

STAA SHIATSU WORKFORCE AUSTRALIA

Part 1: Who are we?

By Emma Strapps and Dr Jennifer Hunter

Firstly, a huge thank you to all shiatsu practitioners who took the time to complete the first solely shiatsu workforce survey in Australia. We had an excellent response for a small organisation, in line with one of our recently acquired taglines, small but mighty! The survey results enable us to more deeply inform members, industry, government bodies and health funds about our profession as it currently stands in Australia. It allows us to define a research topic to initiate an evidence-based research project from 2017. In the health industry, as in general medicine, it has become a basic requirement to have evidence-based research that backs up any claims made about the safety and efficacy of a modality.

We are pleased to have heard your voices in STAA. This information is highly valued and has informed the National Council's discussion on future strategic planning. The STAA National Council has already initiated action to support a stronger voice in the community. Many practitioners feel that there is a lack of awareness about shiatsu and how shiatsu can help people in the broader communities in which we work. As many of us work solo, it can be an isolating career and for this reason it is important to find ways of developing community support. To address this important concern, STAA recently released a new logo and branding material will be produced and distributed. STAA is also developing a calendar of events on the STAA website that will link into other related national and international event days where shiatsu practitioners could host events. In 2016, several practitioners registered and hosted events during Women's Health Week supported by the Jean Hailes Foundation¹. This promotional campaign is a huge undertaking and will require a collective effort to be successful. We ask that you continue to remain active within your own community and that of STAA, your shiatsu association.

The second issue raised was a call for more support for professional development for practitioners and recent graduates. The STAA National Council has been developing a workshop project for several years. The workshop project has finally come into fruition with an updated IT system and the inaugural workshop was led by our very own President, Linda Rago. This workshop, entitled

Breath as a Therapeutic Tool, was held in Melbourne in September 2016. These workshops will be supported by STAA from the initial expression of interest to workshop facilitation and registering the CPE points for participants².

INTRODUCTION

To date, there has been little academic research into shiatsu provided in Australia or, indeed, the world outside of Japan. Recognising the gap in academic research and the growing demand for evidence-based research at government and industry levels, the Shiatsu Therapy Association of Australia (STAA) decided to initiate some practitioner-led research. We identified that the foundation for this research was a basic level of information regarding the shiatsu profession in Australia. A workforce survey is a common means of collecting data about a profession to inform education, industry, government and required areas of research. In May 2016, STAA conducted a workforce survey of shiatsu practitioners throughout the country. This was the first workforce survey to be conducted solely for shiatsu practitioners working in Australia. The workforce survey took into consideration professional workforce information (gender, age, location of practice, employment status, hours worked); issues regarding workplace (hours, contracts); client statistics (age, gender, private health insurance status, referrals); and information regarding symptoms/conditions presenting to shiatsu practitioners where they see good results.

This article will outline who we are as shiatsu practitioners in Australia. Drawing from the survey results, it will include information on personal statistics, trends in practice locations and employment status. How shiatsu practitioners are working, including average hours worked and areas of expertise or specialty, will be presented. Finally, we will discuss what common conditions and/or symptoms practitioners are currently treating with good outcomes. This last section is important as it will assist us to determine the topic of research for the first formal academic shiatsu research project to occur in Australia³.

This is the first of two articles, further details of the results will be presented and discussed in a follow-up article in the next edition of *Pointers*.

1 See Emma Strapps' article 'Women's Health week report' in the October 2016 edition of *Tsubo*, STAA's member newsletter.

2 For more information please go to www.staa.org.au.

3 For more information on being involved in future research projects, please email research@staa.org.au.

AIMS & METHODS

The aims of the STAA workforce survey were:

- (i) To collect information about the shiatsu workforce in Australia.
- (ii) To identify practice trends, issues about professional standards and working conditions and compare this to other similar complementary alternative medicine (CAM) practices, e.g. massage therapy.
- (iii) To identify potential areas for further research.
- (iv) To establish a database of professional shiatsu practitioners interested in being involved in further research.

