in Canada as their desired next step to legitimize massage therapy (Smith et al., 2012).

The College of Massage Therapists of Ontario (CMTO) was created through the RHPA as the regulatory authority responsible for governing massage therapists with the mission of protecting the public interest (Government of Ontario, 1991b). While there are many ways in which the CMTO fulfills this mandate, one of their essential roles is to restrict access to the profession to those who have achieved a minimum standard of education and successfully completed the certification examinations.

### ***Certification Examinations***

Prior to applying to register with the CMTO, graduates of approved educational programs must sit certification examinations to demonstrate their entry-to-practice knowledge, skills, and attitudes. These expectations are

established in the *Inter-Jurisdictional Practice Competencies and Performance Indicators* (College of Massage Therapists of British Columbia, College of Massage Therapists of Newfoundland & Labrador, & College of Massage Therapists of Ontario, 2012). There are two examinations. The first is a multiple-choice question (MCQ) exam that tests candidates' knowledge of practical and clinical skills and professional development (College of Massage Therapists of Ontario, 2018a). The second is a seven station objective structured clinical evaluation (OSCE) that assesses candidates' knowledge and skill with simulated patients (College of Massage Therapists of Ontario, 2018a). The combination of these exams satisfies the CMTO's need to ensure those entering the profession can safely care for patients.

Successful completion of the exams allows candidates to register with the CMTO as an active registrant and use the protected title of Registered Massage Therapists (RMT).

### ***Protected Title***

The *Regulated Health Professions Act* and the *Massage Therapy Act* allow only registrants of the CMTO to use the title “massage therapist”, “registered massage therapist”, or any abbreviation thereof or equivalent in another language (College of Massage Therapists of Ontario, 2017b; Government of Ontario, 1991a, 1991b). In addition to restricting the use of the title, those who are not registered with the CMTO are not allowed to “hold themselves out to be” a massage therapist (College of Massage Therapists of Ontario, 2016b). In other

words, unregulated practitioners, or bodyworkers, cannot imply that they are qualified as a massage therapist or advertise in any way that would suggest to others that they are registrants with the CMTO. Those who do can be subject to prosecution.

While having a protected title prevents uneducated practitioners from harming members of the public, it does not mean that massage therapists have exclusive authority to use massage techniques as a part of treatment. Massage, or specific forms of manual or manipulative therapy, are in the scope of practice of other regulated practitioners, such as chiropractors and physiotherapists. It is also used by unregulated practitioners, such as osteopathic manual practitioners, aestheticians, and athletic therapists without prosecution by the CMTO.

### ***Quality Assurance***

Another mechanism by which the CMTO protects the public is through ongoing quality assurance of registrants (Government of Ontario, 1991b). The quality assurance (QA) program consists of a requirement for continuing education units (CEUs), a professional portfolio, and peer assessment. Registrants complete the first two parts of the process on a three-year cycle. The third part, the peer assessment, occurs, on average, once every five years.

In 2017, the CMTO confirmed that they would undertake major changes to the QA process, which are anticipated to be in place in April 2019.

### ***Professional Competencies***

The CMTO also protects the public interest through the establishment of the professional standard of practice. This is done through several levels of policies, position statements, standards of practice, and guidelines. However, the overarching document that outlines the skills, knowledge, and attitudes that must be demonstrated to enter the profession is the *Inter-jurisdictional Professional Competencies and Performance Indicators for Massage Therapists at Entry-to-practice* (PC and PIs) (College of Massage Therapists of British Columbia, College of Massage Therapists of New Brunswick, College of Massage Therapists of Newfoundland & Labrador, & College of Massage Therapists of Ontario, 2016; College of Massage Therapists of British Columbia et al., 2012).

The PCs and PIs were first developed as a result of an amendment to Canada's Agreement on Internal Trade (AIT). This amendment stated that professionals should be able to move between jurisdictions with few barriers, especially where regulation exists (Internal Trade Secretariat, 2015). This stimulated the Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) to combine and revise the previous competency documents in their respective jurisdictions into one entry-to-practice standard that could be used by all regulated provinces.

The document contains three sections of professional competencies: professional practice, assessment, and treatment. Professional practice covers the knowledge, skills, and attitudes regarding communication, professionalism, and therapeutic relationship. This section includes competencies such as,



“communicate in a manner that respects diversity”, “apply ethical considerations in decision making”, and “display positive regard toward patient/client”. The section called assessment includes competencies such as, “obtain a comprehensive case history”, “select and perform assessments incorporating knowledge of patient/client history, safety considerations and evidence”, and “interpret findings and formulate clinical impression/differential diagnosis”. The final section, treatment, is divided into treatment principles, massage techniques, therapeutic exercise, and thermal applications. Competencies include “incorporate relevant assessment data, research evidence, and clinical experience into development of a patient/client centred treatment plan”, “perform percussive techniques”, “perform and direct patient/client in stretching”, and “perform and direct patient/client in cold applications”.

In addition to the list of the professional competencies, the document contains notation as to which competencies will be tested by the CMTO in the certification examinations. It also notes which competencies are expected to be evaluated by the education programs, and the type of evaluation to be used. In other words, each competency could be evaluated in an academic way (testing of theoretical concepts), through simulation (evaluation of case scenarios either written or with mock patients), clinically (evaluation on patients within a clinical setting), or some combination of the three. In this way, the professional competencies are set by the regulatory body, taught by the educational program, and evaluated by both.

### **Education: Enculturation into the Profession**

In order to join a healthcare profession, one must learn the knowledge, skills, and attitudes associated with delivering complex professional care. Once a profession has established an association to promote its public image, the members develop means through which new members are enculturated (Marks, 2010). This is necessary as each profession develops its own specialized language, delivery of service, and philosophy.

Massage therapy entry-to-practice education is currently delivered at a diploma level and can be awarded by both publicly-funded colleges of applied arts and technology (CAAT) and private career colleges (Ministry of Advanced Education and Skills Development, 2017). There are approximately 31 institutions offering a massage therapy diploma, on 44 campuses (College of Massage Therapists of Ontario, 2017a). Of these institutions, 11 are CAATs and 20 are private career colleges (PCCs). The content across these programs is relatively similar, but the length of the program ranges from 12 to 24 months, delivered over one to three years. The diversity in program offering and institution type may have an impact on how massage therapists think of themselves.

### ***Accreditation***

Until 2017, accreditation of massage therapy programs was voluntary. This was often done through Commission on Massage Therapy Accreditation (COMTA). However, COMTA is based in the United States and does not have the Canadian practice standard as the foundation of their accreditation. In 2015,

the Canadian Massage Therapy Council for Accreditation (CMTCA) was created. The CMTCA was supported by the regulatory authorities and associations and was given the mission of accrediting massage therapy programs in Canada. In Ontario, preliminary accreditation must be achieved by 2019 for graduates to continue to sit entry-to-practice exams. A recent study of massage therapy education in Canada revealed that stakeholders see accreditation as a solution to the challenges facing education, such as variation, isolation, and stagnation (Baskwill, Sumpton, et al., In press).

### **Practice: Putting Knowledge into Practice**

Massage therapists practise in diverse settings including hospitals, clinics, fitness centres, spas, offices, and patients' homes. In each of these settings, massage therapists are paid either out-of-pocket by those who receive treatment or through extended insurance coverage. These are two factors that confound the role of massage therapists. Massage therapists are regulated healthcare providers, but must be concerned with customer service to an extent that other healthcare providers covered by provincial healthcare insurance do not. An example of the tension between being a service provider or a healthcare practitioner is seen in the debate as to whether or not massage therapists should accept tips from patients. Those who believe massage therapists should not accept tips draw comparisons between other healthcare providers, such as doctors or dentists, who also do not accept tips. Those who believe massage therapists should accept tips argue that

this is merely a token of appreciation by a satisfied customer. Tips may also be a way in which to raise compensation to an appropriate level.

In each of these diverse settings, the nature of massage therapists' practices is such that they are unsupervised after they leave their massage therapy program. This means that massage therapists spend their days alone in a room with their patient, who may be asleep or quietly relaxing. This isolation creates opportunities for boredom, emotional burnout, and a deterioration of knowledge and skills. Without stimulation from other colleagues, some massage therapists may not choose to remain current, especially if their patients do not demand it. When boredom does result in a massage therapist seeking out continued education, it is often to add a new modality perhaps in an effort to maintain interest in their practice, or to enhance their ability to charge additional fees for new services. Similarly, boredom in practice may stimulate practitioners to return to formal education to pursue an additional healthcare profession, such as physiotherapy or chiropractic.

### ***Research***

One of the ways in which massage therapists remain current is by being aware of the current research for practice. The profession of massage therapy is building a body of knowledge, primarily focused on efficacy studies (Baskwill, 2017). Although the body of knowledge is growing, massage therapists in Ontario are not aware of the current research (Baskwill & Dore, 2015). Massage therapists indicated that recent research was the most important source of information

second only to cumulative professional experience. However, when asked about sources most frequently used, research falls to fifth behind cumulative professional experience, previous and continued education, other massage therapists and other healthcare practitioners (Baskwill & Dore, 2015).

While the research about efficacy is increasing, there continues to be a need to explore other areas of massage therapy using scientific means. To date, little has been done to describe and explore massage therapy education, professionalism, and professionalization. In a profession with such complex interpersonal relationships, these other avenues of research are needed to better understand what it is massage therapists do. Furthermore, evidence regarding the mechanisms by which massage therapy has its effect is also needed.

It has been suggested, anecdotally, that the general gap and lack of interest in research stems from massage therapy education. As a diploma, there is no requirement that students engage in research prior to graduation. Further, there is no direct pathway for massage therapists to pursue further education. Graduates of diploma programs must complete between two and four years of a Bachelor's degree before going on to pursue graduate work. This means there are few massage therapists who successfully learn how to conduct and consume research in the profession.

Little work has been done to explore the possibility of a degree for massage therapy, although that which has been done has been primarily in British Columbia. Those who have been courageous enough to pursue it have met with

much resistance. In 2011, the Canadian Council of Massage Therapy Schools, an organization representing mostly privately funded massage therapy programs, suggested that the competency standard at that time was not sufficiently complex so as to require degree-level education (Letter written to Carol Hansen of Kwantlen Polytechnic University). The CCMTS' position went on to say that the creation of a Bachelor of Massage Therapy would create confusion and undue competition in the system, both educational and practice. It is worth noting that the CCMTS's position protects their own business by keeping the credential at the diploma level and holds the profession back from elevating the level of education. Kwantlen Polytechnic University was not the first attempt at establishing a Bachelor degree. A white paper was written in 2001 that outlined the steps that would need to be taken and the potential benefits of establishing such a credential was written to engage the College of Massage Therapists of British Columbia in discussions (McIntyre, 2001). This conversation did not result in the development of a degree program. Most massage therapists who wish to pursue further education must make use of one of the articulation agreements, such as those with Thompson Rivers University or Athabasca University, or must negotiate recognition of their education independently with the institutions. However, the first Bachelor of Health Sciences in Massage Therapy is being developed by Dalhousie University in Halifax, Nova Scotia for an initial intake in Fall 2020.

## **Summary**

There are many factors that may influence the professional identity of massage therapists. To date, little has been done to describe this identity. This study takes place within the context of massage therapy in Ontario. It is possible that regulation, level of education, and diversity of practice may influence the values and beliefs held by massage therapists.

## **Acknowledgements**

The authors wish to acknowledge the contribution of Andrew Lewarne, Executive Director and CEO of the Registered Massage Therapists' Association of Ontario, who provided thoughtful comments during the writing process.

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### **Chapter 3: Justification of Methodology and Methods**

The following provides an overview and justification of the methodology and methods used to explore the professional identity of massage therapists in Ontario.

#### **Foundations of Mixed Methods Research**

Mixed methods research, hereafter referred to as mixed research, occurs when researchers intentionally, and with great consideration, use both quantitative and qualitative methods in combination to answer complex questions that are not fully answerable by either independently (Caruth, 2013; Ozawa & Pongpirul, 2014). Mixed researchers purposefully integrate methods, data, and analysis, in combination, to study complex phenomena. The emphasis on the methods to be integrated depends on the design used and can be described as equal status, quantitative dominant, and qualitative dominant (Johnson, Onwuegbuzie, & Turner, 2007).

As their titles suggest, equal status places equal emphasis on both types of research, whereas either of the dominant types emphasizes one over the other. In other words, in a quantitatively dominant mixed study, both qualitative and quantitative methods would be used, however emphasis would be placed on the quantitative strand. Mixed research is not to be confused with multimethod, or multiple methods research, in which sub-questions are answered using qualitative or quantitative methods independently (Morse, 2003). Multimethod studies are

each their own complete project; the results of which are then triangulated to answer the overarching research question.

While one typology has not yet been agreed upon by mixed researchers (Bryman, 2008; Guest, 2012; Leech & Onwuegbuzie, 2007), there are three commonly described mixed research designs: convergent parallel, explanatory sequential, and exploratory sequential (Caruth, 2013; Fetters, Curry, & Creswell, 2013). In *convergent parallel*, both quantitative and qualitative methods are used concurrently. *Explanatory sequential* begins with a quantitative strand followed by a qualitative strand, which seeks to explain the results of the first strand. *Exploratory sequential* begins with a qualitative strand, followed by a quantitative strand that seeks to further explore the qualitative results (Caruth, 2013; Creswell, 2012a). An exploratory sequential mixed methods research design was chosen to explore the professional identity of massage therapists and used a qualitative strand followed by a quantitative strand, with the emphasis on the first strand (QUAL -> quant; see Appendix A: Flow of the Study).

In his content analysis of mixed research studies, Bryman (2008) reports enhancement, completeness, triangulation, and sampling as the most frequently published justifications for the use of mixed methods. *Enhancement* is the augmentation of one type of finding through the collection of another. For example, the enhancement of qualitative findings by also using quantitative data in the analysis. *Completeness* refers to the use of both types of data to provide a more comprehensive account of the phenomenon of interest. The benefit of

*triangulation* is in the use of both quantitative and qualitative data to corroborate a phenomenon. *Sampling* refers to the benefit of using one research approach to improve the recruitment of participants for the other. While these were the most frequently published rationales, not all studies include rationales for their approach. In fact, Bryman (2008) notes in his analysis that 71% of studies that used completeness did not include it as justification for using mixed methods. Therefore, while this reporting allows us to consider the potential benefits of mixed research, it does not provide a complete picture of all of the possible reasons that researchers may find benefit in these approaches.

Along with the benefits of mixed research, there are, of course, challenges. One of note is that researchers who wish to engage in this type of research must be familiar with quantitative, qualitative, and mixed methodologies (Caruth, 2013). It is often recommended that mixed research be carried out by a research team with expertise in the methodologies and methods chosen. Mixed research is time-consuming and resource-intensive (Caruth, 2013). Therefore, careful consideration of need and purpose is required before embarking on such a project.

One question asked by critics of mixed methods researchers is, from which perspective does a mixed researcher approach their research – qualitative or quantitative? While some forms of mixed research may favour one over the other, many researchers take a pragmatic approach (Johnson et al., 2007). Pragmatism considers “multiple viewpoints, perspectives, positions and standpoints” (Johnson et al., 2007, p. 113). Using this approach means

researchers choose the best tool for the problem at hand. In other words, they choose the best methodology to fit the question they are asking. The fluidity of such a philosophy contributes to the difficulty of agreeing upon a typology and definition for mixed research.

It is likely that as mixed research continues to evolve, definitions and methods will also (Johnson et al., 2007). As mixed methods research is used when there is a complex phenomenon of interest that is best described using a combination of quantitative and qualitative methods (Fetters et al., 2013), it was considered to explore professional identity of massage therapists in Ontario.

### **Conceptualization of the Study**

The first part of any research study is the conceptualization, which occurs between the time a researcher decides to take on the research and continues to implementation. Teddlie and Tashakkori (2009) propose that conceptualization begins with identifying the researcher's reasons for conducting the research. It is also of use to identify the epistemological, ontological, methodological and axiological assumptions of the primary researcher and how they have been combined for this study.

### ***Approach to Researcher Reflexivity***

Reflexivity is the “process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes” (Finlay, 2003, p. 108). It is important to note my connection to this



study. I approached this research as an insider, having been a massage therapist in Ontario since 2003. Prior to becoming a massage therapist, I had a pre-professional career as a ballet dancer. My experience was fraught with injury and, in an attempt to prevent further injury, I sought out many different forms of healthcare. When I left dance and it was time to decide what I would do next, I remembered the impact my experience with a massage therapist had on me. Out of all of the professionals from whom I received treatment, it was the massage therapist who worked with me to help me understand how my body worked and why I was getting injured. Inspired by her abilities, I chose to pursue a new career path in massage therapy.

Upon entering the massage therapy program, my exposure to the practice was limited. Nevertheless, I held my own assumptions about massage therapy as a new student. While my treatment had been mostly what some might call rehabilitative or sports massage, I associated massage therapy with complementary and alternative therapies, such as aromatherapy and herbal medicine. I understood that I would need to learn about how the body worked, but I did not understand how scientific the program would be. I quickly shifted my impression and developed my knowledge of the human sciences, in addition to the profession-specific knowledge of assessments, treatments, and treatment planning. In my final year, I was introduced to research concepts. This was a pivotal moment, as it changed my professional path. I was challenged to question what I knew and how I knew it. I was asked to analyze the research evidence for

practice. In so doing, I realized that there was a lot that I didn't know about how massage therapy worked. Upon graduation and successful registration with the College of Massage Therapists of Ontario (CMTO), I began practicing in a spa, in a chiropractic clinic, and with dancers at the local ballet school. At the same time, I began working as a research assistant to my former professor, and mentor. Eventually, this would also lead to a position as an instructor in the massage therapy program from which I graduated. The practice, education, and research of massage therapy has been important to me throughout my career. It has informed the opportunities in which I have engaged, including pursuing higher education and advocating on behalf of the profession.

After a few years of balancing clinical practice, research, and education (both teaching and pursuing advanced credentials), it was suggested to me that I volunteer with the professional association, with which I had been a member since graduation. At this point in my career, I had worked in various practice settings, with different healthcare professionals, and treated many types of people. I was interested in how I might contribute to the advancement of the profession in areas such as: enhancing the education of massage therapists, supporting regulation across Canada, and improving the research awareness of massage therapists. I was appointed to the Board of Directors of the Registered Massage Therapists' Association (RMTAO; which at that time was known as the Ontario Massage Therapist Association). I spent seven years on the Board, with six of them as the Chair. I advocated on issues such as: the standards of practice and other

regulatory issues in Ontario, a joint strategic plan between the regulator, the association, and the educators in Ontario, regulation in other provinces in Canada as a representative on the Canadian Massage Therapist Alliance, and the research awareness of massage therapists as the co-chair of the Canadian Massage Therapy Research Network (CMTRN).

In 2009, I joined Humber College as the Program Coordinator for their new massage therapy program. This new responsibility, and lens through which I would look at the profession, resulted in a shift away from clinical practice. Looking at the profession through curriculum enhanced my desire to question what we do and how we teach what massage therapists are, know, do, and value. Along with other dedicated practitioners and educators, I created a program that focused on physical assessment, treatment planning, and research to an extent that had not been done previously. It challenged other practitioners and educators to consider what they do in practice, and attempted to create a new graduate who would be better prepared than I was to demonstrate the role of massage therapy in the treatment of patients with complex health conditions.

I am a PhD student who is engaged in a program of research about massage therapists. I have been involved provincially, nationally, and internationally in the profession as a researcher, educator, practitioner, and advocate. It is from this insider position that the research idea and question was developed. My personal and professional opinions about the professional identity of massage therapists were monitored closely throughout the research process to ensure the

trustworthiness of the study. The methods by which this was accomplished are described further below (see Maintaining Trustworthiness).

As lead researcher in this study, I believe that there are multiple realities and that knowledge of what is ‘real’ is ever changing. I believe knowledge of what exists is both constructed by the individual and based on the world in which they live. I value the use of research methods that solve the question, or problem of interest, and believe that combining methods creates opportunities to investigate phenomena from multiple perspectives. I see the quest for knowledge as a dynamic and never-ending process of inquiry and modification of understanding in which I try to improve upon what I have learned. I approach research with a pragmatic worldview.

All researchers have some motivation that drives them to conduct the specific research they do. By articulating these reasons, the potential influence on decisions made may be easier to recognize. My reasons for conducting this research are three-fold.

First, are personal reasons. This research has been conducted in partial fulfillment of the requirements for my PhD in Health Research Methodology at McMaster University. As a massage therapist myself, I am curious about the professional identity of massage therapists and consider it from multiple perspectives. As a practitioner, I wonder if different variables influence identity and resulting professional behaviour. For example, does practice setting impact upon how massage therapists view themselves, their beliefs and values, and their

role? As an educator, I wonder how students develop professional identity and how the profession communicates its values and beliefs to potential members. As an advocate, I wonder how massage therapists' identity is similar or different to other healthcare practitioners' identities and whether those differences serve the profession. I seek to better understand the profession to which I feel aligned, but also from which I feel disconnected. I feel aligned in what I believe are areas of agreement – being focused on patients' safety and well-being, delivering effective and compassionate care, and behaving ethically. However, I also find myself with a desire to push the limits of my knowledge, to understand the research for our practice, and to challenge the status quo. In these ways, I often feel different from many of my clinical colleagues. It is through this lens that I approached this research.

