Hospital Based Massage Therapy: Benefits and Challenges
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History of Massage in Hospitals

During the early part of the 20th century, the American Journal of Nursing included several papers detailing:

- training standards
- qualifications
- rudimentary competencies
- physiological effects relative to massage therapy in the hospital setting
Massage in Hospital Settings
Massage in the new healthcare delivery system

2001

“Use of CAM therapies by a large proportion of the study sample is the result of a secular trend that began at least a half century ago. 

This trend suggests a continuing demand for CAM therapies that will affect health care delivery for the foreseeable future.”

Massage in the new Healthcare delivery system

2005

- Health Forum, a research division of the American Hospital Association, found that massage therapy is the top CAM service provided in outpatient and inpatient settings

- Patient demand was the top driver for this

Staff wellness: 15 minute chair massage once a week at work can improve an employee’s retention ratio, decrease sick leave, and increase overall efficiency.

Companies including Boeing, NBC, Lockheed-Martin, Coca-Cola, Delta Airlines, and Microsoft encourage their employees to have a massage once a week.
Massage in the new Healthcare delivery system

The Institute of Medicine Summit on Integrative Medicine and the Health of the Public, Feb 2009

“The disease-driven approach to care has resulted in spiraling costs as well as a fragmented health system that is reactive and episodic as well as inefficient and impersonal.”
Massage in the new healthcare delivery system

**Triple Aim:** improve health, quality patient experience, cost

**ACA:** inclusion of CIM-Section 2706

**Value Based System of Care:** incentive for quality care

**HCAHPS:** Hospital Consumer Assessment of Health Providers and Systems

**Patient Experience:** Patient Centered Care
"About 59 million Americans spend money out-of-pocket on complementary health approaches, and their total spending adds up to $30.2 billion a year."
Massage in the new healthcare delivery system

Benefits of Massage

- Reduce Pain
- Reduce Anxiety
- Promote Sleep
- Stress reduction
- Decrease Nausea
- Blood Pressure reduction
Research

Grealish L et al. (2000)

- Sample size: 87 inpatients
- Procedure: 10-min foot massage
- Control: Quiet time

Findings. Compared to control, massage group had:

- ↓ Pain
- ↓ Nausea
- ↑ Relaxation

Research


- Sample size: 164 outpatients in chemotherapy
- Control/Comparisons: Standard care, Healing Touch, Caring presence
- Findings. Compared to control, massage group had:
  - ↓ Anxiety
  - ↓ Pain
  - ↓ Analgesic use
  - ↑ Mood
  - ↑ Relaxation
  - No change in nausea

Research

Bauer et al (2010) – Mayo Clinic study

Research published in *The Journal of Thoracic and Cardiovascular Surgery* indicates that massage therapy can

- significantly reduce pain, anxiety and muscular tension
- enhance relaxation and satisfaction after cardiac surgery

Research

Givi (2013)

*International Journal of Preventive Medicine*, researchers concluded massage therapy could serve as an effective intervention in controlling blood pressure in pre-hypertensive women. The study showed that the immediate results of lowered blood pressure lasted up to 72 hours after massage.

Supa’At et al

A separate study in the same publication had similar findings; those that received regular Swedish massage therapy over a period of four weeks had significantly lower blood pressure than those who did not have a massage.
Research

A recent meta-analysis of research studies found massage therapy significantly reduced pain compared to the conventional standard-of-care alone for cancer patients, and was particularly effective in eradicating surgery-related pain.
Research

Samueli Institute (2016)

The Impact of Massage Therapy on Function in Pain Populations—A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part II, Cancer Pain Populations

- 11 of the 14 massage therapy studies were reportedly effective for treating cancer pain
- Nine studies out of 14 displayed significant results for mood outcomes, six for Quality of Life outcomes, and three for stress outcomes
Research

Based on this study, massage therapy was found to be

- relatively safe, with infrequent adverse events.
- more effective than other active treatments evaluated for reducing pain intensity/severity, fatigue, and anxiety in cancer patients

Challenges of Massage in the Hospital Setting

- Lack of Standards: Education and Practice
- Funding
Challenges of Massage in the Hospital Setting

Training beyond the basics that most massage schools provide is needed

- The patient population
- Psychological stressors
- Physical environment
- Interprofessional nature of the acute care setting
ACIH HBMT Task Force