To achieve the aims, a written survey of 32 questions was designed and completed securely online in SurveyMonkey or by PDF and returned via email or post from 6 June to 17 July 2016. The survey was discussed with STAA National Council members⁴ with assistance from Dr Jennifer Hunter (Senior Research Fellow at the National Institute of Complementary Medicine, general practitioner and shiatsu practitioner).

The survey was sent via email to the entire STAA membership (past and present) as well as shiatsu practitioners who are members of other relevant associations including the Association of Massage Therapists, Australian Association of Massage Therapists (now Massage and Myotherapy Australia) and the Australian Traditional-Medicine Society via formal communication with their association administration.

Once collected, the data was exported from SurveyMonkey into an Excel spreadsheet and manually grouped the responses and held securely according to Human Research Ethics Committee (HREC) protocol. It was then analysed using descriptive statistics (percentages, averages) in conjunction with some qualitative content analysis and literature review of shiatsu, massage and related complementary medicine (CM) publications dating from 2003 from within Australia and internationally.

The survey was conducted in accordance with the guidelines set out in the National Statement on Ethical Conduct in Human Research (2007).⁵

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- 4 The National Council is comprised of voluntary practitioner/members. A research subcommittee was established to advise on the survey design that comprised of Dr Jennifer Hunter, Linda Rago, Anne McDermott and Emma Strapps. This research subcommittee has now been expanded to include Alex Caldwell and Andrew Scott.
 - 5 The National Statement consists of a series of guidelines made in accordance with the *National Health and Medical Research Council Act 1992*.

RESULTS

Who are we?

There were 119 completed surveys. Of these, 114 were complete and 5 were incomplete. Although the survey was open to all shiatsu practitioners with a minimum qualification of a shiatsu diploma, 98% of the respondents were STAA members.

The average age of shiatsu practitioner in Australia is 48 years old. There are a significant amount of practitioners over the age of 55 (33) and very few practitioners under the age of 35 (4). This differs slightly according to the broader population of massage practitioners in Australia where the distribution of those aged under and over 40 were similar⁶.

Interestingly Leach found that TCM practitioners had a greater proportion of those aged over 40 (63% aged between 40–59 years and 27% < than 40 years)⁷. Without more information, it is difficult to reach any conclusions about the reasons for these observed differences.

The amount of years practitioners have been working varies greatly. The average number of years in practice was 11.8⁸. The number of practitioners working for 10–19 years was 31 and over 20 years was 32. With 75% of respondents working for at least 10 years, it suggests that practitioners are able to sustain their practice over a long period of time.

There were substantially more female shiatsu practitioners (70%) compared to male practitioners (30%) represented in the survey. This is in line with other CM modalities such as massage. As Leach writes, 'according to the broader CAM workforce, practitioners were typically female'⁹.

6 Leach M (2013) *Profile of the complementary and alternative medicine workforce across Australia, New Zealand, Canada, United States and United Kingdom* Complementary Therapies in Medicine Journal Vol. 21, pp 364–378

7 *ibid*

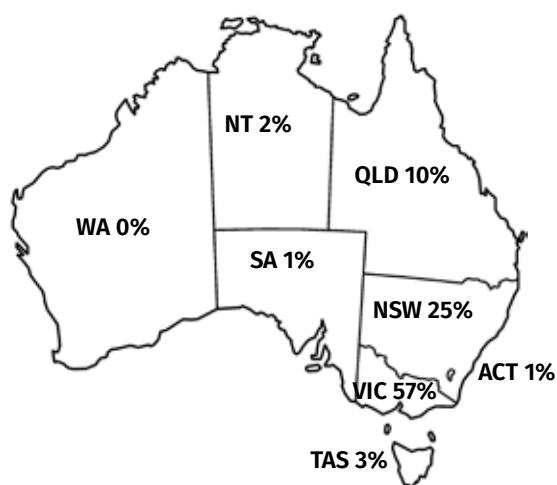
8 This average did not include the 5/119 practitioners who had been working for less than one year.

9 Leach M (2013) *Profile of the complementary and alternative medicine workforce across Australia, New Zealand, Canada, United States and United Kingdom* Complementary Therapies in Medicine Journal Vol. 21, pp 364–378

WHERE PRACTITIONERS WORK

We had respondents identify from Victoria, NSW, Queensland, NT, Tasmania, ACT and SA (see map for the location distribution around Australia). That there were no respondents from Western Australia probably reflects the sampling bias of the survey rather than a lack of shiatsu practitioners in WA.