Second, I was motivated to conduct this research as little has been communicated about professional identity in Massage Therapy. However, this is not the sole area of limited investigation, as there are many aspects of Massage Therapy that have yet to be researched. Other questions I had, about interprofessional collaboration, education, or practice, seemed to begin with a need to understand the professional identity of massage therapists. I hope to generate a description of identity that represents the profession broadly, creating a foundation upon which researchers could build in other areas.

Finally, I hope that the resulting description of the values and beliefs of massage therapists will be useful to the profession and society and may help to

foster unity in what has been described as a divided profession (see Chapter 2: Massage Therapy in Ontario). While I have witnessed arguments between members of the profession on various subjects, I believe that there are fundamental areas of agreement that describe who massage therapists are and what they value, although not formally articulated. I hope that illuminating common beliefs will form a solid foundation on which the profession can unify and further its professionalization in healthcare. Knowing these reasons for conducting the research allows the researchers, and the reader, to recognize when these motivations may have influenced the research.

### ***Research Questions***

Conceptualization of the study supports the process of the researcher to create research questions. The research questions then drive the selection of the methods. In this study, the first research question was, “How do registered massage therapists in Ontario describe their professional identity?” This seemed like the most appropriate place to start as there was not an existing professional identity or literature from which to otherwise begin. While descriptions of identities of other health professions did exist (R. A. Brown, 2016; Drolet & Desormeaux-Moreau, 2016; Fitzgerald, 2016), it was difficult to determine if they would be relevant to the role and responsibilities of massage therapists.

The second research question was: “What common features are foundational to the professional identity of massage therapists in Ontario?” With this question, the results of the first would inform further exploration into the details of the

described identity. The final question was, “What factors describe the aspects of professional identity of massage therapists captured in this study?” This integration of data and results across the research created a rich description of professional identity that could be used by practitioners, the profession, and society to better understand the values and beliefs that inform the thinking, actions, and interactions of massage therapists.

The research questions have not changed considerably over the time of the study. The first question, has remained the same; perhaps because it was sufficiently broad so as to capture the unknown phenomenon. The second question was refined from the original, “What factors are foundational to the professional identity of registered massage therapists in Ontario?” The refinement from factors to common features clarified that the statements that were highly endorsed were of interest. It also reduced confusion between foundational factors and factors from the factor analysis in the mixed analysis. Refinement to the final question also occurred. Originally, the question was “Are themes about professional identity from a small group of registered massage therapists generalizable to a larger sample of registered massage therapists in Ontario?” The refinement of this question, which is the most significant change, better represents the developing understanding that the study could not capture all aspects of professional identity and served to describe what was.

## **Study Design**

An exploratory sequential mixed methods research design was chosen to examine these research questions. Exploratory sequential designs are beneficial when one seeks to use qualitative data to inform the creation of a quantitative questionnaire, especially when the constructs of interest are unknown (Creswell & Plano Clark, 2010). As little is known about the professional identity of massage therapists in Ontario (Fetters et al., 2013), the priority was on the qualitative strand in this design, with the data from this phase needed in order to create a questionnaire for the quantitative strand. Finally, the results of the quantitative strand were analyzed with the findings of the qualitative strand. The methods for each strand are described more fully below.

## ***Ethics Approval***

Ethical approval was granted by Hamilton Integrated Research Ethics Board (HiREB). In addition, as I am an employee of Humber College, approval was sought, and granted, by Humber College's Research Ethics Board.

## **Qualitative Strand**

The study design used in the qualitative strand was qualitative description (Neergaard, Olesen, Andersen, & Sondergaard, 2009; Sandelowski, 2000). Qualitative description (QD) follows the principles of other qualitative research methods as it is “an empirical method of investigation aiming to describe the informant's perception and experience of the world and its phenomena” (Neergaard et al., 2009, p. 53). Key characteristics of QD are the use of semi-



structured interviews and qualitative content analysis (Neergaard et al., 2009; Sandelowski, 2000). The analysis, often qualitative content analysis (Sandelowski, 2000), while involving some interpretation, is primarily descriptive, resulting in a final product that is a rich narrative of an experience or event in the language of those who experienced it. The interview guide tends to be more structured than other forms of qualitative research, although it does allow researchers to modify the guide as data are analyzed and themes developed.

Qualitative description is suitable for hypothesis generation, theory formation, and concept development (Neergaard et al., 2009), which served the purposes of this study. Due to the descriptive nature of the design, the results used the language of the participants. This was useful as one output of the qualitative strand was a questionnaire and may have improved participants' abilities to answer the questionnaire and reduced the possibility of divergent findings in the mixed analysis (Moffatt, White, Mackintosh, & Howel, 2006).

### ***Population, Sample and Recruitment***

The population of interest was registered massage therapists in Ontario. In order to gain an understanding of a diverse group of massage therapists, sampling sought to maximize variation on predetermined criteria (Palinkas et al., 2015). The criteria of interest were gender, length in practice, location of practice, and type of practice. Gender was chosen because it is believed that practitioner experience, and subsequently identity, differs based on this factor. Length in practice was chosen to ensure that any differences in identity due to 'time on the

job' were captured. Location of practice and type of practice were chosen as attitudes about the nature of massage therapy (healthcare profession versus service industry) and access to a broader network of professionals may differ based on these two factors. It was anticipated that, by enrolling participants with combinations of these different criteria, the qualitative strand would result in a rich description of massage therapists' identity that could then be transformed into a questionnaire.

An email invitation was sent to massage therapists in Ontario by retrieving available email addresses from the public registry of the CMTO. Individuals who responded to the invitation were then purposefully selected, based on criteria listed above. A sample of 40 participants with diverse combinations of characteristics was anticipated. Recruitment ended when saturation of themes was reached; in other words, when there were no new concepts of analytic interest raised by participants (Morse, 1995; Thompson, 1999). There was an overwhelming response from the profession, and all interested individuals were not included in data collection.

### ***Data Collection***

Data were collected from 33 registered massage therapists using semi-structured interviews ranging from 27 to 64 minutes (see interview questions in Appendix B). Consent was obtained in writing, and confirmed verbally, prior to the recorded interview. Twenty-five interviews were conducted by phone and eight in person (three at the researcher's (AB) place of work in a small meeting

room, three at the participant's office, one at the participant's home, and one at a rented meeting space). Digital recording was used for all 33 interviews, however, the recording malfunctioned for three interviews. When the recording did not capture the conversation, the researcher's (AB) notes from the interview were used. Therefore, the resultant data analysis was based on the thirty transcripts that were produced and three sets of interview notes. At the conclusion of the interview, all participants were invited to send any thoughts via email. Information was received from five participants, included as a post-script to the relevant transcript, and included in analysis. During the twenty-five phone interviews additional interview notes were taken by AB and included in the analysis. At the end of the interview, all participants verbally agreed to be contacted by email to clarify information from the interview or to answer additional questions. Participants were emailed the results of the study for member checking (Creswell, 2012b) of the themes and questionnaire items. Nine participants shared their thoughts, which were used to adjust the results where relevant.

### ***Data Analysis***

Data collection and analysis occurred simultaneously, allowing each to influence the other (Sandelowski, 2000). Following the interviews, the digital recordings were transcribed by one of five transcriptionists (FA, AB, SB, RP or SW) and checked for accuracy by the researcher (AB). The three-step process of qualitative content analysis was undertaken by the primary researcher (AB) and

her supervisor (KD) (Elo & Kyngas, 2008; Vaismoradi, Turunen, & Bondas, 2013). The decision was made at the onset conduct a manifest analysis of the interviews, in which the researcher uses the words of the participants (Bengtsson, 2016; Vaismoradi, Jones, Turunen, & Snelgrove, 2016). The research question and data collected lent themselves to describing what participants actually said, rather than what they implied or did not say.

### *Preparation*

The first step, preparation, involves the researcher(s) becoming immersed in the data in order to get a sense of the whole (Elo & Kyngas, 2008; Vaismoradi et al., 2013). This step included both the review of the transcripts along with the associated recordings. Notes taken as part of the process allowed the researchers to obtain an overall understanding and feeling for the data (Vaismoradi et al., 2013).

### *Organizing*

Inductive content analysis was used during step two. This method is ideal given that little research exists informing the understanding of professional identity of massage therapists in Ontario, and research that does exist is fragmented (Elo & Kyngas, 2008). As such, open coding was used and categories generated for the data, thus creating a general description of the topic of interest. This process was iterative, as data collection and analysis occurred simultaneously.

Researchers intentionally utilized minimal interpretation during the organization of the results. A manifest analysis of the interviews was completed and quotes from the participants were used to illustrate the categories constructed. Where possible, categories were combined to reduce overlap. These refined categories, descriptions, and illustrative quotes were shared with the participants for their feedback as a form of member checking (Creswell, 2012b). Member checking is a way to enhance the trustworthiness of the data by ensuring they are credible.

### *Reporting*

The final step was to report the findings, which took two unique formats. One form was the description of the phenomenon of interest; a description of the values and beliefs that form massage therapists' professional identity. The second form was the use of the qualitative data to create questions for the quantitative questionnaire.

### **Quantitative Strand**

An online questionnaire-based cross-sectional study was conducted as the quantitative strand of the mixed research. Registered massage therapists in Ontario, who held an active certificate at the time of notification, were invited to participate. The questionnaire consisted of quantitative and open-response questions. Reminder emails were sent twice during the data collection period. Data collection for the study began on April 8th, 2018 and closed on May 6, 2018.

### ***Population, Sample and Recruitment***

The population of interest was massage therapists in Ontario. To recruit participants in this strand, publicly available email addresses of active massage therapists registered with the CMTO were downloaded and recorded in an Excel spreadsheet. This yielded 6649 potential participants; which was 47.6% of registered massage therapists in Ontario. An email was sent by the primary researcher (AB) inviting participation by following the link to the online questionnaire. Assuming a normal distribution and a population size of 13,114, and using a confidence interval of 95% and an acceptable margin of error of 5%, 375 participants were needed.

### ***Data Collection***

A draft questionnaire was developed from the themes constructed in the qualitative strand (Baskwill, Vanstone, Harnish, & Dore, In press). The interviews were analyzed for common or exemplary statements. As the purpose of the quantitative strand was to determine common features that best represented the professional identity of massage therapists, questions primarily used 5-point Likert scales to collect agreement with various statements. Additional open-ended questions, as well as one rank order question, were also included. Demographic questions were influenced by a previous survey of the massage therapy profession (Baskwill, 2014). Adjustments were made to these questions based on changing social conventions around gender identity, and relevance to the construct of professional identity. The initial questionnaire consisted of 11

sections with 26 questions. The draft questionnaire was transformed into two pilot questionnaires to test for construct validity and response validity. These pilot questionnaires were beta tested by two of the researchers (AB, KD) and a research assistant (SB).

### *Pilot Testing*

The first pilot questionnaire was designed to test construct validity, which is a judgement about how well the instrument includes relevant content for the phenomenon of interest (Streiner & Norman, 2008). In this pilot, four expert reviewers were asked to comment on how well the descriptions of the six themes (created in the QUAL strand) fit with the larger construct of professional identity. In addition, they commented on how well the themes themselves were described. Additional comments were requested.

The second pilot was designed to test the usability of the questionnaire. In this pilot, eight expert reviewers were asked to comment on how easy the online platform was to use, and how readable were the questions themselves. Any additional comments about the questionnaire overall were also requested. The expert reviewers for both pilots were contacted by email and given two weeks in which to provide their comments.

A revised questionnaire was created based on the comments from the reviewers. A final review was undertaken in which two expert reviewers met with the principal researcher (AB) to complete the questionnaire and discuss the

questions. This process was used to confirm or modify the fit of statements associated with each theme.

A final questionnaire, totalling 32 questions, consisted of 11 sections, six of which represented the themes reported in the qualitative strand (see Appendix C). Within the six questions related to the themes, there were a total of 45 statements to which participants indicated agreement.

### ***Data Analysis***

The data were downloaded from LimeSurvey (<https://www.limesurvey.org/>) into an MS Excel spreadsheet. Prior to uploading into IBM SPSS Statistics V.25, the data were cleaned to remove any incomplete submissions (any submission that did not contain responses beyond consent and demographic information) and non-active members of the College (e.g. inactive, suspended or retired registration class). Descriptive statistics (frequency distributions, means and standard deviations) were calculated as appropriate for the type of data collected (continuous vs discrete). Chi-square tests of independence were used to compare dependent variables (the agreement with the statements from the questionnaires) with independent variables (gender, type of massage therapy education, highest level of additional education, years in practice, designation as a practitioner in addition to massage therapist, role in the massage therapy profession in addition to clinician, practice setting, and membership in the RMTAO).

Significance was adjusted post hoc to reduce the chance of a type I error. Multiple analyses were conducted and the response rate was higher than required



for the analysis. As a result of these two factors, there was a higher likelihood that a significant result would occur by chance. The threshold for significance was adjusted from  $p \leq 0.05$  to  $p \leq 0.01$ .

### **Integration and Interpretation of Quantitative and Qualitative Data**

To answer the third research question, “What factors describe the aspects of professional identity of massage therapists captured in this study?”, a mixed methods analysis of the qualitative and quantitative data was conducted. In this mixed analysis, the variables from the quantitative strand were analyzed through a factor analysis. The goal of a factor analysis is to “examine the *structure* of the relationship among the variables, not to see how they relate to other variables” (Norman & Streiner, 2008, p. 194). Forty-five variables from the quantitative strand were entered into the calculation. These variables were the participants’ agreement with each of the statements for each of the themes on professional identity in the questionnaire. A priori, one eigenvalue was set as the cut score, as this is the lowest acceptable contribution of a given factor to the overall variance (Norman & Streiner, 2008). An eigenvalue is an index of variance and helps to describe the amount of variance explained by each resulting factor (Norman & Streiner, 2008). Therefore, the resulting factors for further analysis were those that reached a minimum of one eigenvalue.

Once the significant factors were calculated, the factor matrix was reviewed by variable to determine on which factor each variable best loaded. Factors were removed where fewer than two variables loaded on to it. The factors showed the

structure of the relationship between the variables. These factors were then described using both the results of the quantitative strand and the qualitative data. The resulting findings were compared to the original themes of the qualitative strand.

An inter-item correlation was conducted, again using the 45 variables discussed above. The results were reviewed to determine whether there was overlap between the variables, or statements, used in the questionnaire. The results of this analysis provide evidence for the researchers to consider regarding re-assignment of the statements within the questionnaire or redundancies that may exist.

### **Maintaining Trustworthiness**

Trustworthiness is measured by how credible, transferable, dependable, and confirmable the methods in the qualitative strand were (Krefting, 2001). As the quantitative strand and mixed analysis built upon the qualitative strand, maintaining trustworthiness enhances the rigour of the study overall. Credibility of the findings was accomplished by engaging in a reflexive process. The principal researcher kept a reflexive journal, noting thoughts that surfaced during qualitative data collection and analysis. In addition, the co-investigators acted as peer examiners throughout. Finally, member checking was used (Creswell, 2012b), in which participants reviewed the draft results and provided their thoughts about whether the descriptions and quotes chosen represented their experience. Each of these helped to ensure the results represented the experiences

of the participants. Transferability is supported by the rich description of the participants who represented different perspectives (Krefting, 2001). They have been described as much as possible, given the ethical considerations of qualitative research, so that it may be useful to the reader to determine whether the results should be considered within the reader's geographical or socio-political context.

### **Summary**

Mixed methods research is a strategy employed when the phenomenon of interest is sufficiently complex to require multiple types of data sources and analyses (Bryman, 2008; Creswell & Plano Clark, 2010; O'Cathain, 2009). Professional identity is one such phenomenon. The following chapters report on the results of the various phases, or strands, used to create a description of massage therapists' identity.

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**Chapter 4: “I am a Healthcare Practitioner”: A Qualitative Exploration of  
Massage Therapists’ Professional Identity**

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## **Abstract**

A division has been described among massage therapists who identify as healthcare providers versus those who identify as service providers. The perceived division creates confusion about what it means to be a massage therapist. This qualitative study answered, “How do massage therapists in Ontario describe their professional identity?” Qualitative description (QD) was used and data were collected from 33 massage therapists using semi-structured interviews. The resulting description of massage therapists’ identity in Ontario is the first of its kind. The identity described includes: passion as professional motivation, the importance of confidence and competence, a focus on the therapeutic relationship, individualized care, and patient empowerment, and a desire to be recognized for their role within the healthcare system. There is still much to be investigated about massage therapists’ identity. Future research will explore whether this description resonates with a larger sample of massage therapists in Ontario.

## **Introduction**

A division has been described among massage therapists<sup>1</sup> (Smith et al., 2012) who identify as healthcare providers versus those who identify as service providers. Although not well documented in the literature, the difference is

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<sup>1</sup> I have chosen to use Massage Therapy when referring to the profession, massage therapy when referring to the practice, and massage therapist when referring to the practitioner.

anecdotally noted in philosophy of care, treatment approach, and ethics. The perceived division creates confusion about professional identity, or what it means to be a massage therapist (Hart, 2016).

The extent to which an individual's personal identity aligns with their professional identity can affect the individual's success in the profession (Kimura et al., 2016). For example, an individual who values professional authority, wherein the healthcare professional is the expert decision maker, may struggle to align their personal values to a profession that believes the patient is the ultimate authority on their own health. While one's personal identity may draw one to a given profession, this perceived alignment of values, skills, or responsibilities is often based on an outsider's perspective of that profession and may be tested.

Professional identity forms in response to social interactions, including formal and informal professional socialisation during entry-to-practice education and goes beyond the mere development of skills (Ashby et al., 2016; Hart, 2016; Nicácio et al., 2016). The way in which professors, preceptors, mentors, family, and friends perceive the profession impacts upon the way in which the individual sees themselves, the profession, and their alignment with the profession (Cruess, Cruess, Boudreau, Snell, & Steinert, 2015). In nursing, Fitzgerald (2016) describes the important transition students make from "feeling like a nurse to acting like a nurse", which culminates in learning to 'be' a nurse. This transformation is important to all professionals and the formation of a strong identity supports the successful transition to practitioner (Ashby et al., 2016).

Massage Therapy is currently comprised of multiple understandings of what it means to be a massage therapist. This dispute weakens the profession when individuals direct their energies to debating which identity best represents massage therapists as a collective. There are potential benefits to having a unified professional identity to individual practitioners. The maintenance of an identity that aligns with the profession is a protective factor that fosters resilience and career longevity (Ashby et al., 2016). In addition, identity impacts practitioners' clinical reasoning and ability to resolve ethical challenges in professional practice (Thomson, Petty, & Moore, 2014). Those who have difficulty integrating their personal values with their professional identity may experience ethical distress, which may result in professional burnout (Drolet & Desormeaux-Moreau, 2016; Edwards & Durette, 2010).

Given this, a first step is to illuminate the values and beliefs that are common to massage therapists through the creation of a description of identity in the practitioners' own words. Articulating a shared model of professional identity may allow massage therapists to determine whether their personal values align with the profession's identity. In addition, it may create unity, or highlight the commonalities among massage therapists, which may allow a shared model of professional identity to be articulated. Many professions undergo change, whether it be the introduction of new professional competencies as in medicine, or the development of emerging specialities as in nursing (Butt & Duffin, 2018; Canadian Nurses Association, 2018; Frank & Danoff, 2007; Watson Newman,

2016). As societal needs change, so too must professions evolve to meet these needs and better serve the public. However, change may require a shift in professional identity. It is during these times of change that further misalignment might occur without an established professional identity as a strong foundation. The lessons learned through this investigation may be of interest and benefit to other professions as they explore their own changing identity.

### ***Context***

The context in which massage therapists practice impacts their identity (Edwards & Dirette, 2010). In Canada, healthcare is provincially regulated. This study takes place in Ontario, a Canadian province where massage therapists were first regulated under the *Drugless Practitioners Act* in 1919, and then under the *Regulated Health Professions Act* since 1991 (Government of Ontario, 1991b). Despite being regulated, massage therapists are often considered outside mainstream medicine.

In addition to traditional settings of clinics and spas, a small number of massage therapists work in hospitals (Kania-Richmond, Findlay Reese, Suter, & Verhoef, 2015). However, in Ontario, massage therapy is not covered under the provincial health insurance program. Instead, patients must pay out-of-pocket or use private insurance, with some insurance companies requiring a physician referral to pay for massage therapy treatment. This diversification of practice setting has created perceived differences in care, such as the amount of time spent with patients, assessments used, or treatment modalities provided.

The professionalization of Massage Therapy has continued with the recent implementation of national standards for program accreditation. In 2017, the Canadian Massage Therapy Council for Accreditation (CMTCA) began to accredit programs across Canada. Evolution of the profession is further enhanced by the growing body of research being cultivated both in Ontario and outside that investigates the efficacy and effectiveness of massage therapy treatments for various outcomes (Dryden & Moyer, 2012). This increase of available research, coupled with the increasing expectation that professionals will use research in their decision making, is changing massage therapy practice.

### ***Research Question***

The purpose of this qualitative research study was to answer, “How do registered massage therapists in Ontario describe their professional identity?” For this study, professional identity was defined as “the values and beliefs held by [a professional] that guide her/his thinking, actions and interactions with the patient” (Fagermoen, 1997, p. 435).