Who we are and how we came together

- Dale Healey DC, PhD Carolyn Tague MA, CMT, Beth Rosenthal PhD, MBA, MPH and myself
- Task force formed to explore the need for a set of standard competencies for the practice of massage therapy in hospital environments
ACIH HBMT Task Force

Questions and thoughts in coming together:

- Hospitals are often unsure about what to look for when hiring massage therapists
- Hospitals are often unsure how to fund massage therapy programs
- Hospitals are often unsure how to orient and supervise massage therapists
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Timeline:

- 2012 – Hospital Based Massage Therapy Task Force Formed
- 2013 – Information gathering survey developed and sent to almost forty HBMT programs to assess the need for competencies; Report of findings drafted
- 2014 – Report sent to ACIH Board for review; summary sent to survey participants
- 2015 – HBMT specific competencies developed based on survey findings and ACIH Competencies; Survey sent asking for feedback on HBMT competencies
- 2016 – ACIH Board sent HBMT competencies for their review
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Goal – Employment Status
Find out how hospitals with Massage Therapy programs operate

- Staff vs independent contractors
- Inpatient vs outpatient
- Patients vs staff only
- Supervision, orienting, charting
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Goal – Competencies

❖ Determine if there was a need for competencies

❖ If so, develop a standardized group of competencies for effective practice in hospital environments
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Goal - Funding

- Look at ways in which there is payment for Massage Therapy
- Look at ways in which Massage Therapy programs are developed
Survey designed
Distributed it to a convenience sample of 42 individuals at 37 hospitals
Thirty two completed it, resulting in an 87 percent response rate
Goal – Employment status
Survey found:
Almost 85% of respondents said they have a job description for the massage therapist
About half of respondents (42-58%) report a paid status of some type for their massage therapy staff
The second most common response (24%) indicated student interns
Volunteer status (18%)
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Goals – patients/staff served
Survey found:
94% of respondents offer massage to in-patients. 75% of respondents offer massage in outpatient settings
In-patients access massage therapy sessions most frequently by MD, RN, PT referral (74%) and by patient, family, hospital staff request (58%)
The most common settings for massage offered to outpatients are Medical Clinic/Office (64%) and Infusion Center (56%)
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Goal – Need for Competencies
32% of respondents indicated that massage therapists are not prepared to work in the hospital environment
Specific competencies missing include:
- Documentation/charting/ability to clearly state patient assessment and treatment plan
- Oncology specific training
- Hospital environment logistics
- Communications with hospital staff
- Hospital etiquette (culture)
- Safety issues related to environment
- Electronic health records (EHR)
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Goal – Need for Competencies

• Specific competencies missing include:
  ❖ Understanding of appropriate therapeutic relationships
  ❖ Actual hospital experience or internship work experience
  ❖ Medical terminology
  ❖ Understanding of medical devices and precautions
  ❖ Infection control
  ❖ Contraindications for massage
  ❖ Working with healthcare teams
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Goal - funding

Survey found:

- Sessions are most often paid by philanthropic donations and from hospital budgets
- Self-pay and complimentary sessions were identified by fewer respondents
- Insurance reimbursement was indicated by only three respondents, and seemed to be tied to out-patient service or in conjunction with chiropractic service
- One indicated a pilot being conducted to bill insurance for reimbursements
Based on these findings, we recommend one or more of the following be included in each institution’s HBMT program, in addition to having an orientation or training process:

- A base line or standard of curriculum specific to hospital based massage therapy
- A minimum of shadowing (on-the-job training) hours with an experienced hospital based massage therapist and/or supervisor
- Competencies sign off prior to independently working with in-patients.
- Supervisor positions specific to massage therapy
ACIH HBMT Task Force
Draft Competencies

HBMT Competency 1 – Hospital Environment (HE)

General Competency Statement: Work with patients, families, staff, and individuals of other professions to maintain a climate of mutual respect, shared values and safety within a hospital environment.