Location of shiatsu practitioner responses across Australia



Nearly half (48%) of respondents indicated their shiatsu training was undertaken at the Australian Shiatsu College in Melbourne, Victoria. While 15% of respondents trained at East West College, also in Melbourne; 10% trained at Nature Care College in Sydney, NSW; and 3% trained at Zen Renaissance Healing Centre in NSW. The remaining 23% of respondents trained elsewhere in Australia or overseas. The distribution of shiatsu practitioners across Australia is indicative of where shiatsu training has occurred. According to STAA information on registered training organisations delivering the shiatsu diploma, there are currently institutions registered in Victoria, NSW and Queensland while previously shiatsu courses have also been delivered in WA, NT, ACT, Tasmania and SA¹⁰.

The types of locations where shiatsu tends to be practised (see Chart 1) were primarily a solo practice at home or another location (such as a private clinic space), multidisciplinary clinics that also included other complementary medicine practitioners and/or allied health practitioners and a mobile practice. Less preferred, but still significant, were shared clinic with other shiatsu practitioners, day spa and corporate massage. Those who responded with 'other' included locations such as 'market stalls', 'festivals, beach', 'wellness and health events', 'hotels' and the 'Australian Shiatsu College'.

This question allowed for multiple responses. The large majority of practitioners (80%) were working in more than one location. Of the 86 respondents who said they were working in solo practice either at home or another location, just under half (39) were working in three or more locations and 15 were working in only one other location (either multidisciplinary clinic or day spa). These results highlight that many practitioners divide their practice between various work environments. Of note, there were few respondents working in hospitals, in multidisciplinary clinics alongside medical practitioners or with fellow shiatsu colleagues, including teaching or instructing shiatsu.

EMPLOYMENT STATUS

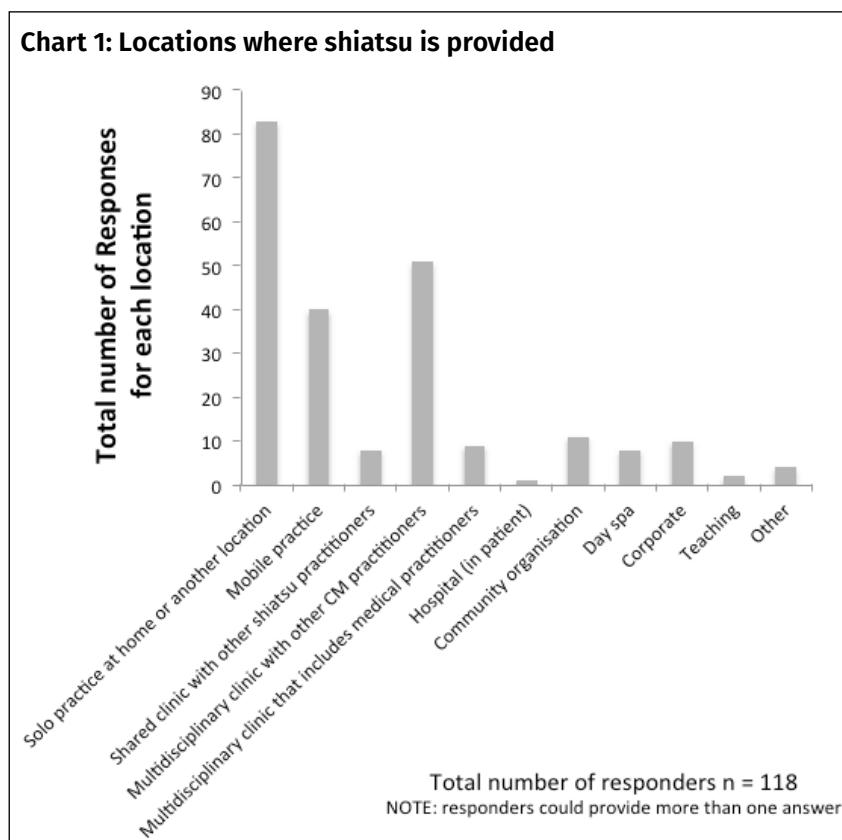
The vast majority (93%) of shiatsu practitioners in Australia identified as self-employed. While being self-employed has many benefits, it does require practitioners to have adequate skills in other areas such as business management and marketing when entering the workforce. For some practitioners this is a positive means of employment where they are in control of their work situation. For example, 'self employed so earning own income' and 'I work for myself, set and charge my own fees and pay rent and service fee on a sessional basis at the shared clinic.' However, this can limit work sustainability and minimises benefits of employment such as paid leave and superannuation.