### **Methods**

This qualitative research study was part of a larger exploratory sequential mixed methods study, in which the qualitative study was followed by a quantitative study. The results of the qualitative strand are presented herein. Ethical approval was granted by the Hamilton Integrated Research Ethics Board (HiREB) and Humber College’s Research Ethics Board.

### ***Design***

Qualitative description (QD) was used (Neergaard et al., 2009; Sandelowski, 2000). This methodology aims to produce a rich description of a phenomenon in the language of participants, with little interpretive inference. QD is useful for hypothesis generation, theory formation, and concept development (Neergaard et al., 2009), which served the purposes of this study.

### ***Sample and Recruitment***

The population of interest was registered massage therapists in Ontario. Sampling sought to maximize variation using predetermined criteria (Palinkas et al., 2015). Based on discussion amongst the research team, variation in gender, length in practice, location of practice, and type of practice were anticipated to provide diverse perspectives. An email invitation was sent to massage therapists in Ontario by retrieving available email addresses from the public registry of the College of Massage Therapists of Ontario (CMTO). A sample of 40 participants with diverse combinations of characteristics was anticipated. Those who responded were purposefully selected, using the criteria listed above. Recruitment ended when there were no new concepts of analytic interest raised by participants (Morse, 1995; Thompson, 1999).

### ***Data Collection***

Data were collected from 33 registered massage therapists using semi-structured interviews ranging from 27 to 64 minutes. Consent was obtained in writing, and confirmed verbally, prior to the interview. Twenty-five interviews

were conducted by phone and eight in person. Digital recording was used for all 33 interviews, however, the recording malfunctioned for three interviews. As the recording did not capture the conversation, the researcher's (AB) notes were used. Therefore, the resultant data analysis was based on the thirty transcripts and three sets of interview notes. At the conclusion of the interview, all participants were invited to send any thoughts via email. Information was received from five participants, and included as a post-script to the relevant transcript for analysis.

### ***Data Analysis***

Following the interviews, the digital recordings were transcribed by one of five transcriptionists (FA, AB, SB, RP or SW) and checked for accuracy by the primary researcher (AB). The three-step process of qualitative content analysis was undertaken by the primary researcher and her supervisor (KD) (Elo & Kyngas, 2008; Vaismoradi et al., 2013). The researchers immersed themselves in the data to gain a sense of the whole (Elo & Kyngas, 2008; Vaismoradi et al., 2013). Transcripts were reviewed along with the associated recordings. Notes taken as part of the process allowed the researchers to obtain an overall understanding and feeling for the data (Vaismoradi et al., 2013). Open coding was then used and categories generated for the data; thus, creating a general description of the topic of interest. This process was iterative, as data collection and analysis occurred simultaneously (Sandelowski, 2000).

Researchers intentionally utilized minimal interpretation during the organization of the results. As categories were created, consideration was given



to the possible representation of categories and the ideas of the participants. A manifest analysis of the interviews was completed and quotes from the participants were used to illustrate the categories constructed. The initial analysis of the data was done independently by the researchers. Once data collection was completed and analyzed, the researchers compared their analysis. Where possible, categories were combined to reduce overlap. These refined categories, descriptions, and illustrative quotes were shared with the participants for their feedback as a form of member checking (Creswell, 2012b). The final step was to report the findings of the analysis, which took two formats: a description of the values and beliefs that form massage therapists' professional identity, and a quantitative questionnaire. Nine participants shared their thoughts which were used to adjust the results where relevant.

### ***Reflexivity Statement***

It is important to note the connection of the primary researcher (AB) to this study. She approached this research as an insider; having been a massage therapist in Ontario since 2003 and has held roles within the profession including clinician, educator, advocate, and researcher. AB is engaged in a program of research regarding registered massage therapists. It was from this insider position that the research idea and question were developed.

Prior to beginning interviewing, the primary researcher reflected on what being a massage therapist meant to her. She considers massage therapists to be healthcare professionals, not service providers, which was evident initially in the

way that some interview questions were phrased; the questions were amended to place greater focus on the thoughts of the interviewee. These beliefs were monitored closely during data analysis to ensure themes constructed were from the participants, not the researcher. This was supported by the secondary analysis conducted by a supervising researcher (KD) and critical oversight provided by the primary researcher's PhD committee members (MV, DH), who are not massage therapists or clinicians and do not have active roles in the profession.

### ***Maintaining Trustworthiness***

Trustworthiness is measured by how credible, transferable, dependable, and confirmable the methods are (Krefting, 2001). Credibility of the findings was accomplished by engaging in a reflexive process. The principal researcher kept a reflexive journal, noting thoughts that surfaced during qualitative data collection and analysis. In addition, the co-investigators acted as peer examiners throughout. Finally, member checking was used (Creswell, 2012b), in which participants reviewed the draft results and provided their thoughts about the representativeness of the descriptions and quotes. Transferability was supported by the description of the participants who represented different perspectives (Krefting, 2001). They have been described as much as possible, given the ethical considerations of qualitative research, so that it may be useful to the reader to determine whether the results should be considered within the reader's geographical or socio-political context.

## Results

One hundred and fifty-one individuals expressed interest in the study. Within this group, 14 individuals initially expressed interest, but were either unresponsive to follow-up emails or unable to schedule an interview. Thirty-three registered massage therapists were interviewed and 104 were placed on a waiting list. The demographic information for the participants is provided in Table 2.

*Table 2: Demographic Information*

n-value	33 participants
Male	29.3% (n=9/33)
Average Length in Practice	10 years; range from <1 to 33 years
Primary Practice Setting	Solo-RMT (45.4%; 15/33), multi-RMT (18.2%; 6/33), multi-disciplinary (18.2%; 6/33), spa (15.2%; 5/33), fitness centre (0.3%; 1/33)
Location of Practice	Urban (15/33; 45.4%), suburban (12/33; 36.4%), rural (18.2%; 6/33)
Type of MT Education	Public institution (5/33; 15.2%), private institution (28/33; 84.8%)

### *Massage Therapists' Professional Identity*

Six themes were constructed: passion as professional motivation, confidence and competence, therapeutic relationship, individualized care, patient empowerment, and role recognition (presented in Figure 1 along with the related

subthemes). These themes describe values and beliefs that influence the way massage therapists see themselves and interact with others.

*Figure 1: Themes and Subthemes (in the order of appearance)*

Theme 1: Passion as Professional Motivation

Theme 2: Confidence and Competence

- Competence and Skill
- Current Knowledge and Understanding Limits
- Evidence-informed Practice
- Confidence

Theme 3: Therapeutic Relationship

- Communication and Listening
- Professional Boundaries
- Empathy and Acceptance

Theme 4: Individualized Care

Theme 5: Patient Empowerment

Theme 6: Role Recognition

- Perceptual Changes
- Massage Therapists' Self Image
- Barriers to Recognition

***Theme 1: Passion as Professional Motivation***

*Passion as professional motivation* is described here as being committed to massage therapy, both to the profession and one's own practice, such that patients' needs are the priority. One participant, in describing what made him a good massage therapist, said, "I don't consider it a job ... I don't use the J word, because I have a lot of passion for what I do." This belief that massage therapists should be passionate about their profession and practice was important as it was

considered illustrative of motivation for practice. Massage therapists who are motivated by passion, rather than money, were thought to be more focused on their patients. One illustrated this when she said, “Nobody wants a massage therapist who is there for a pay cheque.”

In addition, apathy was seen as contrary to passion. The idea of a massage therapist who did not care about the profession or their patients was not acceptable to participants. “[Some massage therapists] seem bored by [massage therapy]. They're not actually connecting to the person on the table and being present for that.” The sentiment from participants who mentioned passion and dedication is summarized by the following: “When I taught, I taught passion and compassion. If you don't have either of those, you shouldn't be doing massage therapy.”

### ***Theme 2: Confidence and Competence***

The theme of *confidence and competence* is described here as confidence stemming from professional knowledge and skill. Recognizing the limits of their knowledge and abilities is also a key aspect of competence. “Professional demeanor means confidence. Knowing what you're talking about. Being able to answer any questions. If you don't know the answer, [being able to admit] you don't know the answer.” This confidence was described as originating from their competence (or skill), current knowledge, and use of evidence in practice, discussed further below.

### *Competence and Skill*

Being competent was seen as fundamental to being a massage therapist. Some went further to suggest that massage therapists needed to be “not just competent, but skilled.” Being competent and skilled creates a feeling of confidence in massage therapists and builds trust with the patient. A specific competence that was frequently mentioned was documentation. Participants connected record keeping with competent patient care. “You [have] to commit to keeping up with your casefiles. If you don’t do that, you are going to be pretty useless as a therapist.” While record keeping was only one example of competence within practice, it was a strong indicator of quality for many. Another important indicator was having current knowledge and knowing the limits of that knowledge.

### *Current Professional Knowledge and Understanding the Limits of Knowledge*

Competence was described not only as having the requisite hands-on skills, but also being up-to-date in one’s professional knowledge. Being curious, staying current, and providing good information to others were noted as key attributes.

A recognition of the limits of knowledge was held in high regard. “[What] I appreciate, personally, is a [massage therapist] who can say to me that they don’t have the answer, but that they’ll find one.” A lack of current knowledge was thought to promote misinformation about the profession. When asked to describe the characteristics of massage therapists who reflected poorly on the profession, one participant said:

I would say [any massage therapist] who is not careful about the claims they make. [T]hey are telling patients that they are capable of doing things that they're not permitted to treat... They are not current with research. They are providing information that is outdated and that might be perpetuating [myths that] could potentially affect their patient's ability to get better.

For some, being current was directly related to the use of evidence in practice.

### *Evidence-informed Practice*

Although, evidence-informed practice was a term used by only a few participants, some did talk about respecting massage therapists who were scientific in their approach, who used evidence in their treatment planning, or who were familiar with current research – all hallmarks of evidence-informed practice (Sackett, Richardson, Rosenberg, & Haynes, 1997). Part of having an evidence-based approach was not perpetuating myths about massage therapy treatment and instead looking up, rather than making up, solutions.

One participant connected evidence-informed practice with patient-centred care (discussed further in Theme 4: Individualized Care). She said:

You cannot be patient-centered if you are not aware of current best available evidence... because you won't be doing your patient any service by not knowing, understanding, [and] keeping up to date.

While evidence-informed practice was not common terminology, a respect for those who used evidence in practice, or followed a scientific approach, was clear.

Participants valued confidence in skills and knowledge, especially when professional knowledge was current and evidence-informed.

### *Confidence*

To illustrate the importance of confidence working with other healthcare professionals, one participant said of their experience entering a multidisciplinary practice, “I’m very lucky because the person I work with treated me [with respect] from the beginning... I was already confident with what I had learned [and] that I deserved to be right there with her.” Described here is a worthiness to be part of the healthcare team with other practitioners. It was felt that confidence creates trust in both colleagues and patients.

The result of not instilling confidence in others, because of a lack of confidence in oneself, was also described. Ensuring that patients, colleagues, and members of the public are confident in massage therapists reassures others of the competence and skill of the profession. Competence and skill were seen as important for safe and effective patient care.

### ***Theme 3: The Therapeutic Relationship***

*The therapeutic relationship* is described herein as having exceptional communication skills that allow massage therapists to demonstrate empathy for and acceptance of patients while maintaining professional boundaries.

#### *Communication and Listening*

Communication, in particular listening, was valued by all participants. Listening was connected with creating a therapeutic relationship and with the ability to provide individualized care (see Theme 4: Individualized Care). When describing what makes her a good therapist, one participant said, “I pay a lot of



attention to simply listening. I have clients who have said, ‘you are a good [massage] therapist because you listen and you do not assume an answer’.” Listening was described as part of being patient-centred and respecting the vulnerability of patients. “Listening to people, understanding [them], hearing them talk, is important. ... You need to listen so you're doing what's best for them.” Participants related that patients had identified communication as an important factor in their choice of massage therapist. The idea of giving time and space to individuals was described as underpinning the development of a therapeutic relationship.

Participants valued communication as a means to create trust and comfort for their patients. They understood the inherent vulnerability of patients and saw communication as one way to empower patients in the treatment process. Communication was the foundation of the therapeutic encounter, from the practical use of providing patients instructions to the personal use of listening to patient concerns and vulnerabilities. Patient vulnerability was respected through this communication, which was seen as an inherent part of the relationship.

### *Professional Boundaries*

Another fundamental part of creating a therapeutic relationship was establishing healthy professional boundaries. “I really try to keep my boundaries clear. I don’t become friends with my clients. I may go to [a community] event, but I don't go for coffee with my clients.” Another described this as being “friendly without being intimate.” Setting professional boundaries was often

mentioned as essential to massage therapists' practice, both in expectations they had of themselves, but also in terms of what they admired in others. Also acknowledged was the inappropriateness of massage therapists who did not set healthy boundaries.

### *Empathy and Acceptance*

A third part of the development of a therapeutic relationship was being empathetic and helping patients feel accepted. "I think it's very important to come from a point of empathy because often times patients will come in pain or emotional distress. ... Empathy is a good way [to approach people] because ...we don't have that out there in the world." Being empathetic to others' situations was often mentioned, along with being non-judgemental.

Participants spoke about wanting people to feel comfortable, accepted and safe. The idea that these elements were absent from people's daily lives, and therefore important to provide in the therapeutic environment, was also shared. When describing qualities that were not desirable in a massage therapist, one commented on the judgement some have towards their patients.

[Some massage therapists] have this attitude that they believe that there is something fundamentally wrong with [their patients] and they're going to change it. As opposed to accepting the person as they are and help them through what they need.

Although some mentioned that others could be judgemental or lacked empathy at times, most participants described themselves, and massage therapists in general, as kind, friendly, and accepting.

***Theme 4: Individualized Care***

*Individualized care* is described here as the personalization of all aspects of treatment to safely achieve co-created outcomes with each patient. Participants frequently mentioned that they did not often work with a predetermined treatment plan. Instead, it was important to personalize, or individualize, their treatments together with their patients. “You have to personalize it for each individual. You can't say, ‘I do this for everybody’ because that’s not true. [You’re going to] change it each time and I think people respect that because they don't feel like a number.” Being “on the same page” was seen to be important to the overall effectiveness of the treatment plan. “It's important [that] the patient and I decide on where we're trying to go. I could have an idea of what I’m trying to achieve, but if it is not the same idea the patient has we are not going to be very successful.”

Within this value to provide individualized care was a tension between providing what patients wanted and what therapists thought was best.

I look for a crossing point between what [the] person wants and what I feel is appropriate. My goal is to always find where those two things come together. So that [you] feel like you got the care that you wanted ... but that I provided you with care that was safe and effective at the same time.

Another example of negotiating with patients relates to the intensity of pressure used during treatment. One participant shared that sometimes patients ask her to apply pressure that is not therapeutic and may in fact be harmful.

People will come in wanting to feel better and [are] convinced that deeper [is] better. Because of my [expertise], I know that, past a certain point, increased pressure causes tissue damage. ... It's important that I re-educate those patients that this isn't what needs to happen.

Similar to the importance placed on the therapeutic relationship, creating individualized treatments is part of the collaborative nature of the therapeutic alliance. Although this language was not used by participants, the importance they placed on the concepts, and more importantly behaviours, was clear. Massage therapists' desire to work together with their patients extended into the next theme, patient empowerment.

#### ***Theme 5: Patient Empowerment***

*Patient empowerment* is described here as supporting patients to take responsibility for their health by educating them about their options. It was important to be a part of a person's health or recovery, but not to become relied upon unnecessarily. "I want people to take charge of their own health. I am not the magic here. I want people to notice what's happening in their own body and take charge." Participants wanted patients to feel empowered to take responsibility for their own health and they supported this value through patient education. Patient education was also thought to improve the likelihood that patients would do what the therapist asked of them.

Sometimes knowing why, or how, [painful] experiences happen, and what changes that experience, can be a form of treatment in itself. ... Especially when you're talking about remedial exercise or home care,

people become more compliant if they understand why you're asking them to do something.

Not only was patient empowerment thought to improve patient compliance, it was generally thought to improve health outcomes. “I feel like, as soon as you put someone in the driver’s seat of their own care, results go up.”

### ***Theme 6: Role Recognition***

*Role recognition* is described here as a desire to be considered as a healthcare professional by others to the same degree this role was regarded by massage therapists. Throughout their responses, a concern about whether or not massage therapists are seen as healthcare professionals by others – the public, patients, other healthcare professionals - was raised. While some experienced practitioners indicated that the perception of massage therapists had improved over time, many described identifying as a healthcare professional who contributes to the health benefits of their patients, but also feeling there should be more recognition of their role and contribution.

#### *Perceptual Changes*

Those who had been in the profession for more than 20 years spoke about changes in the perception of massage therapists as being linked to the evolution of the profession itself. They described their status as being elevated when they became regulated under the *Regulated Health Professions Act* (Government of Ontario, 1991b). Although the intention of such regulation is to protect the public interest, regulated status is credited with not only

improving the public's perception of massage therapists, but also the perceptions held by other healthcare professionals.

[Regulation] gives us more credit with other professionals. When ... physicians or physiotherapists or occupational therapists don't know what we do, we say, 'you know, we are also regulated health professional[s]. We, too, have to follow the [*Health Care*] *Consent Act*.' It kind of puts ... us on a higher level for them, and [they] start to treat us like health professionals.

However, there are restrictions within some of the healthcare systems in Ontario that prevented massage therapists from feeling autonomous. One participant described his experience with the motor vehicle insurance process. He shared how some other health practitioners have been given the authority within this system to make decisions about the treatment he provides. Another raised a concern about the healthcare hierarchy, but this time within the extended insurance benefit process. Some insurance companies require a referral from a physician in order for massage therapy treatment to be covered as a *medically necessary* treatment (Canadian Massage Therapist Alliance, n.d.). The concern is one of wasting healthcare dollars, as well as undermining the authority of massage therapists to know when to deliver care. These two situations, doctor's referral notes and oversight to provide treatment, create a feeling of disempowerment.

I feel like I'm at like the bottom of the hierarchy [and] it makes me feel like 'oh I need a supervisor, who doesn't fully understand what I'm doing, to okay my plan.' It just takes away that empowerment and it makes it clear; you know where massage therapy stands right now on the medical hierarchy.

### *Massage Therapists' Self-Image*

Most expressed identifying with the role of healthcare practitioner rather than service provider. However, it was not this straightforward for all. One participant described her experience as both:

I think that 'healthcare professional' gives me a little bit more responsibility and pulls on my skills a little bit more. [T]he treatment is between the client and [me] in terms of co-creating what it's going to look like. Whereas [with a] service, a client can come in and really just tell me exactly what they [want]. They don't have a lot of knowledge on what massage therapy is. They just know they want to feel relaxed ... so in that way we're not working together [on a] treatment plan quite as much.

This participant went on to say, "In my head, I think [massage therapy] is a health profession. I think I'm a registered healthcare professional. ...It gets a little blurry though because I work at a spa. I don't do a lot of assessment. I get tips. I do a pretty generic treatment for most people. So, it's a blurry line." The impact of the setting in which massage therapists work, differed by participant. Most felt it was important to be respected as healthcare providers.

### *Barriers to Recognition*

Despite the progress that veterans described, there were still barriers that prevented more widespread recognition of their role and abilities. A lack of recognition by others was illustrated by a participant who described her experience of the many views held of massage therapists. "Some people see us as very serious healthcare providers. Some people see us as people they go to as part of their regular maintenance... And some people see us very much as service

providers.” There was a sense that differences in recognition may come from the experience of the individual. A concern was raised about the quality of massage therapists and the impact of this variation on the understanding of massage therapists’ abilities.

[One thing] I do hear quite a bit of is that people still feel like there's a wide range of what you're going to get when you go to see a registered massage therapist. So, you might get someone who is very clinical and fact-based and then you also might get someone who holds crystals over you for an hour and charges you for a massage.

## **Discussion**

The professionalization of massage therapy has followed a circuitous trajectory as it has grown out of traditional medicine, nursing, and physiotherapy, with additional influences from aesthetics and energy therapies. Currently, Massage Therapy continues to experience change, including updated professional competencies, and the most recent addition of program accreditation. This ongoing evolution makes professional identity complicated for massage therapists. This is not a unique circumstance, however, and has also been experienced by other professions, including nurses (Aagaard, Sorensen, Rasmussen, & Laursen, 2017).

### ***Themes within Massage Therapists’ Professional Identity***

Massage therapists described six themes related to their professional identity: passion as professional motivation, confidence and competence, the therapeutic relationship, individualized care, patient empowerment, and role recognition.



They identify as healthcare providers, however, do not feel respected as such, at times, by the public and other healthcare providers.

Having passion for their practice and profession was important to massage therapists. They emphasized their commitment to their practice and believe passion influences behaviour. This was supported by participants' disparagement of practitioners who were financially driven, thereby confusing the intentions of the profession broadly. This belief was also connected to the expectation that massage therapists who are passionate will behave ethically in their interactions.

Gitto and Trimarchi (2016) give us some context within which to consider the importance of passion for one's profession. They explain that people who choose to work in healthcare often want to help others. However, sometimes within the caring relationship healthcare providers experience psychological burnout due to prolonged interactions with individuals who require a lot of care and attention. To protect themselves from burnout, the practitioner may begin to limit time with patients and colleagues and engage in only the minimum requirements to adhere to the regulatory expectations.