- HE1 – Value and Ethics (VE) for Interprofessional Practice
  [ACCAHC COMPETENCY Field 1, Value and Ethics for Interprofessional Practice, includes all the sub-competencies below, VE1-VE11]. General Competency Statement: Work with individuals of other professions to maintain a climate of mutual respect and shared values.

http://optimalintegration.org/pdfs/ACIH%20Competencies_051216.pdf
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Draft Competencies

Value and Ethics for Interprofessional Practice

- VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
Value and Ethics for Interprofessional Practice

- VE6. Develop a trusting relationship with patients, families, and other team members.
- VE7. Demonstrate high standards of ethical conduct and quality of care in one’s contributions to team-based care.
- VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
- VE9. Act with honesty and integrity in relationships with patients, families, and other team members.
- VE10. Maintain competence in one’s own profession appropriate to scope of practice.
- VE11. Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness.
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Draft Competencies

- HE2 – Demonstrate the ability to obtain information from patient charts and record documentation of assessment and treatment plan following hospital protocols and policies, including use of an Electronic Medical Record (EMR), if appropriate.

- HE3 – Demonstrate a working knowledge of common medical terminology and efficient access to resources for unfamiliar terms.

- HE4 – Communicate with hospital staff following the appropriate channels including reporting suspected patient abuse or non-compliance with care plan.

- HE5 – Demonstrate knowledge of common medical devices and equipment such as foley catheters, central lines, PICC lines, mechanical ventilators, hospital beds.
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Draft Competencies

- HE6 – Demonstrate evidence informed decision making and knowledge of research involving massage therapy for patient populations served

- HE7 – Communicate one’s role and responsibilities clearly to patients, families, and other professionals. [ACCAHC Competency: RR1]

- HE8 – Demonstrate knowledge and practice of infection control protocols including precautions used for patients, such as ‘droplet’ and ‘contact’ as well as use of personal protective equipment (PPE).

- HE9 – Obtain and maintain necessary credentials and training that may be required such as CPR certification, NPI number, and TB screening.

- HE10 – Explain the concept of informed consent, and be able to communicate the benefits and risks of care options. [ACCAHC Competency: IH7]
HBMT Competency 2 – Massage Protocols (MP)

General Competency Statement: Demonstrate understanding of massage protocols within a hospital environment.

- **MP 1** - Understand common medical conditions and symptoms and how they inform assessment and treatment plan of the massage session.

- **MP 2** – Demonstrate ability to appropriately adjust massage techniques based on the patient’s medical diagnosis and condition, including psycho/social condition. Treatment adjustments include pressure, positioning, site, pacing, duration and dosing.

- **MP 3** – Understand indications and contraindications for massage therapy including infection control measures, health risk factors based on patient’s presenting condition(s), and practitioner’s safety needs.
MP4 – Demonstrate ability to provide massage therapy around hospital equipment such as hospital beds, wheelchairs, and infusion chairs.

MP5 - Recognize one’s limitations in skills, knowledge, and abilities. [ACCAHC Competency: RR2]

MP6 - Demonstrate correct body mechanics for the hospital environment.
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Draft Competencies

HBMT Competency 3 – Therapeutic Presence (TP)

General Competency Statement: Demonstrate therapeutic presence within a hospital environment.

- TP1 - Express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions. [ACCAHC Competency: CC3]

- TP2 - Recognize how one’s own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008), [ACCAHC Competency: CC7]

- TP3 - Identify signs of patient stress, anxiety, pain, grief and/or trauma.
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Draft Competencies

- TP4 - Demonstrate an ability for “holding space” for patients, which does not attempt to cure or fix any conditions. Appropriately maintains “scope of practice” boundaries.

- TP5 - Describe appropriate boundaries for both therapist-patient and therapist-hospital staff interactions.

- TP6 - Maintain a routine of self-care practices including the ability to maintain a professional demeanor while in the presence of potentially emotionally challenging situations and/or circumstances.
Hospital Based Massage Therapy Books

- Gayle MacDonald, MS, LMT
  Massage for the Hospital Patient and Medically Frail Client

- Gayle MacDonald, MS, LMT
  Medicine Hands: Massage Therapy for People with Cancer

- Tracy Walton, MS, LMT
  Medical Conditions and Massage Therapy
Hospital Based Massage Therapy Books

- Patricia Benjamin, PhD, LMT
  The Emergence of the Massage Profession in North America

- Ruth Werner, LMP
  A Massage Therapist’s Guide to Pathology

- Virginia Cowen, PhD, LMT, RYT, CSCS
  Pathophysiology for Massage Therapists
Contact

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