It is difficult to accurately measure the amount of full-time paid employees practising shiatsu in Australia. There do seem to be limited options for shiatsu graduates to gain employment. Of the 3.45% of shiatsu practitioners who identified as 'employed', 18% had formal contracts in place with employers while 69% had an informal contract or no contract. The majority of respondents who were working as a subcontractor were either somewhat satisfied or very satisfied with their employment arrangement (83%). The remaining 17% were neutral and no respondents reported being dissatisfied.

Concerns however were voiced about the difficulty with being paid on a fee for service basis: 'It's tough being onsite for sometimes many hours but only being paid per client'. Another respondent stated that 'It's not particularly great when there are expectations to be physically available but not get paid for that time.'

Thus, shiatsu practitioners are in a highly vulnerable position in the workforce.

10 www.staa.org.au/Shiatsu-Colleges
(accessed 17/1/2017)



HOURS WORKED

The majority (75%) of shiatsu practitioners are working less than 20 hours per week. This varied greatly ranging from 1–48 hours, with a median of 10 hours (average 13 hours) worked per week. This included time with clients (usually paid) and time spent on business administration and marketing (unpaid).

There are many possible reasons for why most practitioners are working part-time that were not fully explored by the workforce survey. These could include:

- Practitioners practising shiatsu alongside an already established career and/or are transitioning into part-time work after already sustaining another career (the average age of practitioners was 48).
- Lack of employment opportunities.
- Lack of appropriate workspaces available to practitioners (including cost of hiring facilities, location, proximity to other modalities etc.).
- Misinterpretation of survey question or misrepresentation of *actual* time spent working on shiatsu and shiatsu-related tasks including unpaid research, marketing, business management, client care, volunteer work, etc.

CONTACT TIME WITH CLIENTS

In accordance with the broader industry spectrum, shiatsu practitioners tend to have long contact times with clients.

The average time spent with a client was 74 minutes, ranging from 50–180 minutes per session. This can impact on the volume of clients a practitioner can attend to per day, factoring in other elements required to manage their business (including taking payments and bookings, marketing, bookkeeping, administration, research, etc.) as well as the requirement of taking breaks to sustain their own health and wellbeing.

While beyond the scope of this survey, it is worth mentioning that there is a growing body of evidence to suggest a positive effect in the healing process of the client is directly linked to the time spent in client-practitioner relationship¹¹. A question not asked

in this survey was about the amount of returning clients practitioners see on a regular basis. This may add weight to the argument that longer consultations improve client satisfaction and outcomes for both the practitioner and their clients.

AREAS OF EXPERTISE OR SPECIAL INTEREST

Regarding the questions about practitioner expertise or special interest, stress management (n=73, 64%), general relaxation (n=63, 55%) and pain management (n=61, 53%) were the most common (see Chart 2). The question listed a range of potential conditions and respondents could select more than one condition and as such, most practitioners selected more than one area. Symptoms and conditions included under the title 'stress management' were tension, headaches, fatigue, insomnia and anxiety. Pain management included muscular-skeletal pain (e.g. back pain, arthritis, injuries), as well as headaches and other painful conditions. These clinical areas were closely followed by women's health (n=48, 42%) and chronic health conditions (n=40, 35%) that included a wide range of persisting problems such as allergies, asthma, heart disease, high blood pressure, diabetes, thyroid