Having passion for one's profession, and feeling aligned to a professional identity, may prevent burnout. An identity of passion, or dedication, is similar to the value of caring in other professions, such as nursing and occupational therapy (Cook, Gilmer, & Bess, 2003; Edwards & Durette, 2010; Fitzgerald, 2016). Cook et al. (2003) suggest that caring has the potential to both increase the chance of psychological burnout and to protect against it. The authors noted that

occupational therapists whose identity aligned with the profession's, and who felt respected as a professional, experienced less burnout.

Burnout has been noted anecdotally as a concern for massage therapists.

While no research has explored burnout in this population, there is a general belief that massage therapists are likely to burnout in about five years from either physical, psychological, or financial factors. There is little evidence to support this as 45% of registered massage therapists in Ontario have been in practice for over ten years, and only 4% of practitioners leave the profession each year (College of Massage Therapists of Ontario, 2018b). Nevertheless, burnout is often discussed in practices, coffee shops, and educational programs across the province. It would be interesting to explore the phenomenon of burnout and the theme of passion in a future study. Perhaps it is passion for one's profession that keeps one in practice for more than ten years.

Confidence in one's abilities comes from having profession-specific knowledge and skills, and knowing the limits of that knowledge. In a study of graduate nursing students, knowledge was the most frequently mentioned concept as part of nurses' identity (Fitzgerald, 2016). This concept included a commitment to continued professional development and evidence-informed practice, which was similar to the description of competence in massage therapists' identity. Osteopaths and chiropractors also identified having unique knowledge as a part of their professional identity (R. A. Brown, 2016; Thomson et al., 2014).

The importance of knowledge to identity is congruent with professionalization. As an occupation evolves towards professional status, one requirement is the development of a distinct body of knowledge (Callaghan, 2014; Evetts, 2013; Jansen, 2015; Wilensky, 1964). Therefore, it is logical that part of one's professional identity would be to have that knowledge and to be confident in its use. Participants described a respect for colleagues who used evidence-informed practice. Studies about evidence-informed practice in massage therapy show that practitioners have a positive attitude toward research even if they may not use it in practice (Baskwill & Dore, 2015; Gowan-Moody, Leis, Abonyi, Epstein, & Premkumar, 2013; Suter, Vanderheyden, Trojan, Verhoef, & Armitage, 2007). These findings reinforce the desire of practitioners to have current knowledge and be aware of the evidence for their practice.

Participants sometimes mentioned that they wanted to show confidence and competence in their interactions with others to renew confidence in the profession. They felt the reputation of massage therapists was tarnished by incompetent practitioners and it was their responsibility to regain trust. In the nursing literature, confidence was described as being “key to feeling like a professional” (Fitzgerald, 2016, p. 72). For massage therapists, confidence was also integral to being recognized as a healthcare professional by others.

Participants spoke about the importance of listening to their patients and how taking time to listen set them apart from other healthcare practitioners. The ability to listen was closely associated with making their patients feel accepted.

Trust is important for the work of any healthcare practitioner (Hart, 2016). In massage therapy, treatment requires the skilled application of touch through massage, usually requiring the patient to get undressed and lie on a table under a sheet and blanket. Participants felt that listening and being accepting were important for negotiating the delivery of intimate care. In this setting, the patient is vulnerable. Setting professional boundaries in their interactions with patients was foundational to a trusting relationship and therapeutic alliance.

Other values encompassed by this theme are integrity, caring, empathy, and positive regard, which are important to nurses, physicians, occupational therapists, chiropractors, and likely others (R. A. Brown, 2016; Cook et al., 2003; Edwards & Durette, 2010; Fitzgerald, 2016; Frank & Danoff, 2007). The power of trust between a patient and healthcare professional, created through a healthy therapeutic relationship, is logically a cornerstone for all healthcare professionals.

Massage therapists described thinking about how best to develop a treatment that will achieve the goals of the patient. They aim to personalize all aspects of the session from greeting to farewell. The fifth theme, patient empowerment, continued massage therapists' commitment to individualized care. They think of the patient as having agency and seek to empower them to make decisions. Participants do not want patients to be dependent on them for care and take on the role of educator and champion to encourage patients to understand their options so they can best choose between them. Both of these themes have their roots in the concept of patient-centred care (Ogden, Barr, & Greenfield, 2017). They are

built upon the principle of placing the patient at the center of all decisions made in the therapeutic setting, which underpins many of the themes of massage therapists' identity.

Patient-centred care has become important to health professionals as they work to improve patient adherence to prescribed care. In 1993, the Picker Institute identified eight domains of patient-centred care: “respect for patient preferences and values; emotional support; physical comfort; information, communication and education; continuity and transition; co-ordination of care; involvement of the family and friends and access to care” (Luxford, Gelb Safran, & Delbanco, 2011, pp. 510-511). Similarly, participants in this study described individualized care as the way in which they created treatment plans that would best address the patient's goals. In addition, they tried to meet the patient's expectations of treatment as long as those were ethical and safe.

Massage therapists described a desire to be recognized as healthcare professionals, but felt like an outsider in the healthcare system. Some of these feelings may stem from actually being outside of the publicly funded healthcare system. Although there are many healthcare professionals who work outside of a hospital setting, massage therapists talk about feeling separated from most healthcare professionals. This is not helped by the lack of involvement of massage therapists in interprofessional education, both in their own education and that of other healthcare professionals (Fournier & Reeves, 2012).

Even within the current context of developing one's own professional identity, massage therapists described that different expectations in different settings sometimes confused their role. For example, in some spa settings, there is little opportunity for setting goals or having an ongoing treatment plan. These brief relationships did not feel the same as those established in clinical settings where massage therapists were more likely to feel like healthcare providers. In addition, they were more likely to work with other healthcare practitioners as colleagues and share knowledge and expertise. It is possible that these massage therapists were able to construct an interprofessional identity with their colleagues, contributing to the successful integration of the massage therapist in this setting (Bainbridge & Wood, 2012).

### ***Future Research***

The immediate next phase of this research used these results to create a questionnaire to be distributed to a larger sample of massage therapists in Ontario. The objective was to identify common features of professional identity of a larger sample. In addition, future research should explore the impact of the perception of massage therapists of not being accepted by others and whether that results in isolation of massage therapists in practice. Researchers should also explore how this perception affects the ways in which other healthcare professionals are integrated into patient care. Feeling like an outsider may cause some massage therapists to disengage from the broader healthcare system or even the massage

therapy profession. Understanding the impact of this perception is important to supporting massage therapists in their practice.

### **Conclusion**

The resulting description of the professional identity of massage therapists in Ontario is the first of its kind. The professional identity described by the participants encompassed massage therapists' motivation for practice, philosophy of care, and perceived status, both within the healthcare system and society. This exploration has resulted in a rich description that includes passion as professional motivation in practice, the importance of confidence and competence, a focus on the therapeutic relationship, individualized care, and patient empowerment, and a desire to be recognized for their role within the healthcare system.

There is still much to investigate about massage therapists' identity. The second strand of this mixed methods study explores whether the description presented here resonates with a larger sample of massage therapists in Ontario. In addition, researchers should focus on understanding what other healthcare professionals think and know about massage therapists, including their role and contribution to patients' health and wellness. Finally, researchers should explore the impact of not feeling recognized as peers by others on massage therapists' practices and engagement in the healthcare system.

### **Acknowledgements**

The authors wish to acknowledge the contributions of Anne Wong, MD, PhD, and Mitchell Levine, MD, MSc, as members of the primary author's PhD

committee, and Trish Dryden, Med, RMT, whose comments during the writing process enhanced the results of this study.



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## **Chapter 5: Unity and Division: Examining the Complexity of Massage**

### **Therapists' Professional Identity**

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## **Abstract**

### ***Background***

Massage Therapy must come to some agreement regarding its professional identity in order to advocate for, and communicate to the public and other professionals, its values and beliefs. This study builds on previous research in which an inaugural description of massage therapists' identity was constructed.

### ***Methods***

This quantitative research study was a part of a larger exploratory sequential mixed methods study. An online questionnaire-based cross-sectional study was conducted based on previous qualitative findings. Massage therapists in Ontario, who held an active certificate, were invited to participate.

### ***Results***

The analysis revealed seventeen common features that were endorsed by most respondents. While MTs consider themselves to be healthcare providers who are passionate about their practice, there are those who lose confidence when interacting with other healthcare providers. They are confident in their knowledge and abilities, especially their communication skills. However, they do not routinely use research evidence in their practice.

### ***Conclusions***

The results of the quantitative strand reveal a number of common features of massage therapists' identity. Describing the common features in the profession's identity may be unifying. Results also confirmed that variations that relate to

practice setting, gender, length in practice, additional education, additional roles within the profession, designation as a HCP, and membership in the RMTAO exists within the profession that impacts MTs' values and beliefs. Future research should investigate various aspects of MTs' role within the healthcare team and their use of evidence in practice.

## **Introduction**

Globally, the role and responsibilities of massage therapists (MTs)<sup>1</sup> vary, making it challenging to articulate what a MT is, knows, does and believes. In Canada alone, variation occurs in each province and territory, as healthcare is provincially regulated. Although variation may be alluring for would-be practitioners, it may be confusing for patients and may create mistrust, especially without a common core identity from which these variations stem. Individuals may avoid seeking care or may seek care inappropriately (Hart, 2016; Keyter, 2010).

Massage Therapy needs to agree upon a professional identity<sup>2</sup>. Having a strong professional identity guides individuals' thinking and interactions with their patients and colleagues. Knowing who you are and what your role is creates confidence and accountability, establishes trust, and promotes ethical decision making (Drolet & Desormeaux-Moreau, 2016; Thomson et al., 2014). When an individual's professional identity aligns with their professional purpose, it may promote longevity within the profession (Edwards & Dirette, 2010; Styles, 2016).

When a profession communicates its values and beliefs clearly, it is more like to attract and retain individuals whose personal values and beliefs align with its own (Styles, 2016). A strong professional identity also creates a common vision

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<sup>1</sup> I have chosen to use Massage Therapy when referring to the profession, massage therapy when referring to the practice, and massage therapist (MT) when referring to the practitioner.

<sup>2</sup> The definition of professional identity used is “the values and beliefs held by [a professional] that guide her/his thinking, actions, and interactions with the patient” (Fagermoen, 1997, p. 435).

and purpose (R. A. Brown, 2016), ensuring advocacy within and outside the profession.

This study builds on previous research in which an inaugural description of MTs' identity was constructed (Baskwill, Vanstone, et al., In press). The researchers sought to determine if there are common features within the professional identity of MTs and what those are. Variation in participant response was also of interest.

## **Methods**

This quantitative study, part of an exploratory sequential mixed methods study, utilized a questionnaire developed from the previous qualitative findings (Baskwill, Vanstone, et al., In press) to answer, “what common features are foundational to the professional identity of MTs in Ontario?” Common features were determined to be statements where endorsement by the participants, either positively or negatively, was 90% or greater. The results of the quantitative study are presented herein.

## ***Design***

An online questionnaire-based cross-sectional study was conducted and consisted of quantitative and open response questions. Reminder emails were sent twice during the one-month data collection period (Dillman, Smyth, & Christian, 2009).

### ***Sample and Recruitment***

The population of interest was MTs in Ontario, recruited using publicly available email addresses of active registrants with the College of Massage Therapists of Ontario (CMTO). This yielded 6649 potential participants. An email was sent by the primary researcher (AB) inviting participation by following a unique link. Assuming a normal distribution and a population size of 13,114 (College of Massage Therapists of Ontario, 2016a), and using a confidence interval of 95% and an acceptable margin of error of 5%, 375 participants were needed to adequately power the study.

### ***Data Collection***

Data were collected by online questionnaire (<https://www.limesurvey.org/>). A draft was developed from the themes constructed in the qualitative strand (Baskwill, Vanstone, et al., In press). Likert scales were used to collect information about participants' agreement with various statements. Demographic questions were influenced by a previous survey of the profession (Baskwill, 2014) with adjustments based on changing social conventions around gender identity, and relevance to the construct of professional identity. The draft was reviewed by two of the researchers (AB, KD) and a research assistant (SB).

A multi-step pilot review examined construct validity (step 1), response validity, and user experience (step 2). A revised questionnaire was reviewed by two experts to confirm the fit of statements associated with each theme. A final questionnaire consisted of 11 sections. Those sections contained a total of 32

areas of inquiry - six of which directly represented the themes reported in the qualitative strand. Within the six questions related to the themes, there were a total of 45 statements to which participants indicated agreement.

### ***Data Analysis***

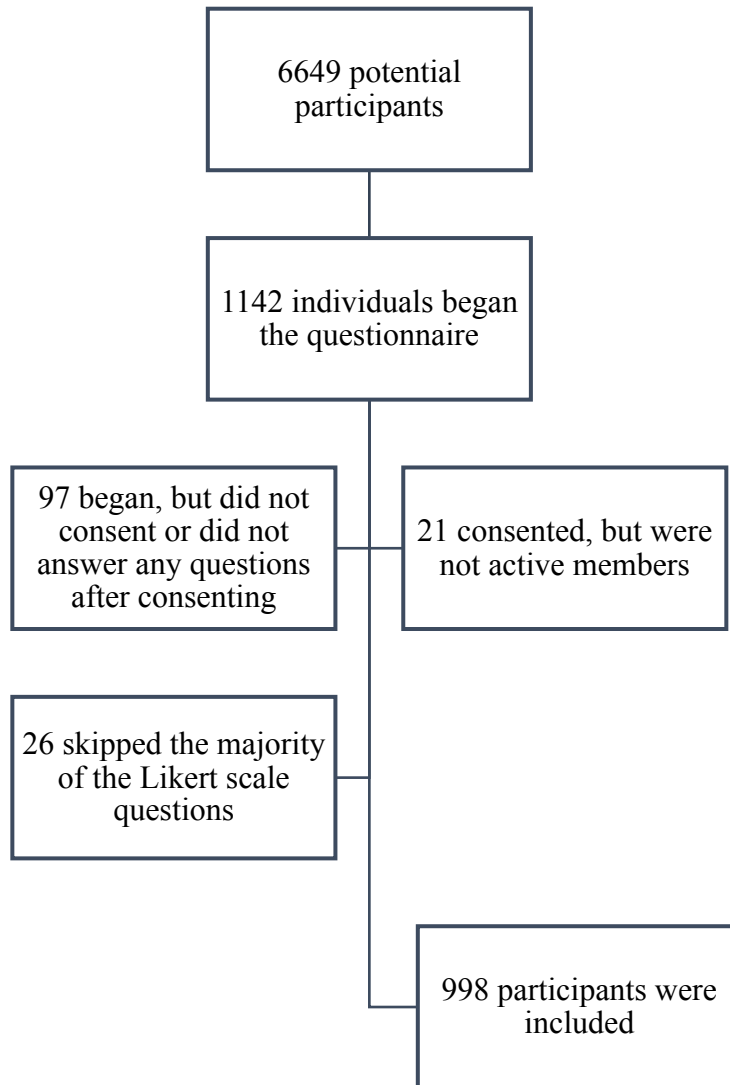
Data were downloaded from LimeSurvey and cleaned to remove any incomplete submissions (submissions that did not contain responses beyond consent and demographic information) and non-active members (inactive, suspended, or retired) prior to uploading into IBM SPSS Statistics V.25. Descriptive statistics were calculated, as appropriate, for the type of data collected.

Chi-square tests of independence compared the agreement with the Likert scaled items with demographic items. Multiple analyses were conducted and the response rate was higher than required, resulting in a higher likelihood that a significant result would occur by chance. Significance was adjusted post hoc from  $p \leq 0.05$  to  $p \leq 0.01$ , using Bonferroni's correction, to reduce the possibility of a type I error (Portney & Watkins, 2009).

### **Results**

A total of 6649 registered massage therapists, with publicly available email addresses, were invited to participate. Initially, 1142 began the questionnaire. One hundred and forty-four questionnaires were removed, resulting in 998 participants, which was a 15.0% response rate (see details in Figure 2). Unenrolled participants came from varied backgrounds.

Figure 2: Participant Attrition



### ***Demographics***

Demographic information is shown in Table 3 in comparison to published data from the College of Massage Therapists of Ontario (2018b) and the Registered Massage Therapists' Association of Ontario (2018a). The sample is similar to the population based on the reported demographic items. However, the sample contained more individuals who were members of the Registered Massage

Therapists’ Association of Ontario (RMTAO), which may have impacted the results.

*Table 3: Demographic Information*

	<b>Demographic Information for Participants</b>	<b>2017 Demographic Information for MTs in Ontario</b>
n-value	n=998 <sup>3</sup>	n=13975 <sup>4</sup>
Male	21.9% (n=217/991)	22.0% (n=3042)
Average Length in Practice	11.5 years ( $\pm$ 7.5); range from <1 to 41 years (n=980)	<10 years (59.3%; n=8287)
Most Commonly Reported Primary Practice Setting	Multi-disciplinary setting (45.4%; n=439/968)	Group clinic setting (38.2%; n=5333)
Type of Education	Private career college (80.5%; n=790/981)	No data available
Member of the RMTAO	59.3% (n=566/955)	41.2% (n=5758)

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<sup>3</sup> The total number of questionnaires included in the quantitative strand was 998; however, response rates varied by question and are reported in the table.

<sup>4</sup> The data provided by the College of Massage Therapists of Ontario includes both active and inactive members. However, only active registrants were eligible to participate in this study.



Most Commonly Reported Highest Level of Additional Education	Bachelor’s degree (28.6%; n=283/990)	No data available
Status as Another HCP	13.5% (n=135/998)	No data available
Additional Roles in the Profession	33.4% (n=333/998)	No data available

***Common Features of Massage Therapists’ Identity***

Seventeen common features were identified (see Appendix D). Participants also indicated if they thought of themselves as healthcare practitioners (HCPs) or service providers. A total of 99.2% thought of themselves as HCPs alone or in combination; 61.2% (n=608/989) as only HCPs, and 38.0% (n=377/933) as healthcare and service providers. Respondents also identified the setting in which they felt most like an HCP. The majority (64.9%; n=641/989) chose always, regardless of setting.

***Variation within Responses***

Variation was seen in participants’ endorsement based on practice setting (spa vs. not spa), gender (male vs. female), length in practice ( $\leq 10$  years vs.  $> 10$  years), additional education (+Edu vs. Not +Edu), additional roles within the profession (+Role vs. Not +Role), additional designation as a HCP (+HCP vs. Not

+HCP), and membership in the RMTAO (RMTAO vs. Not RMTAO). Details are shown in Table 4.

*Table 4: Variation in Response*

<b>Statement</b>	<b>Demographic Variable</b>	<b>Percent Endorsement<sup>5</sup></b>	<b>X<sup>2</sup> (df)</b>	<b>p-value</b>
I do not have the opportunity to use my full scope of practice within my primary practice setting.	Spa	42.3% A/SA	27.283 (2)	≤0.001
	Not spa	15.5% A/SA		
I am passionate about being a massage therapist.	RMTAO	93.7% A/SA	9.243 (2)	0.010
	Not RMTAO	88.7% A/SA		
I find massage therapy to be boring.	Female	86.8% D/SD	9.182 (2)	0.010
	Male	81.7% D/SD		
	+HCP	11.2% A/SA	27.283 (2)	≤0.001
	Not +HCP	4.2% A/SA		

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<sup>5</sup> Endorsement is noted as agree/strongly agree (A/SA), disagree/strongly disagree (D/SD), or neither agree nor disagree (Neither).

I think of being a massage therapist as a part of my identity rather than a job.	>10 years	74.5% A/SA	10.678	0.005
	≤10 years	64.9% A/SA	(2)	
	+HCP	58.9% A/SA	27.283	≤0.001
	Not +HCP	70.9% A/SA	(2)	
I recognize the limits of my knowledge.	Female	93.0% A/SA	18.914	≤0.001
	Male	89.3% A/SA	(2)	
I lose confidence when I interact with healthcare professionals who have more education than I do.	Female	21.3% A/SA	9.815 (2)	0.007
	Male	13.5% A/SA		
	+Edu	18.3% A/SA	10.772	0.005
	Not +Edu	27.1% A/SA	(2)	
	+HCP	10.2% A/SA	11.461	0.003
	Not +HCP	21.3% A/SA	(2)	
	+Roles	14.9% A/SA	11.065	0.004
	Not +Roles	22.2% A/SA	(2)	

I rely on the information I learned in my massage therapy program when treating patients with complex presentations.	+Edu	58.9% A/SA	12.314	0.002
	Not +Edu	72.9% A/SA	(2)	
	+HCP	48.8% A/SA	9.853 (2)	0.007
	Not +HCP	63.2% A/SA		
It is important to me to review my treatment notes prior to my next appointment with a patient.	>10 years	79.9% A/SA	11.351	0.003
	≤10 years	87.0% A/SA	(2)	
People feel comfortable telling me things they do not tell other healthcare professionals.	Spa	51.9% A/SA	15.202	≤0.001
	Not spa	73.3% A/SA	(2)	
It is my responsibility to fix what is wrong with my patients,	Female	51.7% A/SA	17.521	≤0.001
	Male	68.6% A/SA	(2)	
	>10 years	48.3% A/SA		≤0.001

within my scope of practice.	≤10 years	60.5% A/SA	14.759 (2)	
My goal is to empower my patients to stop seeing me when they are better.	Spa	39.2% D/SD	10.919 (2)	0.004
	Not spa	20.5% D/SD		

**Discussion**

This quantitative study builds upon the previous qualitative study confirming that, within the previous description, there are common values and beliefs. In addition, most MTs believe they are HCPs; however, some think MTs play a dual role. Variation was seen within endorsement of some statements. In some cases, the endorsement between statements was conflicting, particularly in ‘role within the healthcare team’ and ‘use of evidence in practice’.

***Role of Massage Therapists within the Healthcare Team***

Respondents agreed that they were HCPs, which was supported by the importance placed on the inclusion of MTs in the *Regulated Health Professions Act* (RHPA) as a key feature of professional identity. The majority of participants (n= 968; 97.0%) started practice after the signing of the *RHPA* in 1991 (Government of Ontario, 1991b), thus developing their identity while being regulated by the CMTO. While not meeting the threshold of a key feature, many agreed that the perception of MTs is better today than it was 20 years ago and felt respected by those with whom they work (See Appendix D). Further, respondents

believed their knowledge allowed them to interact confidently with other HCPs. Interestingly, MTs who identified as women or those who did not have additional education, designations, or roles were more likely to agree that they lose confidence in interactions with HCPs with more education.

Education of HCPs typically occurs in silos (Bainbridge & Wood, 2012), creating challenges as individuals enter into healthcare teams. Massage Therapy education is no different. As a result, it may be intimidating to engage with another HCP who has advanced education, despite confidence in their knowledge and skills. Differences in education may be reinforced, perhaps unintentionally, in massage therapists' socialization.

Social identity theory posits that the individual creates their professional identity through a combination of defining the social group of interest (in-group) and differentiating it from other social groups (out-groups) (R. Brown, 2000; Chattopadhyay & George, 2001; Stets & Burke, 2000). The individual's experience and assumptions about the group, in combination with education and socialization, defines the in-group. Part of this self-categorization is determining how the out-groups differ from the in-group by creating demarcations between them, resulting in prototypes or stereotypes (Hogg & Terry, 2000; Hogg et al., 1995). Typically meant to strengthen the appeal and status of the in-group, in this instance, MTs may perceive the difference in education as a disadvantage, thus influencing their thinking, actions, and interactions.

### *Use of Evidence in Practice*

Many key features of MTs' identity related to competence. They were confident in their knowledge and skill and felt this created trust with patients. Interestingly, they felt comfortable telling patients, "I don't know." Recognizing limits of knowledge is a first step in professional development and quality assurance. While the accuracy of self-assessment has been debated (Eva & Regehr, 2010), it might be through this reflective process that MTs develop a sense of the importance of knowing the limits of their knowledge. When MTs share information with their patients, MTs may establish trust and confidence in the practitioner's abilities and may be perceived as providing extra attention or care. Further investigation is needed.

Many participants valued MTs who use scientific evidence and were disappointed when other MTs spread false information, although these statements did not reach the threshold to be key features. Interestingly, only 56.6% agreed or strongly agreed that they used evidence in practice. This finding is similar to that of previous research. Baskwill and Dore (2015) investigated the awareness of research by MTs in Ontario. While participants stated research was the second most important source of information to cumulative professional experience, it was the fifth most frequently used source. When asked to rank sources of information by the frequency of use, cumulative professional experience ranked first, followed by other massage therapists and education (continuing education then entry-to-practice). This study confirmed the previous results as 61.2%

agreed they used information from entry-to-practice education when treating complex patients. Furthermore, those who did not hold additional education, nor an additional designation as a HCP, were more likely to agree.

This divergence may stem from systemic barriers. First, appraisal and application of scientific evidence has only been a part of MTs' professional competencies since 2012 (College of Massage Therapists of British Columbia et al., 2012). Massage Therapists who were educated prior to that time may not have these skills, unless they have additional education or worked to develop these skills independently. Second, institutions providing Massage Therapy education revoke access to research databases following graduation. Therefore, only those with additional education would have easy access to subscription-based journals. In 2017, the RMTAO added database access to the benefits of membership, which may lead to an increase in use. Healthcare practitioners report time, understanding, and relevance of findings as reasons they do not apply research to practice (Al-Ansari & ElTantawi, 2014; Hankemeier et al., 2013; Thorsteinsson, 2013; Zwolsman, van Dijk, te Pas, & Wieringa-de Waard, 2013), which may also be barriers for MTs. Further investigation is needed to better understand potential barriers.

### ***Limitations***

The sample was similar to the population of active registrants in Ontario. However, members of the RMTAO were overrepresented, which may have



impacted the results. Additional research is needed to identify ways in which results may have differed.

The online nature of the questionnaire was a strength, as MTs from across Ontario could conveniently participate. However, several participants sought confirmation of the study's legitimacy and others' invitations were caught by their spam filter potentially impacting response rate. Those without a publicly available email address, or who were uncomfortable with the online format, were not captured.

A new questionnaire was used and, despite pilot testing, it was challenging to ensure the clarity of statements. Meaning attributed by participants may have differed from the researchers'. Three statements were determined to not have been effective and are noted in Appendix D.

### ***Future Research***

While these findings provide new insights, there remains much to investigate. A follow-up study should test whether the identity described aligns with the profession's desired identity. If they are discrepant, uncovering the desired identity and determining how to shift identity could be pursued. If they are consistent, studies could explore reinforcement and communication of the identity to the profession, public, and other HCPs.

Preliminary research regarding MTs in interprofessional healthcare teams suggests there is little understanding of MTs' role (Fournier & Reeves, 2012). Future research could build upon these results to explore what other HCPs know

about MTs' scope of practice, role and education and vice versa.

Interprofessional collaboration would be enhanced by a better understanding of how members of healthcare teams view and treat each other.

The phenomenon of respecting those who use research in practice, despite not applying research themselves, is worthy of additional investigation.

Understanding how evidence-informed practice is taught in diploma-level education may provide insights into the research-practice gap. Barriers to evidence-informed practice are experienced by most HCPs. Understanding whether these barriers are the same for MTs may create opportunities to implement solutions from other professions. Further investigation of MTs' process of continued competence may provide useful information for the regulator's quality assurance process.

Building on both the results of the qualitative study (Baskwill, Vanstone, et al., In press) and this quantitative study, a mixed analysis to test the relationship of the variables in the questionnaire is valuable. The results of the mixed analysis will identify the extent to which professional identity of MTs was captured and will provide recommendations for modifications to the questionnaire.

## **Conclusion**

Building on previous research, this study furthers an understanding of MTs' identity. Seventeen common features of professional identity were identified. Specifically, MTs consider themselves to be HCPs who are confident in their knowledge and abilities, especially their communication skills. They believe in

providing individualized care and empowering their patients to take charge of their own health. Describing the common features in the profession's identity may be unifying. Results also confirmed that variation exists within the profession that impacts MTs' values and beliefs. Future research should investigate various aspects of MTs' role within the healthcare team and their use of evidence in practice.

### **Acknowledgements**

The authors wish to acknowledge the contributions of Anne Wong, MD, PhD, and Mitchell Levine, MD, MSc, as members of the primary author's PhD committee, and Jason Powell, PhD, whose comments during the writing process enhanced the arguments and distilled the discussion of this study.

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## **Chapter 6: It's Complicated: A Mixed Methods Study of Massage**

### **Therapists' Identity**

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## **Abstract**

### ***Background***

Professional identity is ever changing and is shaped by society's perception of a profession, its history, government policy, professional education, and other issues that influence society as a whole. Massage therapists' identity has been described as divided between healthcare professional and service provider, although there is no research evidence to support this perception in Ontario, Canada. For professions that have a weak or unarticulated identity, they risk that the public may be disinclined to seek them, as the public may be unaware of the profession's role and motivation. By clearly articulating their professional identity, an opportunity arises to establish trust with other professionals and the public to secure massage therapists' role as an integral member of the healthcare team.

### ***Methods***

This exploratory sequential mixed methods study used qualitative description, the results of which were used to create a quantitative survey. Following this, a factor analysis of the results from the quantitative questionnaire was combined with the qualitative data to determine what factors describe the aspects of professional identity of massage therapists captured in this study.

### ***Results***

A factor analysis of the quantitative findings resulted in eight factors with a total described variance of 46.2%. The factors included: core characteristics of a

healthcare professional, external image, establishment of patient relationships, intrinsic connection to the profession, responsibility to the patient, respect from others, commitment to healthcare, and adaptability.

### ***Conclusions***

This first attempt to explore the professional identity of massage therapists has provided some insight into their values and beliefs. However, there is much variation yet to be explained. Future research that builds upon the findings and uses a modified questionnaire may elicit a more comprehensive description of values and beliefs, including both common features and areas of difference.

## **Introduction**

Massage Therapy<sup>1</sup> is a long-standing practice, but has a relatively short professional history in Ontario, Canada. Massage therapists are described as semi-professionals by certain measures of professionalization, having demonstrated some of the requirements of professions, but not all (Forsyth & Danisiewicz, 1985; Jansen, 2015; Marks, 2010). However, using the 12 steps presented by Jansen (2015), massage therapists are currently completing the ninth step of educational program accreditation. The subjective nature of determining professionalization reminds us that there are many rhetorical, social, and political factors that influence how massage therapists, like other professionals, are perceived.

Professional identity is ever changing and is shaped by a society's perception of a profession, its history, government policy, professional education, and other issues that influence society as a whole (Kell & Owen, 2008). In a review of the history of Massage Therapy in New Zealand, Smith et al. (2012) have described massage therapists' identity as divided between that of a healthcare professional and service provider, a division that is thought to exist in Ontario, although no research evidence exists to support this perception. For professions that have a weak or unarticulated identity, there is a risk that the public may be disinclined to seek out the professional group, as they may be unaware of the profession's role

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<sup>1</sup> I have chosen to use Massage Therapy when referring to the profession, massage therapy when referring to the practice, and massage therapist when referring to the practitioner.

and motivation (values and beliefs) and may subsequently distrust the professionals (Hart, 2016; Keyter, 2010). Poorly-identified professions may have an identity assigned to them or may be isolated or ignored (Kell & Owen, 2008).

A strong professional identity allows members of the public to understand what the profession can offer (Hart, 2016; Kimura et al., 2016). Professional identity has been described as having the potential of being unifying and clarifying, not only for the professional group, but for others who interact with those professionals (Hart, 2016). For healthcare professionals, having a coherent and shared professional identity builds trust with patients and practitioners alike (Kimura et al., 2016). Trust is built when the values and beliefs of a profession are understood and demonstrated by its members. In order to communicate values and beliefs, a profession must understand their own identity.

## **Methods**

This exploratory sequential mixed methods study used a qualitative strand (QUAL) followed by a quantitative strand (QUANT) with the emphasis on the first strand. A mixed methods approach was chosen to address the complexity of the phenomenon of interest (Caruth, 2013; Ozawa & Pongpirul, 2014). The mixed analysis sought to answer, “What factors describe the aspects of professional identity of massage therapists captured in this study?”

### ***Qualitative Data Collection and Analysis***

In a previously reported study (Baskwill, Vanstone, et al., In press), qualitative data were collected from 33 registered massage therapists using semi-structured

interviews. Respondents were purposefully selected, using pre-determined criteria of gender, length in practice, location of practice, and type of practice. Data collection and analysis occurred simultaneously allowing each to influence the other (Sandelowski, 2000). The three-step process of qualitative content analysis was undertaken by two of the researchers (AB, KD) (Elo & Kyngas, 2008; Vaismoradi et al., 2013). Recruitment ended when no new concepts of analytic interest were raised by participants. The results of this strand are presented in Chapter 4.

#### ***Quantitative Data Collection and Analysis***

A draft online questionnaire was developed from the six themes that were constructed in the qualitative strand, described briefly above. Invitations were emailed to 6649 potential participants. Descriptive statistics (frequency distributions, means and standard deviations) were calculated, as appropriate, for the type of data collected (continuous vs discrete) and are presented in Chapter 5.

#### ***Mixed Methods Data Analysis***

For the mixed analysis, a factor analysis was conducted on the data from the quantitative strand. Williams, Onsman, and Brown (2010) identify three goals of factor analysis: reducing a large number of variables to a few factors, establishing underlying relationships between variables, and creating evidence of construct validity. In this study, factor analysis was used to test the construct validity of the quantitative questionnaire by establishing factors based on latent constructs and to deepen the understanding of the factors that contribute to the professional

identity of massage therapists. These latent constructs were interpreted using the quantitative statements and qualitative data.

Participants' agreement on 45 statements of professional identity from the questionnaire were the variables used in the factor analysis. A priori, an eigenvalue of one was set as the cut score; the lowest acceptable contribution of a given factor to the overall variance (Norman & Streiner, 2008). Therefore, the resulting factors for further analysis were those that reached a minimum of one eigenvalue. Once the significant factors were determined, the factor matrix was reviewed for each variable to determine on which factor it best loaded. It is important to note that variables can be strongly associated with more than one factor, especially in a complex phenomenon such as professional identity.

All variables correlate in some way to each factor. However, the strongest loading was used. A strong correlation was considered to be between 0.600 and 1.000, a moderate correlation between 0.400 and 0.599, and a weak correlation between 0.000 and 0.399. Factors were removed when fewer than two variables loaded as their primary factor. Two variables were decided upon as a threshold as professional identity is complex and it was expected that the questionnaire, as developed, did not completely address this complexity. For each of the included factors, the quantitative statements were visually displayed. Based on commonalities in the statements initial names were given to describe the grouping. The qualitative data was then reviewed for statements that were convergent or divergent with the developing factor, or that offered a better

description of the factor. Taken together, this mixed analysis allowed for a rich description of the factors associated with professional identity that were captured in the questionnaire.

An inter-item correlation was also conducted using the 45 variables. The results were reviewed to determine whether there was overlap between the variables, or statements, and provided evidence for the researchers to consider regarding gaps and redundancies.

## **Results**

The factor analysis resulted in eight factors that described areas of professional identity that were captured by the questionnaire: core characteristics of a healthcare professional, external image, establishment of patient relationships, intrinsic connection to the profession, responsibility to the patient, respect from others, commitment to healthcare, and adaptability. Given the low amount of variance described, there are additional areas to discover.

### ***Demographic Information***

The demographic information of participants in both the QUAL and QUANT strands is provided in Table 5. The results are shown in comparison to published data from the College of Massage Therapists of Ontario (2018b) and the Registered Massage Therapists' Association of Ontario (2018a). Participants are similar to the larger population of massage therapists in Ontario; although, the QUANT sample contained a higher percentage of members of the Registered Massage Therapists' Association of Ontario (RMTAO) than the population.



*Table 5: Demographic Information from QUAL and QUANT Strands*

	QUAL Participants	QUANT Participants	Massage Therapists in Ontario
n-value	n=33	n=998 <sup>2</sup>	n=13975 <sup>3</sup>
Male	29.3% (n=9/33)	21.9% (n = 217/991)	22.0% (n=3042/13975)
Average Length in Practice	10 years; range from <1 to 33 years	11.5 years ( $\pm$ 7.5); range from <1 to 41 years (n=980)	<10 years (59.3%; n=8287)
Most Commonly Reported Primary Practice Setting	Solo-RMT (45.4%; 15/33)	Multi-disciplinary setting (45.4%; n=439/968)	Group clinic setting (38.2%; n=5333)
Location of Practice	Urban (15/33; 45.4%), suburban (12/33; 36.4%),	Data not collected	No data available

<sup>2</sup> The total number of questionnaires included in the QUANT strand was 998; however, response rates varied by question and are reported in the table.

<sup>3</sup> The data provided by the College of Massage Therapists of Ontario includes both active and inactive members. However, only active registrants were eligible to participate in this study.

	rural (18.2%; 6/33)		
Type of Education	Public institution (5/33; 15.2%), private institution (28/33; 84.8%)	Private career college (80.5%; n=790/981)	No data available
Member of the RMTAO	Data not collected	59.3% (n=566/955)	41.2% (n=5758)
Most Commonly Reported Highest Level of Additional Education	Data not collected	Bachelor's degree (28.6%; n=283/990)	No data available
Status as Another HCP	Data not collected	13.5% (n=135/998)	No data available
Additional Roles in the Profession	Data not collected	33.4% (n=333/998)	No data available

***Results of the Mixed Analysis***

The factor analysis resulted in 13 factors with eigenvalues of one or higher, and a total described variance of 56.8% across all factors. The distribution of

variables to factors was diverse. Five of the factors had only one variable as its primary factor. Upon review of the single-loaded factors, three contained variables that had been flagged during the analysis of the quantitative strand as ineffectively worded statements that may have resulted in a mixed interpretation by participants. These three variables had no co-loaded variables, and did not have a close second factor. As a result, the three flagged variables were removed and the factor analysis was re-calculated.

The second factor analysis resulted in 12 factors with an eigenvalue of one or higher, with a total described variance of 57.1%. The distribution of variables to factors was mixed with four factors with no primary-associated variables. Once these factors were removed, eight factors remained with a total described variance of 46.2%. Each factor is described below using the factor analysis, item analysis, quantitative results, and qualitative data.

*Factor 1: Core Characteristics of a Healthcare Professional*

Overall, this collection of variables seemed to describe the core characteristics of a professional – a body of knowledge in which the professionals are expert, specialized skills belonging to that professional group, confidence in their role, and a dedication to helping others (Jansen, 2015). The variables in Factor 1 were often used by participants in the qualitative strand when they were asked to describe someone who epitomized what it means to be a massage therapist: authenticity, honesty, empathy, competence, and skill.

Factor 1 accounted for 15.8% of the total variance. The variables loaded on this factor were mixed in their correlation to each other from weak (0.137) to strong (0.633), although none were so strong as to suggest that they were redundant. With the exception of three, most variables in this factor were strongly endorsed as common features of massage therapists’ identity in the quantitative results, with more than 90% of participants agreeing or strongly agreeing with the statements.

*Table 6: Variables that Load on to Factor 1*

<b>QUAL Theme<sup>4</sup></b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement<sup>5</sup></b>	<b>Loading to Factor<sup>6</sup></b>
CONF <sup>7</sup>	I know how to apply my knowledge and skills to help my patients.	98.8% A/SA	0.705
CONF	Being competent and skilled creates trust with my patients.	98.8% A/SA	0.687
CONF	Being knowledgeable allows me to interact confidently with other healthcare professionals.	95.4% A/SA	0.657

<sup>4</sup> The QUAL theme is the qualitative theme for which the statement was originally developed.

<sup>5</sup> Endorsement is noted as agree/strongly agree (A/SA), disagree/strongly disagree (D/SD), or neither agree nor disagree (Neither).

<sup>6</sup> In the factor tables, colours have been used to quickly show the strength of the correlation: green for strong (0.600-1.000), yellow for moderate (0.400-0.599), and orange for weak (0.000-0.399).

<sup>7</sup> CONF represents the QUAL theme and QUANT section of statements called *Confidence and Competence*.

PASSION <sup>8</sup>	Being dedicated to my practice helps me to provide safe and effective treatments to my patients.	97.1% A/SA	0.657
INDIV <sup>9</sup>	It is important to me that my patient feels like an individual and not a number.	92.7% A/SA	0.656
THER <sup>10</sup>	Communication is important to create therapeutic relationships with my patients.	99.9% A/SA	0.619
CONF	I am confident because I know that I am competent and skilled.	96.0% A/SA	0.605
EMPOW <sup>11</sup>	I encourage people to take charge of their own health.	98.0% A/SA	0.535
THER	I want patients to feel comfortable.	99.5% A/SA	0.492
CONF	I value massage therapists who use scientific evidence in their practice.	85.8% A/SA	0.478

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<sup>8</sup> PASSION represents the QUAL theme and QUANT section of statements called *Passion as Professional Motivation*.

<sup>9</sup> INDIV represents the QUAL theme and QUANT section of statements called *Individualized Care*.

<sup>10</sup> THER represents the QUAL theme and QUANT section of statements called *Therapeutic Relationship*.

<sup>11</sup> EMPOW represents the QUAL theme and QUANT section of statements called *Patient Empowerment*.

CONF	I consult the best available research about massage therapy when I create a treatment plan.	56.6% A/SA	0.478
CONF	I feel comfortable telling my patients I don't know something.	96.0% A/SA	0.465
THER	What makes me a good massage therapist is my ability to listen to my patients' concerns.	91.7% A/SA	0.451
INDIV	I use the same treatment plan for all of my patients.	92.7% D/SD	-0.415
CONF	I recognize the limits of my knowledge.	92.3% A/SA	0.367
THER	I'm sensitive to other people's circumstances.	83.4% A/SA	0.346
ROLE <sup>12</sup>	It is important to me that massage therapists are part of the Regulated Health Professions Act.	95.0% A/SA	0.342

*Factor 2: External Image*

Factor 2 describes massage therapists' concern regarding the perception of others about their profession and role. Participants in the qualitative strand shared

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<sup>12</sup> ROLE represents the QUAL theme and QUANT section of statements called *Role as Healthcare Provider*.

their experiences of using their professional knowledge to ‘prove’ their worth to others. Some participants felt that the understanding of massage therapists by those outside the profession was improving; although, the variable specific to seeing changes in the past 20 years with regards to the perception of massage therapy did not load strongly to this factor.