11 As Bradbury et al write, 'Positive and empathetic patient-practitioner relationships and a strong patient-practitioner alliance are associated with improved patient outcomes...but evidence is limited.' See article: Bradbury K et al (2016) *Non-specific mechanisms in orthodox and CAM management of low back pain (MOCAM): theoretical framework and protocol for a prospective cohort study* BMJ Open (accessed 13/7/2016)

disease, irritable bowel/gastrointestinal diseases, respiratory conditions and skin conditions. The category rehabilitation (n=31, 27%) included sports injuries, work-related injuries and accidents. In the 'other' category, three practitioners considered themselves generalists with no particular area of expertise, another three stated they specialised in wellness and healthy living and one in palliative care. While more research evaluating the effectiveness of shiatsu is required, we can consider that shiatsu has the potential to be beneficial in the treatment of stress-related conditions and symptoms/conditions involving pain. The common categories listed in Chart 2 are promising clinical areas for further research exploring the role of shiatsu as an adjuvant to allopathic healthcare.

COMMON SYMPTOMS/CONDITIONS PRACTITIONERS TREAT

Shiatsu is a holistic form of treatment that considers the whole body-person including their health history, their constitution, their environment as well as current issues they present with, which are often multiple and complex. This makes it challenging to isolate a condition or symptom presented into something treatable in isolation. For example, a client may present with fatigue and headaches or stress, lower back pain and menstrual issues. Some conditions/symptoms may be chronic at time of presentation, while others are more acute. However, clients may use shiatsu for a specific reason.

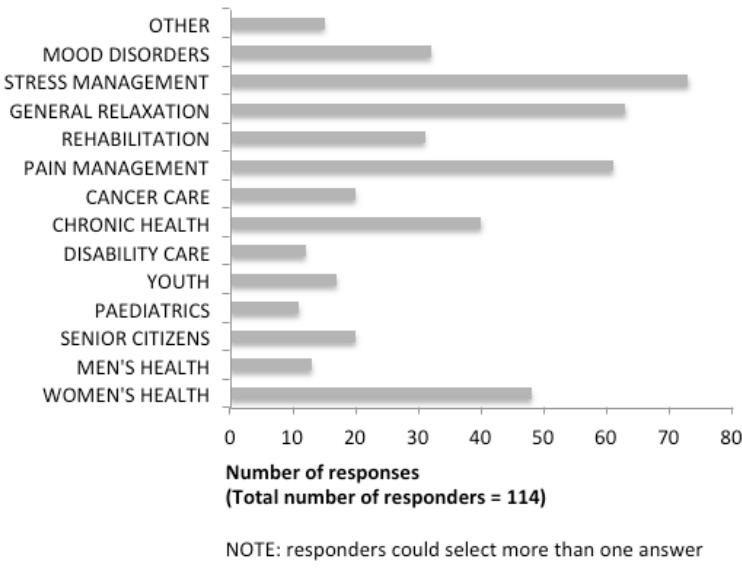
Practitioners were asked an open-ended question about the top three common symptoms or conditions their clients present with that they consistently observe good outcomes following shiatsu therapy. These were then manually coded into clinical categories (see Chart 3).

The top three categories of symptoms or conditions where practitioners observe good results from shiatsu were:

1. Pain (including all responses that mentioned pain and conditions where pain is a presenting symptom)
2. Mental health (this included all responses that mentioned emotional issues, low mood, depression, anxiety and stress)
3. Low energy or fatigue (including chronic fatigue syndrome)

Pain stands out as the most common condition that practitioners observe good results from shiatsu treatment. From the survey results, pain was coded into 5 common categories: general pain, back pain, lower back pain, neck and shoulder pain/tension