In the quantitative strand, unlike the previous factor, agreement with the statements that load on to this factor fell between 50% to 65%, indicating that massage therapists were not in as much agreement with these statements. While half of the profession agreed that massage therapists are misunderstood and judged harshly by others, the other half did not. This is also evident as one of the other factors contained variables describing feelings of being respected by others (see Factor 6: Respect from Others).

Factor 2 accounted for 7.7% of the total variance. The items were weakly (0.061) to moderately (0.564) correlated to each other, suggesting there was little overlap in the statements themselves.

*Table 7: Variables that Load On Factor 2*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
ROLE	Massage therapists are considered to be less professional than other healthcare providers by other healthcare providers.	66.2% A/SA	0.653

ROLE	Other healthcare providers do not understand what massage therapists do.	53.0% A/SA	0.640
ROLE	Massage therapists are on the bottom of the healthcare system hierarchy.	61.6% A/SA	0.633
ROLE	The health benefits of massage therapy are generally unknown by those outside of the profession.	50.5% A/SA	0.485
CONF	I lose confidence when I interact with healthcare professionals who have more education than I do.	60.8% D/SD	0.435
ROLE	I do not have the opportunity to use my full scope of practice within my primary practice setting.	69.4% D/SD	0.446
CONF	I am disappointed when I hear that other massage therapists continue to spread false information about how massage therapy works.	84.2% A/SA	0.330
THER	Sometimes patients do not understand why boundaries must be set.	63.4% A/SA	0.307

*Factor 3: Establishment of Patient Relationships*

Variables that loaded on to Factor 3 spoke to establishing relationships with patients. Participants in the qualitative strand believed massage therapists do this



by listening to their patients, and creating comfort within the treatment environment. The importance of listening to patients was related to establishing trust, as well as gathering important information with which to individualize care. Relationships with patients were developed by asking about their previous experiences with massage therapy and responding to that experience by adjusting or individualizing care. The acknowledgement that massage therapists spend more time with patients than other healthcare providers was also mentioned, especially in comparison to other healthcare providers, although only endorsed by 71.2% of the larger sample. Establishing relationships with patients was felt to be foundational to the care massage therapists provide.

Factor 3 accounted for 5.1% of the total variance with all variables moderately correlated to this factor and weakly (0.083) to moderately (0.464) correlated to each other. While all loaded on to this factor, they did not substantively overlap.

*Table 8: Variables that Load on Factor 3*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
THER	I like to talk to my patients about their lives during the treatment.	44.3% Neither	0.463
THER	Massage therapists have the time to listen to their patients that other healthcare professionals do not have.	71.2% A/SA	0.456

THER	It is appropriate to be friends with my patients.	53.8% D/SD	0.434
THER	People feel comfortable telling me things they do not tell other healthcare professionals.	71.2% A/SA	0.427

*Factor 4: Intrinsic Connection to the Profession*

Factor 4 described a dedication to, and enjoyment of, being a massage therapist or an intrinsic connection to the practice and profession of massage therapy. When asked if there were situations in which they felt more like a massage therapist, many described that being a massage therapist was an integral part of their personal identity.

While most participants were deeply connected with their chosen profession, some did feel a disconnect. However, this lack of connection, or passion, for the profession was not well tolerated by other participants who felt fortunate to be in a profession they loved. There was a feeling that being intrinsically motivated resulted in ethical decision making and a focus on the patient’s wellbeing. Interestingly, statements from the QUANT questionnaire specific to ethical decision making and a focus on patient wellbeing loaded more strongly on to other factors.

Factor 4 accounted for 4.3% of the total variation. All variables were moderately correlated to this factor (0.518 to 0.558) and to each other (-0.419 to -0.507). The variable “I find massage therapy to be boring.” was inversely

correlated to the other two. The moderate correlation across the three variables indicates that they did not significantly overlap so as to be redundant within the questionnaire.

*Table 9: Variables that Load on to Factor 4*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
PASSION	I am passionate about being a massage therapist.	91.1% A/SA	0.558
PASSION	I find massage therapy to be boring.	85.9% D/SD	-0.530
PASSION	I think of being a massage therapist as a part of my identity rather than a job.	69.3% A/SA	0.518

*Factor 5: Responsibility to the Patient*

Factor 5 described massage therapists’ responsibility to their patients. Participants in the QUAL strand described a number of ways they demonstrated the responsibility they felt to their patients, including establishing goals with, and showing genuine concern to, their patients.

Many participants mentioned the idea of putting patients’ needs first. They connected listening and being sensitive to understanding the patient’s goals for treatment. There were multiple ways in which participants discussed focusing their approach and treatment on their patients. Some of the strategies they

mentioned overlapped with other factors. For example, many of the responsibilities to patients mentioned by practitioners described listening and establishing relationships which was a factor unto itself in this analysis (see Factor 3: Establishment of Patient Relationships). These relationships between factors are a reminder that these factors are not separate or isolated concepts, rather they are interconnected.

Factor 5 accounted for 4.0% of the total variation. The variables were moderately (0.481, 0.400) or weakly (0.341) correlated to the factor and were weakly correlated to each other (0.076 to 0.171). Based on these correlations, there is likely much more to discover and additional statements related to this factor should be considered in subsequent questionnaires.

*Table 10: Variables that Load on to Factor 5*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
THER	It is my responsibility to fix what is wrong with my patients, within my scope of practice.	54.8% A/SA	0.481
CONF	It is important to me to review my treatment notes prior to my next appointment with a patient.	83.7% A/SA	0.400

PASSION	It is important to me to put my patients' treatment needs before my financial needs.	70.4% A/SA	0.341
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*Factor 6: Respect from Others*

Factor 6 describes feeling respect from others, and a recognition of improvement in the respect for massage therapists when compared to the past. One participant hypothesized that the perception had improved, in part, due to the increased inclusion of massage therapy in private insurance packages, which increased access for members of the public to experience massage therapy.

Many participants described feeling respected by those with whom they work. They shared experiences of working alongside colleagues from other healthcare professions who respected the participants in their practice setting and felt that acknowledged by these practitioners. Unlike Factor 2: External Image, the high level of agreement of participants in the QUANT strand for the two variables that load on to this factor suggested that massage therapists were mostly in agreement about feeling respected by others.

Factor 6 accounted for 3.5% of the total variance. These variables were moderately correlated to this factor and to each other (0.490 to 0.609; 0.440, respectively).

*Table 11: Variables that Load on to Factor 6*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
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ROLE	The perception of massage therapists is better today than it was 20 years ago.	86.6% A/SA	0.609
ROLE	I am respected by the people with whom I work.	89.0% A/SA	0.490

*Factor 7: Commitment to Healthcare*

Factor 7 describes massage therapists’ commitment to healthcare. In the QUAL study, participants often described feeling like a healthcare professional and demonstrating the characteristics they felt were essential to this role, such as patient-centered, and evidence-based, care. Participants differentiated between being a healthcare provider and a service provider. Some also differentiated between providing impairment-based, rather than relaxation-based, care. The general difference between impairment-based and relaxation-based treatments was described as a specific versus general treatment. However, some participants felt it was not easy to separate the two.

The differentiation was not only based on type of treatment, but also based on setting; for example, care that is provided in a clinic versus a spa. In general, participants described differences in the way that individuals expected to receive care and the way in which massage therapists provided care in different settings. Massage therapists who worked in spas were generally described as not having, or not taking, time to conduct a physical assessment, as setting goals based primarily on patient request, and as providing relaxation-based treatment. In a clinical setting, massage therapists were described as more often conducting a full

assessment, as combining assessment information with the patient’s goals, and as providing impairment-based treatment, which included the prescription of exercises or other activities for the patient to do at home. While there were common differences described, there was also general agreement that the approach to care was ultimately practitioner-dependent.

Factor 7 accounts for 3.4% of the total variance and the variables were moderately (-0.411, 0.450) or weakly (0.358) correlated. The variable “I believe that my patients should create a treatment plan together with me” was inversely correlated to this factor. In addition, the variables were weakly correlated to each other (-0.063 to 0.130). These results suggest that there is more to be discovered and additional questions about this factor should be added to the questionnaire.

*Table 12: Variables that Load on to Factor 7*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
EMPOW	I do not think it is necessary to provide remedial exercises or other home care for most patients.	91.0% D/SD	0.450
INDIV	I believe that my patients should create a treatment plan together with me.	75.8% A/SA	-0.411

PASSION	I don't think about my professional responsibilities outside of my set work hours.	82.0% D/SD	0.358
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*Factor 8: Adaptability*

Factor 8 described being adaptable. A ‘good’ massage therapist was described as willing to learn and implement new information. They modify treatment based on patients’ needs and goals. Being able to adapt the treatment approach to each patient was described in different ways by most QUAL participants. It was not surprising to see most QUANT participants (90.2%) also agreed or strongly agreed with this statement.

Being adaptable was also considered as a way in which to show patients that massage therapists paid attention to the patient’s individual needs. In order to adapt, massage therapists had to listen and be attentive. This factor is related to the QUAL theme of Individualized Care and the mixed analysis Factor 5: Responsibility to the Patient. This once again demonstrates the interconnectedness of the themes and factors within massage therapists’ identity.

It was important to participants that massage therapists were open to, and active in, developing their knowledge and skill over time. Some expressed concern when massage therapists relied on knowledge that was not current. The use of reflective practice was mentioned by some participants and was described as not only understanding one’s limitations, which loaded on to Factor 1: Core



Characteristics of Healthcare Professionals, but adapting by learning and connecting with the broader healthcare world.

Factor 8 accounts for 2.4% of the total variance. The variables were moderately correlated (0.488, -0.546). The variable “I rely on the information I learned in my massage therapy program when treating patients with complex presentations” was inversely correlated to this factor. This suggests that massage therapists add to, and evolve, their knowledge and skills over time. In addition, the variables were weakly and inversely correlated to each other (-0.019), which suggests that there is more to be discovered and additional questions about this factor should be considered.

*Table 13: Variables that Load on to Factor 8*

<b>QUAL Theme</b>	<b>QUANT Questionnaire Statement</b>	<b>QUANT Agreement</b>	<b>Correlation to Factor</b>
CONF	I rely on the information I learned in my massage therapy program when treating patients with complex presentations.	61.2% A/SA	-0.546
INDIV	Once a patient commits to a treatment plan, I don't make any changes.	90.2% D/SD	0.488

**Discussion**

Due to the nature of the study design, areas of convergence were expected. Qualitative themes became quantitative questionnaire sections and phrases used

by qualitative participants became statements in the questionnaire. Convergence is seen in Factor 2: External Image and Factor 6: Respect from Others. In the QUAL strand, participants described feeling like a healthcare professional, but not being recognized as one to the same extent. In the questionnaire, 99.2% thought of themselves as healthcare professionals. In the mixed analysis, these two factors represent this idea. Interestingly, in Factor 2, most statements were endorsed by approximately half, indicating respondents were divided. However, in Factor 6, most endorsed the idea of feeling respected by others. These two ideas may seem to conflict; how can massage therapists both feel judged and respected by others? Social identity theory provides a possible explanation.

In social identity theory, individuals compare themselves and their beliefs to social groups. This process creates in-groups, social groups to which the individual feels a sense of agreement, and out-groups, those that do not align or are in competition with the in-group (R. Brown, 2000; Stets & Burke, 2000). It would seem that the social group participants take on when feeling judged by others is *massage therapists*, which is in contrast to *other healthcare professionals* or *the public*. Each of these are large social groups and massage therapists would consider other massage therapists to be a part of the in-group. They would promote the features of their profession that makes them appear more favourable. They would seek to differentiate from the out-groups. To this end, the narrative would be that of judgement and misunderstanding. On the other hand, when massage therapists feel respected by those with whom they work, the

in-group is their specific clinical team (Bainbridge & Wood, 2012). The out-groups might be other teams, or other settings. When we look at these results through the lens of social identity theory, we can understand how both factors can exist simultaneously.

Divergence was also noted, particularly regarding emphasis, grouping, and importance of other variables. One such difference is seen in Factor 5: Responsibility to the Patient. While it is apparent from the data that one aspect of massage therapists' identity is patient-centred care, the way in which this is evidenced was difficult to capture across the samples. In the qualitative strand, participants focused on individualized care and patient empowerment as two ways of putting the patient at the centre of the decisions made. In addition, sub-themes in the therapeutic relationship, such as listening and obtaining ongoing consent showed a responsibility to the patient. Within the quantitative questionnaire, creating comfort, communication skills, especially listening, individualizing treatment, and empowering patients to be responsible for their own health were endorsed as key features of massage therapists' identity. However, in the mixed analysis, many of the variables regarding communication and individualization of the treatment plan were more closely related to Factor 1: Core Characteristics of Healthcare Professionals.

In the qualitative and quantitative strands, six themes or sections were created. These sections did not withstand the factor analysis, indicating that there are underlying dimensions connecting variables within each factor not captured in the

questionnaire. The mixed analysis is important for refining the grouping of statements/variables in the questionnaire. Further, the variables were loaded on to the best fitting factor, but each variable loaded to some extent on to each factor. This indicates overlap between factors, illustrating the interrelatedness of the phenomenon.

There is still much to be understood about the professional identity of massage therapists. While the study undertaken here is not a job analysis, it is useful to consider the results of this study in comparison to the entry-to-practice competencies for Massage Therapy in Ontario (College of Massage Therapists of British Columbia et al., 2016). The comparison of these results to existing competencies examines similarities and differences in language and emphasis, and seeks additional areas of identity for future consideration.

An obvious difference was that of emphasis; in the competency profile one section relates to professional practice and two sections to assessment and treatment. Participants spoke about many concepts included in the professional practices section, but only a few from assessment and treatment. There was a general expectation that massage therapists would be competent and current with their professional knowledge and skills, but these types of comments did not specifically reference particular assessment or treatment approaches. Concepts regarding assessment and treatment were often summed up in the statement that massage therapists should have “good hands-on skills”. It is unclear whether values and beliefs about assessment and treatment are not a part of professional

identity, or have been overlooked. It may be that these concepts are some of the factors missing from the questionnaire, which may result from the questioning from the qualitative strand, and might account for some of the unexplained variance.

Within the professional practice section, there are three subsections: communication, professionalism, and the therapeutic relationship. There are similarities between the competencies found in these subsections and Factor 1: Core Characteristics of Healthcare Professionals and Factor 3: Establishment of Patient Relationships. The importance of interpersonal relationships and professionalism to massage therapists is reflected in both the entry-to-practice competencies and professional identity.

Similarities were found between massage therapists and the competency profiles of other healthcare professionals, in particular in core characteristics of competent and professional healthcare practitioners. For example, in the chiropractic competencies there are five that are common with massage therapists: practicing ethically, demonstrating competency, employing evidence-informed clinical practice, communicating effectively, and committing to continuous improvement in all professional areas (College of Chiropractors of Ontario, 2014).

Interesting differences were noted between massage therapists' identity and the competency frameworks of nurses, physicians, and physiotherapists. Each of these groups had sections of competencies not highlighted in massage therapists'

identity, such as collaboration, management, scholarship, and leadership (College of Nurses of Ontario, 2014; Frank, Snell, & Sherbino, 2015; National Physiotherapy Advisory Group, 2017). Collaboration is described as being part of healthcare teams, both interprofessional and intraprofessional, to provide safe and effective patient care. Management refers to managing self, time, resources, and priorities to provide safe, effective, and sustainable care. Leadership described envisioning and advocating for a high-quality healthcare system and taking responsibility for providing high-quality healthcare. Scholarship is defined as a lifelong commitment to excellence through evaluating evidence and contributing to scholarship.

This is not to say that massage therapists, as individuals or a group, do not demonstrate any competence in these areas. Rather, in this study, these concepts were not the focus of the discussion. Using Jansen's (2015) measure of professionalization, Massage Therapy would have a lower status than Physiotherapy, Medicine, or Nursing. Emphasis on the competencies described above may come with further professionalization. Perhaps these are some of the missing concepts that should be added to the questionnaire explore professional identity more completely.

While entry-to-practice competencies provide an interesting lens through which to look at knowledge, skills, and attitudes of professional groups, it should be noted that they are often the expectations that students must demonstrate to graduate and successfully complete entry-to-practice exams. These competencies

are not necessarily a measure of mastery or expert knowledge, and may not represent fully the values and beliefs that influence experienced practitioners' thinking, actions, and interactions in their professional life. With that said, this comparison provides additional avenues for exploration, as there is still much to learn about massage therapists' professional identity.

### ***Strengths and Limitations***

This study is the first of its kind in which a mixed method design was used to explore massage therapists' identity. Within each strand of the study, the response rate was robust for the type of study design used. Throughout the study, the primary researcher's PhD supervisor and committee members acted as peer reviewers to ensure the rigor and trustworthiness of the results. Member checking in the qualitative strand ensured that the resulting themes were constructed from the experiences of the participants.

Although the mixed methods design is a strength of the study, there are limitations within the design itself. Due to the nature of the design, where one strand builds on the previous, questioning in the qualitative strand may have missed variables which might have accounted for some of the unexplained variance in the questionnaire. In addition, the interpretation of factors is difficult, especially when a factor has few variables. The use of qualitative data strengthened this process, however, factors with few variables should be considered with caution.

### ***Future Research***

Opportunities to enhance the questionnaire and further investigate massage therapists' identity resulted from the mixed analysis. To explore the unexplained variance, statements should be added regarding collaboration, management, scholarship, and leadership. In addition, there may be statements regarding hands-on skills, such as assessment and treatment, that should also be included.

Using a revised questionnaire, additional studies could explore the similarities and differences of massage therapists' identity in Ontario with those in other jurisdictions. Particular attention should be paid to comparing jurisdictions with differing regulations and education (i.e. unregulated Canadian provinces, American states, New Zealand). This comparison would help to determine whether there are values and beliefs common to all massage therapists, regardless of jurisdiction, and may help explain the remaining variance in this work.

Future research should investigate the external image of massage therapists. There is a perception by approximately half of the profession that large social groups, such as other healthcare professionals, do not respect massage therapists. However, in smaller social groups, such as practice setting, almost all massage therapists feel respected. It would be interesting to know what other healthcare professionals think about massage therapists and vice versa.

Similarly, future research should explore the impact the perception massage therapists have of not being accepted by others and whether that results in isolation in practice. Researchers should also explore how this perception affects



the ways in which other healthcare professionals are integrated into patient care. Feeling like an outsider, may cause some massage therapists to disengage from the broader healthcare system, or even the massage therapy profession.

Understanding the impact of this perception is important to supporting massage therapists in their practice.

### **Conclusion**

The mixed analysis sought to describe massage therapists' identity in Ontario. Eight factors explaining 46.2% of the variance were constructed. These factors describe some areas of professional identity including: core characteristics of a healthcare professional, external image, establishment of patient relationships, intrinsic connection to the profession, responsibility to the patient, respect from others, commitment to healthcare, and adaptability. However, there is still much to learn.

Future research should explore collaboration, management, scholarship, and leadership as possible areas of unexplained variance in professional identity. Studies that build upon this research and use a modified questionnaire may elicit a more comprehensive description of values and beliefs, including both common features and areas of difference. With each investigation, Massage Therapy will create a refined articulation of its professional identity, which can be shared with individuals inside and outside the profession, strengthening the identity of massage therapists.

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## **Chapter 7: Conclusions from a Mixed Methods Study of Massage Therapists’ Professional Identity**

### **Introduction**

This study sought to investigate the professional identity of massage therapists in Ontario. Due to the complexity of the phenomenon, an exploratory sequential mixed methods design was used (Caruth, 2013; Ozawa & Pongpirul, 2014). The priority was on the qualitative strand, as the data from the qualitative phase were needed to conduct the quantitative strand (Fetters et al., 2013). Analysis of the qualitative, quantitative and mixed strands follow.

### **Analysis of the Qualitative Strand**

The study of professional identity of massage therapists began with a qualitative strand; the details of which are discussed in *Chapter 4: “I am a Healthcare Practitioner”: A Qualitative Exploration of Massage Therapists’ Professional Identity*. With no existing description of massage therapists’ identity, it was important to begin by understanding how a variety of members of the profession described their values and beliefs. A strength of the qualitative strand was the participation of a diverse sample of massage therapists.

Due to an overwhelming interest in participating, the researchers were able to enroll individuals who varied on the a priori criteria thought to have an impact on professional identity. Thus, multiple perspectives contributed to the construction of the themes. Furthermore, the qualitative results were circulated to the participants for their feedback (Creswell, 2012b). Those who responded indicated

they saw themselves in the results confirming that the themes were representative of the participants rather than the researchers.

It was a benefit and a challenge to approach this research project as an insider (Sandelowski, 2000). My experiences as a massage therapist and educator allowed me to identify the lack of an articulated and agreed upon professional identity as an issue facing the profession. This position enabled me to create the research questions that drove this work. In addition, my insider position allowed me to connect with participants. This may have been particularly important in light of the findings, which suggest that some massage therapists feel marginalized by other healthcare providers. Being ‘one of them’ may have allowed participants to share their experiences more openly.

However, this position also proved to be challenging. With the goal of creating a description of professional identity in the words of the participants, it was important to ensure that my own experiences were not the dominant voice in the constructed themes. Working with my PhD supervisor and committee members allowed for the themes to be considered through the outsider’s lens. My supervisor conducted the analysis independently by reviewing the interview transcripts and creating preliminary categories. We met in person to compare categories. Although we used different language at times, there was similarity and agreement in our analyses. We agreed on categories about individualized care, patient empowerment, and the therapeutic relationship. We discussed differences in our analysis and adjusted as appropriate. Early on I had two

categories, self-confidence and respect, that were narrowly defined. When discussed with my supervisor, these became the more robust themes of *confidence and competence* and *role as healthcare provider*. The themes were then discussed with the committee members, who offered further refinements.