Chart 2: Areas of expertise or special interest



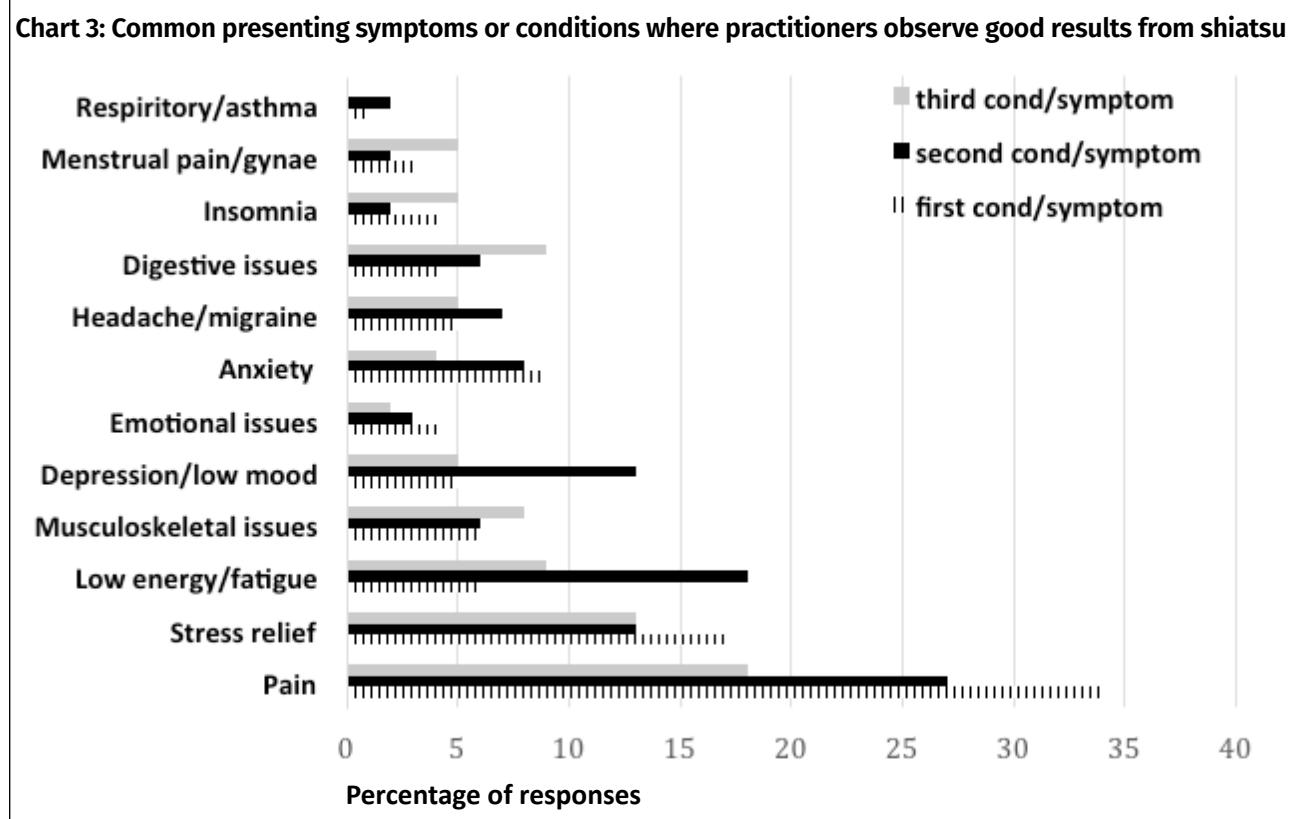
and fibromyalgia. Further research is required to understand the specific types of pain, for example, whether it is chronic or acute, injury related or overuse. Consideration would also need to be given to other symptoms present alongside the specific pain relief and sought through treatment and therefore what kind of treatment is most conducive to aiding symptom relief.

CONCLUSION

Shiatsu is a vibrant profession that positively contributes to the health and wellbeing of Australians in many places and in many ways. Through this survey we have identified that practitioners are generally female and over the age of 40 and this is in line with a broader CM workforce in Australia. We have also identified that practitioners are generally involved in part-time work as a sole trader. This uncovers potential areas of development, particularly in accessing shiatsu training and support for practitioners to set up and remain in practice beyond self-employment by advocating for inclusion in other primary healthcare settings.

We have also identified some areas where practitioners consistently see good results from shiatsu treatment. There is the potential for shiatsu to have a positive contribution in management of pain, mental health, fatigue, women's health and digestive health along with improving the holistic health and wellbeing of our clients and beyond in the Australian healthcare landscape.

Part 2 of this article will continue to look more in depth at data from the survey on the types of condition/symptoms shiatsu practitioners are treating in regards to frequency and time it takes to see a positive response to treatment, the characteristics of shiatsu clients and practitioner referral trends.



ACKNOWLEDGEMENTS

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