The resulting description provides a glimpse into the values and beliefs held by massage therapists regarding their thinking, actions, and interactions with others. These are useful in themselves. However, it was important to the researchers to understand how the qualitative findings were endorsed by a larger sample of massage therapists. The results of the qualitative strand would be enhanced by the complementary quantitative strand (Cameron, 2009). Therefore, an online questionnaire was developed from the six qualitative themes for use in the second phase, or quantitative strand.

### **Analysis of the Quantitative Strand**

In addition to being complementary, the quantitative strand would continue to assess professional identity using different methods in an effort to find convergence and increase validity (Cameron, 2009). The details of the quantitative strand are described in *Chapter 5: Unity and Division: Examining the Complexity of Massage Therapists' Professional Identity*. The results of this strand identified both areas of agreement and variation within massage therapists' identity.

The questionnaire itself proved to be a limitation of the study. While construct validity and usability testing were completed, future iterations will be stronger



with the lessons informed by the data. Pilot testing allowed for questions and statements to be revised prior to implementation. However, despite testing, three questions were identified in the quantitative strand as not performing well, suggesting they should be removed or revised in subsequent versions. In addition, the mixed analysis revealed that there is significant variance still to be described. This lack of explanation of variance occurred both within factors and overall, suggesting that additional sections, and questions within existing sections, could be added in an attempt to capture the unexplained variability.

Building the questionnaire from the results of the qualitative strand proved challenging, as there were themes that lent themselves to using the participants' words or creating statements more easily. For example, it was relatively easy to create statements about *confidence and competence* that would be understood by participants (Collins, 2003). Conversely, it was challenging to write statements for *individualize care* and *patient empowerment* that were not overly complex to describe the nuances of this theme. Notwithstanding the challenges described, the use of an online questionnaire was a strength as it allowed participation of massage therapists across Ontario.

The common features discovered in the quantitative strand confirm which statements from the questionnaire were most highly endorsed by massage therapists in the sample. They illuminate areas of agreement amongst massage therapists and form a foundation upon which a unified professional identity can be created. However, there was more to learn about what the responses to the

questionnaire could tell us about massage therapists' identity. It was important to the researchers to understand how the responses, in the form of the endorsement of the statements, related to each other and how much of the variance in this phenomenon was described by the responses to the questionnaire. Thus, further analysis was required to bring the picture into focus. The data from the quantitative and qualitative strands were therefore combined in a final mixed analysis.

### **Analysis of the Mixed Analysis**

A factor analysis, although not often used in mixed research, was used to test the construct validity of the quantitative questionnaire by establishing factors based on latent constructs (Williams et al., 2010). The mixed analysis is described fully in *Chapter 6: It's Complicated: A Mixed Methods Study of Massage Therapists' Identity*. The combination of quantitative and qualitative research questions, methods, data, and analysis is a strength. In each strand of the study, further information was gathered that would not have been if only one method were used. For example, while the initial description of massage therapists' identity created in the qualitative strand was interesting, the refinement of knowing which aspects of this identity are endorsed by most of the profession is valuable.

The use of factor analysis may be an innovation as used in this mixed methods study. Factor analysis is used to describe latent constructs and relationships of variables within quantitative questionnaires. While this statistical analysis

produces a quantitative result, the result requires interpretation to have meaning. Interpretation is especially difficult when much of the variance in the analysis is unexplained and when there are few variables that load best on to a factor. However, when used within a mixed analysis, the researchers have the benefit of using the qualitative data to provide context and language to the interpretation, strengthening the interpretation and articulation of the factors. With this said, caution should still be used when using these results broadly.

Given the complexity of the phenomenon of professional identity and the dearth of existing information about the identity of massage therapists, the exploratory sequential mixed methods design remains useful for this investigation (Watkins & Gioia, 2015). This research has produced a description of massage therapists' identity, areas of variation, and opportunities for future research.

### **Description of the Professional Identity of Massage Therapists in Ontario**

The description of the professional identity of massage therapists in Ontario resulting from this mixed methods study is that of emerging healthcare professional. This is best described using the qualitative, quantitative, and mixed analyses.

At the end of the qualitative strand, six themes were described: passion as professional motivation, confidence and competence, therapeutic relationship, individualized care, patient empowerment, and role recognition. Given that these were built from a maximum variation sample (Palinkas et al., 2015), it was unknown whether these themes represented the population at large. Within the

online questionnaire used in the quantitative strand, each theme became its own section with statements to which participants were asked to indicate their agreement. These results identified 17 common features where 90% or more of the larger sample endorsed the statement. The common features came from across themes, with the majority of them originally falling under *confidence and competence*.

The final mixed analysis illuminated the relationships between the statements, or variables, and resulted in eight factors describing 46.2% of the variance: core characteristics of a healthcare professional, external image, establishment of patient relationships, intrinsic connection to the profession, responsibility to the patient, respect from others, commitment to healthcare, and adaptability. Fourteen of the 17 common features that spanned the six themes best loaded on Factor 1: Core Characteristics of a Healthcare Professional (shown in Table 14).

*Table 14: Common Features within Factor 1*

QUAL Theme <sup>1</sup>	QUANT Questionnaire Statement	QUANT Agreement <sup>2</sup>	Loading to Factor <sup>3</sup>
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<sup>1</sup> The QUAL theme is the qualitative theme for which the statement was originally developed.

<sup>2</sup> Endorsement is noted as agree/strongly agree (A/SA), disagree/strongly disagree (D/SD), or neither agree nor disagree (Neither).

<sup>3</sup> In the factor tables, colours have been used to quickly show the strength of the correlation: green for strong (0.600-1.000), yellow for moderate (0.400-0.599), and orange for weak (0.000-0.399).

CONF <sup>4</sup>	I know how to apply my knowledge and skills to help my patients.	98.8% A/SA	0.705
CONF	Being competent and skilled creates trust with my patients.	98.8% A/SA	0.687
CONF	Being knowledgeable allows me to interact confidently with other healthcare professionals.	95.4% A/SA	0.657
PASSION <sup>5</sup>	Being dedicated to my practice helps me to provide safe and effective treatments to my patients.	97.1% A/SA	0.657
INDIV <sup>6</sup>	It is important to me that my patient feels like an individual and not a number.	92.7% A/SA	0.656
THER <sup>7</sup>	Communication is important to create therapeutic relationships with my patients.	99.9% A/SA	0.619

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<sup>4</sup> CONF represents the QUAL theme and QUANT section of statements called *Confidence and Competence*.

<sup>5</sup> PASSION represents the QUAL theme and QUANT section of statements called *Passion as Professional Motivation*.

<sup>6</sup> INDIV represents the QUAL theme and QUANT section of statements called *Individualized Care*.

<sup>7</sup> THER represents the QUAL theme and QUANT section of statements called *Therapeutic Relationship*.

CONF	I am confident because I know that I am competent and skilled.	96.0% A/SA	0.605
EMPOW <sup>8</sup>	I encourage people to take charge of their own health.	98.0% A/SA	0.535
THER	I want patients to feel comfortable.	99.5% A/SA	0.492
CONF	I feel comfortable telling my patients I don't know something.	96.0% A/SA	0.465
THER	What makes me a good massage therapist is my ability to listen to my patients' concerns.	91.7% A/SA	0.451
INDIV	I use the same treatment plan for all of my patients.	92.7% D/SD	-0.415
CONF	I recognize the limits of my knowledge.	92.3% A/SA	0.367
ROLE <sup>9</sup>	It is important to me that massage therapists are part of the Regulated Health Professions Act.	95.0% A/SA	0.342

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<sup>8</sup> EMPOW represents the QUAL theme and QUANT section of statements called *Patient Empowerment*.

<sup>9</sup> ROLE represents the QUAL theme and QUANT section of statements called *Role as Healthcare Provider*.

The qualifier of *emerging* is added to healthcare professional as there is more to learn about massage therapists' identity. Using only those elements where massage therapists agree as a collective, approximately 15% of the variance of this phenomenon is explained. Notwithstanding, this agreement to core characteristics of a healthcare professional and agreement that massage therapists think of themselves as such should not be undervalued. In this description, massage therapists believe they are healthcare providers. They value competence and currency with profession-specific knowledge and skill. They believe in the importance of communication to establish trust, create comfort, and empower patients to take charge of their own health. They are passionate about providing safe, effective, and individualized care. This description is the first of its kind in the literature and can be used by Massage Therapy stakeholders to articulate the values and beliefs held by massage therapists that impact their thinking, actions, and interactions.

#### ***Variation within Massage Therapists' Professional Identity***

In addition to a unifying description, the exploratory mixed methods study uncovered variation within massage therapists' identity. While the research team hypothesized that gender, length in practice, and practice setting would have an impact on professional identity, the impact of the other variables was not anticipated. These findings are valuable for the development of future studies. They provide a priori assumptions regarding the inclusion of these demographic items that can drive decisions regarding enrollment of the sample and data

analysis in future questionnaires. Variations within the professional identity of massage therapists were associated with: gender, primary practice setting, years in practice, additional education, designations in addition to massage therapist, and additional roles within the profession.

### *Gender Differences*

Variations were seen between individuals who identified as male and female related to feelings of boredom with massage therapy, lack of confidence in interactions, recognizing limits of knowledge, and ‘fixing’ patients within scope of practice. There were no statistically significant differences between gender and any other variable captured (additional education, additional designations, type of education, length in practice, membership in RMTAO). This suggests that the differences seen are in fact due to gender, not another confounding factor.

Much research has been conducted exploring gender differences in cognition, temperament, social behaviour, and personality. While a full analysis is beyond the scope of this study, a few comments are useful. Differences in the behaviour of men and women are attributed to physiological, genetic, and social influences (Feingold, 1994). As professional identity is the values and beliefs that impact upon thinking, actions, and interactions, social role modeling bears further discussion (Eagly & Wood, 1988; Friesdorf, Conway, & Gawronski, 2015; Kray, Howland, Russell, & Jackman, 2017).

Social role modelling creates expectations as to how men and women should conduct themselves in social interactions, with women often expected to be



communal, and men agentic (Eagly & Wood, 1988). This expectation of men to be independent, self-reliant, aggressive, and assertive may explain why men were less likely to report losing confidence in their interactions with healthcare professionals who had more education than they. Similarly, self-assuredness, which may naturally accompany assertiveness, may explain why they were also less likely to recognize, or admit to, the limits of their knowledge.

The concept of social role modeling presents an interesting lens through which to consider this variation found within massage therapists' identity. While some research has explored gender in Massage Therapy (Baskwill & Vanstone, 2017; Claire, 2004; Hancock, Sullivan, & Tyler, 2015; Institute for Integrative Healthcare, 2013; Marks, 2010; Oerton, 2004), there is great opportunity for research in this area.

#### *Primary Practice Setting*

Primary practice setting created differences in individuals' responses. While respondents chose between multiple options (spa, sole-practitioner (home-based), sole-practitioner (clinic-based), multi-disciplinary clinic; multi-RMT clinic, fitness centre), variation was seen between those whose primary practice was in a spa versus all other respondents. This variation is discussed within the massage therapy profession, but this is the first record of such.

Professional identity is impacted by the environment in which professionals work (Edwards & Durette, 2010). Differences may result from the organization of practice, the type of patient seen, or a combination of these and other factors.

Anecdotally, in some spas, there is little expectation, by either the owner or patient, that a massage therapy treatment will begin with an assessment. In addition, the nature of the treatment provided may not seek to decrease pain or restore physical function as noted in the scope of practice statement. It would be interesting to explore this further.

Individuals in this subgroup were less likely to agree that their goal is to empower their patients to terminate care when their patients were better. There are several possible reasons why this may be. First, the nature of massage therapy practice in a spa is periodic. In other words, patients do not often commit to an ongoing treatment plan to resolve an issue of pain or physical dysfunction, so there would be no reason to empower patients to stop seeing them, as there is no ongoing relationship. In addition, the business orientation of spas may discourage massage therapists from encouraging patients to discontinue care. These aspects require additional investigation.

#### *Years in Practice*

Those who had been in practice for more than ten years were more likely to think of massage therapy as part of their identity. It is hypothesized that people who do not enjoy massage therapy, or see it as a job, may choose to leave the profession before 10 years. While the attrition rate by the CMTO is around 4% (College of Massage Therapists of Ontario, 2018b), there are no published statistics regarding who leaves the profession. Similarly, those who have been in the profession longer may have found ways to incorporate aspects of practice into

their lifestyle, such as their schedule, philosophy of care, or patient rapport. This integration of work into life may be one reason respondents have endured.

Respondents who have been in practice for more than ten years were more likely to disagree that their responsibility was to fix their patients. It is unclear whether this is something that results from education, experience, or both. In addition, multiple understandings of this statement make the variation challenging to interpret. This study is not definitive and further research is needed.

#### *Additional Education*

Respondents were asked to identify whether they had any additional education (e.g. some university or college, a diploma in addition to their massage therapy diploma, bachelor's degree, master's degree, or doctoral degree). Responses were then transformed into those who reported additional education and those who did not. Individuals who had education above and beyond their massage therapy diploma were less likely to lose confidence when interacting with other healthcare professionals who had more education than they. In addition, this group was less likely to rely on the knowledge they acquired in their entry-to-practice massage therapy education.

Currently, entry-to-practice education is at a diploma level. The type of education is mostly practical, with a focus on learning hands-on skills, such as assessment, massage techniques, modalities, and remedial exercise. While basic theory is part of this education, undergraduate and graduate programs focus more on theory and less on practice. Also inherent in undergraduate and graduate

programs is time. During this period, individuals practice communicating what they have learned with peers and professors. They are socialized as to the norms of the discipline in which they are training. They test out and solidify their professional identity.

The importance of education on forming professional identity has been well documented across disciplines (Clarkson & Thomson, 2017; Cruess, Cruess, & Steinert, 2016; Lindquist, Engardt, Garnham, Poland, & Richardson, 2006; Styles, 2016). A study is underway to capture challenges in massage therapy education (Baskwill, Sumpton, et al., In press). More research is needed to explore the level, approach, content, and professor qualifications in massage therapy programs. In addition, understanding what aspects of professional identity students hold when entering entry-to-practice education, and how it develops during entry-to-practice education would be beneficial.

#### *Designations in Addition to Massage Therapist*

The impact of holding designations in addition to massage therapist was not known at the onset of this study and was only identified through the quantitative analysis. Variations were seen between those who only identified professionally as massage therapists and those who held another health profession designation (e.g. nurse, acupuncturist, chiropractor). Much of this variation may be due to the arguments made above about additional education, as almost all respondents who held a designation in addition to massage therapist also had additional education (93.3% vs. 78.9%;  $\chi^2(1, n=990) = 15.553, p \leq 0.0001$ ). It might be further argued

that, within healthcare profession-specific education, these respondents saw interprofessional behaviours modelled that they then demonstrated to successfully achieve this additional designation. It may also be true that by having additional health sciences and healthcare knowledge and skills, an individual is well-positioned to be more confident in their abilities and interactions.

This subgroup was more likely to agree that they found massage therapy boring and saw massage therapy as a job rather than a lifestyle. This finding is interesting because it may highlight a conflict between multiple professional identities held by individuals (Caza & Creary, 2016; Hogg et al., 1995; Korte, 2007). During any entry-to-practice education, students are trained not only in the knowledge and skills of a profession, but in values and beliefs as well. An individual who either brings the identity of a previous profession to massage therapy, or who adds a new professional identity while maintaining massage therapy practice, may find certain values and beliefs to be in conflict. It is also possible that individuals who held additional designations added them because they found themselves becoming bored with massage therapy. In other words, the individual's attitudes, beliefs, behaviours, and expectations may have aligned better with the identity of the other profession. This study did not explore the potential impact of the timing of education on professional identity.

#### *Additional Roles within the Profession*

Holding additional roles within the profession (e.g. educator, regulator, clinic owner) was also not anticipated to have an impact upon participants' responses.

Similar to the discussion above, the quantitative analysis uncovered that individuals who held roles in addition to clinician were less likely to lose confidence when interacting with other healthcare professionals who had more education than they. However, it is not easy to hypothesize why this may be. Different from holding additional designations, those who held additional roles in the profession did not necessarily hold additional education to a greater extent than those who were solely clinicians (84.1% vs. 79.2%,  $X^2(1, n=990) = 3.525$ ,  $p=0.060$ ).

In this instance, it may be that the identity of respondents who take on additional roles within the profession is more salient than others' (Hogg & Terry, 2000; Terry et al., 1999). This stronger alignment or attachment to the professional identity may result in being more involved, and therefore more confident, in the profession. Further research is needed to fully explain this finding.

### **Implications of the Study Findings**

These findings provide insight into massage therapists' professional identity, with each strand bringing the picture more into focus. The common features identified in the quantitative strand provide a foundation on which Massage Therapy can unite its members and advocate for its values and beliefs. In addition to commonalities, variation was also noted, providing an opportunity for future research.

A subsequent study should test whether the identity described is what the profession wants their identity to be. In instances where the answer is no, discovering what the desired identity is and how this shift can be made could be sought. Where the answer is yes, future studies could explore how to reinforce that identity and whether the public and other healthcare practitioners are aware of this identity.

Opportunities to enhance the questionnaire and investigate further resulted from this mixed research study. To explore the unexplained variance, statements should be added regarding collaboration, management, scholarship, and leadership. In addition, there may be statements regarding hands-on skills, such as assessment and treatment, that should also be included.

Using a revised questionnaire, additional studies could explore the similarities and differences of massage therapists' identity in Ontario with those in other jurisdictions. Particular attention should be paid to comparing jurisdictions with differing regulations and education (i.e. unregulated Canadian provinces, American states, New Zealand). This comparison would help to determine whether there are values and beliefs common to all massage therapists, regardless of jurisdiction, and may help explain the remaining variance in this work.

Future research should investigate further the external image of massage therapists. Preliminary research in this area suggests there is little understanding of massage therapists' role by other healthcare professionals (Fournier & Reeves, 2012). Future research could build upon this previous research to explore what

other healthcare professionals know about massage therapists' scope of practice, role and education and vice versa. In addition, investigating respect and psychological safety in the workplace (Edmondson & Lei, 2014) may provide insight into issues that affect the way an individual acts at work, and the development of their professional identity. Interprofessional collaboration would be enhanced by a better understanding of how members of healthcare teams view and treat each other.

Similarly, future research should explore the impact of the perception of massage therapists regarding not being accepted by others and whether that results in isolation in practice. Researchers should also explore how this perception affects the ways in which other healthcare professionals are integrated into patient care. Feeling like an outsider, may cause some massage therapists to disengage from the broader healthcare system, or even the massage therapy profession. Understanding the impact of this perception is important to supporting massage therapists in their practice.

This study looks only at describing massage therapists' professional identity, and not at how identity is formed in this group. Future studies should investigate the most influential factors that affect identity development in this profession. Discovering how massage therapists' identity is constructed will help to identify how it changes over time. This may also contribute to further understanding of any differences noted between jurisdictions.



## **Conclusion**

This study sought to describe the professional identity of massage therapists in Ontario. Due to the complexity of the phenomenon and the dearth of published information about massage therapists' identity, an exploratory mixed methods study was undertaken. While each strand had its strengths and limitations, the results of this study confirm the value of mixed methods to triangulate complementary designs and data to create more comprehensive findings.

In the resulting description, massage therapists believe they are healthcare providers. They value competence and currency with profession-specific knowledge and skill. They believe in the importance of communication to establish trust, create comfort, and empower patients to take charge of their own health. They are passionate about providing safe, effective, and individualized care.

However, there is more to discover, as only 46.2% of the variance of this phenomenon was explained. Future research should continue to investigate other factors that make up the professional identity of massage therapists in Ontario. Using the description of massage therapists' identity, practitioners, educators, researchers, and advocates can engage in discussions regarding whether or not these factors adequately represent massage therapists' beliefs and values. Variation in some responses occurred due to differences in genders, practice settings, length in practice, additional education, roles within the profession, and designation as healthcare professional. These variations present many

opportunities for future research to further our understanding of professional identity. Much remains to be discovered in this field of study, due to the complexity of professional identity.

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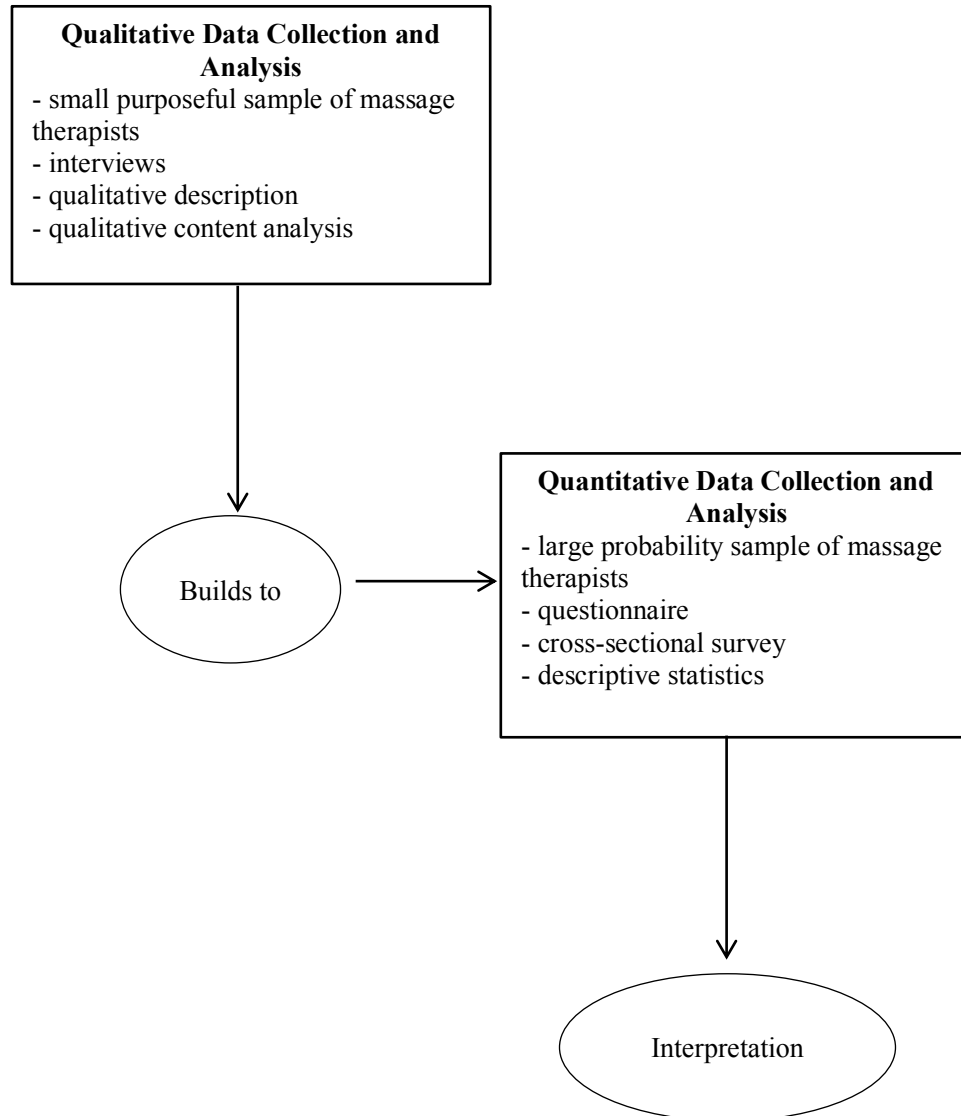
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### Appendix A: Flow of the Study

The following illustration of the flow of the study is modified from the figure by Creswell and Plano Clark (2010, p. 69).



Creswell, J. W., & Plano Clark, V. L. (2010). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage Publications.

**Appendix B: Qualitative Semi-structured Interview Questions**

1. Can you tell me how you first came to massage therapy?
  - a. Why did you choose massage therapy (as opposed to another profession)?
  - b. When it came time to choose a program/school to pursue a career in massage therapy how did you choose where you would study?
2. When you describe what you do as an MT do you describe yourself as a healthcare professional, a service provider, both or neither? Why?
3. How do you describe your philosophy of care or your approach to care?
  - a. When you encounter someone (if you encountered someone) who is (was) not familiar with massage therapists, how do you describe what a massage therapist is?
4. Are there situations or settings when you feel more like a massage therapist OR healthcare professional than others?
  - a. Prompt: Please describe a time/ situation when you exemplified what you think it means to be a MT. Can you describe a time/situation in your professional career when you felt most like a massage therapist?
5. What qualities, skills or characteristics do you have that make you a good MT?

6. I'd like you to think about a registered massage therapist who you think exemplifies what it means to you to be a massage therapist. What actions/ context/ attitudes makes you think of this person as a professional?
7. I'd like you to think about a registered massage therapist who you think does not exemplify what it means to you to be a massage therapist. What actions/ context/ attitudes makes you think of this person not as a professional?
  - a. Prompt: Can you describe a time/situation where a registered massage therapist you know acted in a way that did not exemplify what it means to be a MT?
8. In your experience, how do others see massage therapists and what we do?
  - a. Prompt: For example, your family, friends, other massage therapists, or other healthcare providers
  - b. How does what they think about MTs make you feel?
  - c. Is there any way in which these interactions have influenced the way you think about yourself as a massage therapists? Is there anything you do specifically as a result of those interactions?
9. Are you a member of any associations or societies associated with the profession?
  - a. If yes, how, if at all, does being a member impact how you think of yourself as a MT?

b. If no, how, if at all, does not being a member impact how you think of yourself a MT?

c. Are you a part of any other professional associations or societies?

Do you have any other roles within the profession? Educator, author, peer evaluator, Board/Council member? How do those roles impact how you see yourself as a MT?

10. Are you familiar with the portrayal of MTs in media or society in general?

How would you describe that portrayal? In what ways do you think that portrayal represents what it means to you to be a MT? In what ways do you think that portrayal does not represent what it means to you to be a MT? Does the portrayal of massage therapists in the media or society in general impact the way you think of yourself as a massage therapist?

Please explain your response.

11. Is there any additional information you would like to share with me today about how you think of yourself as a MT?

### **Appendix C: Quantitative Questionnaire**

You are invited to take part in a study about how massage therapists think of themselves as professionals. In order to decide whether or not you want to be a part of this research study, you should understand what is involved, and the potential risks and benefits.

**This study has two parts. Part 1 has been completed. You are being invited to participate in part 2.**

Please ensure that you have carefully read the information sheet that accompanied the link to this questionnaire. If you did not receive an information letter, or if you have any questions before you begin, please contact Amanda Baskwill (baskwiaj@mcmaster.ca).

**Please note that this survey is best completed on a computer and not a mobile device.**

There are 32 questions in this survey.

#### **Information about Questionnaire**

- I have read the information presented in the information letter about a study being conducted by Amanda Baskwill and Dr. Kelly Dore at McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any

time by not completing the questionnaire.

- I understand that once I have submitted my responses for this anonymous survey, my data will be put into a database and will not be linked to me. This means that once I have submitted my questionnaire, my responses cannot be withdrawn from the study because the researchers will not be able to identify which data is mine.

Do you consent to participate in this study?\* (Please choose **only one** of the following)

- Yes
- No

### **Section 1: Demographic Information**

The questions in this section will ask you about yourself.

What is your current status with the College of Massage Therapists of Ontario?

Please choose **only one** of the following:

- General certificate
- Inactive certificate
- Suspended
- Retired

What is your gender? Please choose **only one** of the following:

- F - Female
- M - Male
- X - Transgendered, non-binary, binary, two-spirited

- Prefer not to say
- Prefer to self-describe (please use available text box)

Make a comment on your choice here:

What is the highest level of education you have achieved OTHER THAN your Massage Therapy diploma? Please choose only one of the following:

- No additional education other than my massage therapy diploma
- Some University or College
- Other College Education (Certificate or Diploma)
- Bachelor Degree
- Masters Degree
- Doctoral Degree
- Other

In which year did you graduate from your massage therapy program?

From which type of massage therapy program did you graduate? Please choose only one of the following:

- Private Career College
- Public Community College

How many years, in total, have you had an active practice?

Are you a member of any other healthcare profession(s)? Please choose all that apply:

- No
- Physician

- Nurse
- Chiropractor
- Physiotherapist
- Kinesiologist
- Athletic therapist
- Traditional Chinese medical practitioner
- Acupuncturist
- Osteopathic manual practitioner
- Naturopath
- Homeopath
- Other

We understand that many RMTs work in multiple practice settings. How would you describe your primary practice? Your primary practice is considered to be where you focus the majority of your time, or see the majority of your patients/clients. Please choose only one of the following:

- Sole Practitioner (I am the only person where I work)
- Multi-practitioner (I work with others)

In which setting is your primary practice? Please choose only one of the following:

- Home-based Practice
- Multi-disciplinary Practice
- Multi-RMT Practice



- Spa
- Fitness Centre
- Mobile (Out call) Practice
- Other

Are you a member of the Registered Massage Therapists' Association of Ontario (RMTAO)? Please choose only one of the following:

- Yes
- No

Do you currently hold other roles in the profession, in addition to clinician?

Please choose all that apply:

- No
- Educator (entry-to-practice)
- Educator (continuing education)
- Author
- Advocate (RMATO director or committee member)
- Regulator (CMTO council or committee member)
- CMTO peer assessor
- CMTO examiner
- Clinic owner
- Researcher
- Other:

### **Section 2a: Recognition as a Healthcare Provider**

Which of the following statements best describes how you think of yourself?

Please choose only one of the following:

- I am a healthcare provider.
- I am a service provider.
- I am both a healthcare provider and a service provider.
- I am neither a healthcare provider nor a service provider.

Please feel free to leave a comment to explain your choice.

### **Section 2b: Recognition as a Healthcare Provider**

As a massage therapist, I feel most like a healthcare provider when I work in:

[Only answer this question if: Answer was 'I am a healthcare provider.' or 'I am both a healthcare provider and a service provider.'] Please choose only one of the following:

- My home practice
- A RMT-only clinic
- A multi-disciplinary or multi-practitioner clinic
- A spa
- A fitness centre
- At my patient's home or business
- I always feel like a healthcare provider regardless of setting
- I do not consider myself to be a healthcare provider
- Other

**Section 2b: Recognition as a Healthcare Provider**

Please indicate the extent to which you agree with the following statements.

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Other healthcare providers do not understand what massage therapists do.					
Massage therapists are considered to be less professional than other healthcare providers by other healthcare providers.					
It is important to me that massage therapists are part of the Regulated Health Professions Act.					
I do not have the opportunity to use my full scope of practice within my primary practice setting.					
The health benefits of massage therapy are generally unknown by those outside of the profession.					

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Massage therapists are on the bottom of the healthcare system hierarchy.					
I am respected by the people with whom I work.					
The perception of massage therapists is better today than it was 20 years ago.					

Additional comments:

Please write your answer here:

### 3. Passion as Professional Motivation

Please indicate the extent to which you agree with the following statements.

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
It is important to me to put my patients' treatment needs before my financial needs.					
I set my schedule based on my own needs, like how much money I need or when I need time off.					
I don't think about my professional responsibilities outside of my set work hours (i.e. patient treatment plans, scheduling, third-party reports, record keeping, continuing education, etc.)					
I am passionate about being a massage therapist.					
Being dedicated to my practice helps me to provide safe and effective treatments to my patients					
I find massage therapy to be boring.					

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I think of being a massage therapist as a part of my identity rather than a job.					

Additional comments:

Please write your answer here:

#### 4. Confidence and Competence

Please indicate the extent to which you agree with the following statements.

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I am confident because I know that I am competent and skilled.					
I lose confidence when I interact with healthcare professionals who have more education than I do.					
I recognize the limits of my knowledge.					

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I know how to apply my knowledge and skills to help my patients.					
Being competent and skilled creates trust with my patients.					
I feel comfortable telling my patients I don't know something.					
I rely on the information I learned in my massage therapy program when treating patients with complex presentations.					
Being knowledgeable allows me to interact confidently with other healthcare professionals.					
I value massage therapists who use scientific evidence in their practice.					
I am disappointed when I hear that other massage therapists continue to					

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
spread false information about how massage therapy works.					
I consult the best available research about massage therapy when I create a treatment plan.					
It is important to me to review my treatment notes prior to my next appointment with a patient.					

Additional comments:

Please write your answer here:

#### 4. Forming a Therapeutic Relationship

Please indicate the extent to which you agree with the following statements.



Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Communication is important to create therapeutic relationships with my patients.					
What makes me a good massage therapist is my ability to listen to my patients' concerns.					
Massage therapists have the time to listen to their patients that other healthcare professionals do not have.					
People feel comfortable telling me things they do not tell other healthcare professionals.					
Sometimes patients do not understand why boundaries must be set.					
It is appropriate to be friends with my patients.					

<b>Questionnaire Statement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I like to talk to my patients about their lives during the treatment.					
I want patients to feel comfortable.					
I'm sensitive to other people's circumstances.					
It is my responsibility to fix what is wrong with my patients, within my scope of practice.					

Additional comments:

Please write your answer here:

### 5. Individualized Care

Please indicate the extent to which you agree with the following statements.

<b>Questionnaire Statement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I use the same treatment plan for all of my patients.					

<b>Questionnaire Statement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
It is important to me that my patient feels like an individual and not a number.					
Once a patient commits to a treatment plan, I don't make any changes.					
I believe that my patients should create a treatment plan together with me.					

Additional comments:

Please write your answer here:

## 6. Patient Empowerment

Please indicate the extent to which you agree with the following statements.

<b>Questionnaire Statement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I encourage people to take charge of their own health.					

Questionnaire Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I do not think it is necessary to provide remedial exercises or other home care for most patients.					
If I explain the remedial exercise or other home care I prescribe, I find more patients will do them.					
My goal is to empower my patients to stop seeing me when they are better.					

**7. Ranking**

Of the items listed below, which do you think are most important for massage therapists? Please rank the items from most important to least (or less) important.

Please number each box in order of preference from 1 to 13

- Have a dedication to helping others
- Have exceptional communication skills
- Have up-to-date professional knowledge
- Have good hands on skills
- Are friendly
- Are empathetic

- Are focused on patient well-being
- Are focused on own well-being
- Use credible sources of information, including research, in practice
- Have confidence
- Are respectful
- Are self-aware of limits of knowledge
- Have the ability to educate others

### **8. Additional Comments**

Please provide any additional thoughts you have about being a massage therapist.

Please write your answer here:

### **9. Contact Information**

If you would like to receive a copy of the final study results, please leave your email address here.

**\*\*Please note: this information will not be kept with your study results.\*\***

If you would like to be entered into a raffle for an Amazon.ca gift card, please leave your email address here.

**\*\*Please note: this information will not be kept with your study results.\*\***

Thank you for your interest in this project. If you would like to follow this project as it progresses, please visit [Researchgate.net](https://www.researchgate.net) for project updates.

Thank you for completing this survey.

**Appendix D: Full Results of Likert Scale Questions in the Quantitative Study**

Questionnaire Statement	Agree or Strongly Agree	Neither Agree nor Disagree	Disagree or Strongly Disagree	n-value
<b>Role as Healthcare Provider</b>				
Other healthcare providers do not understand what massage therapists do.	53.0%	21.4%	25.5%	989
Massage therapists are considered to be less professional than other healthcare providers by other healthcare providers.	66.2%	15.9%	17.9%	981
<b>It is important to me that massage therapists are part of the Regulated Health Professions Act.<sup>1</sup></b>	<b>95.0%</b>	<b>2.9%</b>	<b>2.0%</b>	<b>933</b>

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<sup>1</sup> Bolded items indicate key features of massage therapists’ professional identity, defined as those items with 90% or greater endorsement.

<b>Questionnaire Statement</b>	<b>A/SA</b>	<b>Neither</b>	<b>D/SD</b>	<b>n-value</b>
I do not have the opportunity to use my full scope of practice within my primary practice setting.	17.0%	13.5%	69.4%	940
The health benefits of massage therapy are generally unknown by those outside of the profession.	50.5%	20.6%	28.9%	988
Massage therapists are on the bottom of the healthcare system hierarchy.	61.6%	16.9%	21.5%	972
I am respected by the people with whom I work.	89.0%	6.4%	1.7%	974
The perception of massage therapists is better today than it was 20 years ago.	86.6%	9.3%	4.1%	963
<b>Passion as Professional Motivation</b>				
It is important to me to put my patients' treatment needs before my financial needs.	70.4%	19.8%	9.7%	971

Questionnaire Statement	A/SA	Neither	D/SD	n-value
**I set my schedule based on my own needs, like how much money I need or when I need time off. <sup>2</sup>	46.0%	22.5%	31.5%	967
I don't think about my professional responsibilities outside of my set work hours (i.e. patient treatment plans, scheduling, third-party reports, record keeping, continuing education, etc.)	8.6%	9.4%	82.0%	938
<b>I am passionate about being a massage therapist.</b>	<b>91.1%</b>	<b>6.8%</b>	<b>2.1%</b>	<b>976</b>
<b>Being dedicated to my practice helps me to provide safe and effective treatments to my patients</b>	<b>97.1%</b>	<b>2.0%</b>	<b>0.8%</b>	<b>978</b>

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<sup>2</sup> Statements noted with a double asterisk (\*\*) were noted as ineffective as written.



<b>Questionnaire Statement</b>	<b>A/SA</b>	<b>Neither</b>	<b>D/SD</b>	<b>n-value</b>
I find massage therapy to be boring.	5.2%	8.9%	85.9%	907
I think of being a massage therapist as a part of my identity rather than a job.	69.3%	17.5%	13.2%	965
<b>Confidence and Competence</b>				
<b>I am confident because I know that I am competent and skilled.</b>	<b>96.0%</b>	<b>3.1%</b>	<b>0.9%</b>	<b>974</b>
I lose confidence when I interact with healthcare professionals who have more education than I do.	19.7%	19.4%	60.8%	955
<b>I recognize the limits of my knowledge.</b>	<b>92.3%</b>	<b>4.9%</b>	<b>2.8%</b>	<b>973</b>
<b>I know how to apply my knowledge and skills to help my patients.</b>	<b>98.8%</b>	<b>0.9%</b>	<b>0.2%</b>	<b>973</b>
<b>Being competent and skilled creates trust with my patients.</b>	<b>98.8%</b>	<b>0.9%</b>	<b>0.3%</b>	<b>975</b>

Questionnaire Statement	A/SA	Neither	D/SD	n-value
<b>I feel comfortable telling my patients I don't know something.</b>	<b>96.0%</b>	<b>2.4%</b>	<b>1.6%</b>	<b>973</b>
I rely on the information I learned in my massage therapy program when treating patients with complex presentations.	61.2%	21.4%	17.4%	957
<b>Being knowledgeable allows me to interact confidently with other healthcare professionals.</b>	<b>95.4%</b>	<b>3.4%</b>	<b>1.1%</b>	<b>964</b>
I value massage therapists who use scientific evidence in their practice.	85.8%	12.9%	1.3%	964
I am disappointed when I hear that other massage therapists continue to spread false information about how massage therapy works.	84.2%	12.0%	3.7%	938

<b>Questionnaire Statement</b>	<b>A/SA</b>	<b>Neither</b>	<b>D/SD</b>	<b>n-value</b>
I consult the best available research about massage therapy when I create a treatment plan.	56.6%	33.4%	10.1%	956
It is important to me to review my treatment notes prior to my next appointment with a patient.	83.7%	12.5%	3.8%	970
<b>Therapeutic Relationship</b>				
<b>Communication is important to create therapeutic relationships with my patients.</b>	<b>99.9%</b>	<b>0.1%</b>	<b>0.0%</b>	<b>964</b>
<b>What makes me a good massage therapist is my ability to listen to my patients' concerns.</b>	<b>91.7%</b>	<b>6.2%</b>	<b>2.1%</b>	<b>964</b>
Massage therapists have the time to listen to their patients that other healthcare professionals do not have.	78.1%	17.0%	4.9%	958

Questionnaire Statement	A/SA	Neither	D/SD	n-value
People feel comfortable telling me things they do not tell other healthcare professionals.	71.2%	25.8%	3.0%	950
Sometimes patients do not understand why boundaries must be set.	63.4%	16.8%	19.9%	952
It is appropriate to be friends with my patients.	6.8%	39.4%	53.8%	933
I like to talk to my patients about their lives during the treatment.	37.0%	44.3%	18.7%	948
<b>I want patients to feel comfortable.</b>	<b>99.5%</b>	<b>0.4%</b>	<b>0.1%</b>	<b>960</b>
I'm sensitive to other people's circumstances.	83.4%	13.0%	3.6%	962
It is my responsibility to fix what is wrong with my patients, within my scope of practice.	54.8%	29.0%	16.2%	937

<b>Questionnaire Statement</b>	<b>A/SA</b>	<b>Neither</b>	<b>D/SD</b>	<b>n-value</b>
<b>Individualized Care</b>				
<b>I use the same treatment plan for all of my patients.</b>	<b>1.7%</b>	<b>5.6%</b>	<b>92.7%</b>	<b>933</b>
<b>It is important to me that my patient feels like an individual and not a number.</b>	<b>98.8%</b>	<b>1.0%</b>	<b>0.3%</b>	<b>959</b>
<b>Once a patient commits to a treatment plan, I don't make any changes.</b>	<b>1.8%</b>	<b>8.0%</b>	<b>90.2%</b>	<b>926</b>
I believe that my patients should create a treatment plan together with me.	75.8%	18.2%	6.1%	953
<b>Patient Empowerment</b>				
<b>I encourage people to take charge of their own health.</b>	<b>98.0%</b>	<b>1.9%</b>	<b>0.1%</b>	<b>949</b>
<b>I do not think it is necessary to provide remedial exercises or other home care for most patients.</b>	<b>3.0%</b>	<b>6.0%</b>	<b>91.0%</b>	<b>922</b>

<b>Questionnaire Statement</b>	<b>A/SA</b>	<b>Neither</b>	<b>D/SD</b>	<b>n-value</b>
**If I explain the remedial exercise or other home care I prescribe, I find more patients will do them.	64.6%	22.4%	13.0%	942
**My goal is to empower my patients to stop seeing me when they are better.	48.3%	30.8%	21.0%	926