

# STAA SHIATSU WORKFORCE AUSTRALIA

## Part 2: Who comes for shiatsu?

By Emma Strapps and Dr Jennifer Hunter

### INTRODUCTION

In a previous article, 'STAA Shiatsu Workforce Survey: Part 1: Who are we?' we considered data and statistics collected from STAA's Shiatsu Workforce Survey (conducted in June 2016) for shiatsu practitioners working in Australia. The article summarised the characteristics of shiatsu practitioners (gender, age, location of practice, employment status, hours worked, areas of special interest) along with identifying conditions and/or symptoms shiatsu practitioners commonly treat and observed clinical improvements. This article will focus on client statistics, including information about the average age and gender of shiatsu clients and types of referrals both to and from shiatsu practitioners.

A substantial number of Australians consult complementary medicine (CM) practitioners every year. The 2004–5 Australian Bureau of Statistics (ABS), National Health Survey data reported that 3.8% of the survey participants had consulted a CM practitioner in the previous two weeks (compared to 32% who had consulted a doctor, dentist, chemist or other allied health practitioner)<sup>1</sup>. In another 2005 national survey, 44.1% of the survey participants had visited a CM practitioner in the previous 12 months.<sup>2</sup> Both surveys identified similar characteristics for CM users. Compared to the Australian population, those who consult CM practitioners were more likely to be aged between 25–60, female, employed, well-educated and have private health insurance coverage. The ABS survey found that Australians who consult CM practitioners are also more likely to eat more fruit and vegetables, exercise more and not smoke cigarettes. Neither survey specifically asked about shiatsu; however, the second survey determined that massage therapists were the most commonly

consulted CM practitioner (27.2 % had consulted a Western massage therapist and 5.1% had consulted a Chinese therapeutic massage therapist in the previous 12 months).

### METHODS SUMMARY

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 2016 to 17 July 2016. 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 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.

The data was exported from SurveyMonkey into an Excel spreadsheet and manually grouped the responses and held securely according to Human Research Ethics Committee protocol. Data was then analysed using descriptive statistics (percentages, averages) in conjunction with some qualitative content analysis and literature review of shiatsu, massage and related 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)<sup>3</sup> and given ethical approval by the Shiatsu Therapy Association of Australia (STAA).

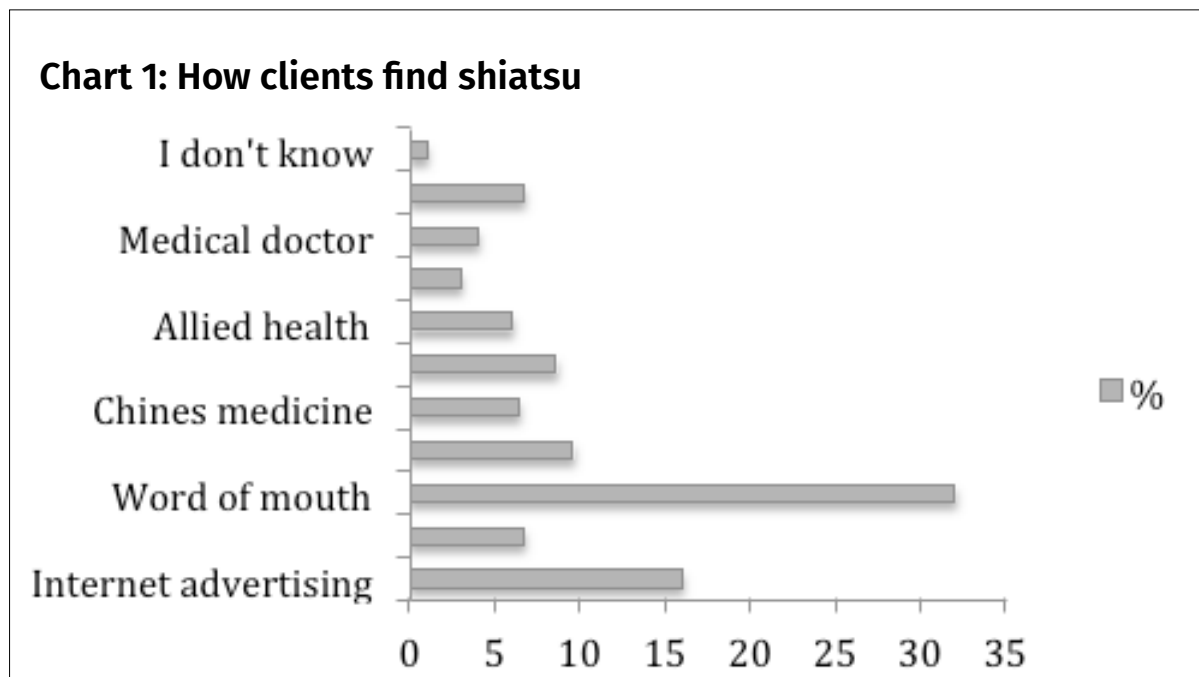
For more details refer to the previous article, 'STAA Shiatsu Workforce Australia Part 1: Who are we?' in *Pointers* Autumn 2017 edition.

1 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5202008>

This information does not include shiatsu specifically. More recent data is required to comment further on client statistics. Data is expected to be released by the ABS following the 2016 census collection.

2 Xue C, Zhang A, Lin V, Da Costa C, Story D (2007) 'Complementary and Alternative Medicine Use in Australia: A National Population-based Survey' *The Journal of Alternative and Complementary Medicine*, Vol. 13, No. 6

3 The National Statement consists of a series of guidelines made in accordance with the *National Health and Medical Research Council Act 1992*.



## RESULTS AND DISCUSSION

### Who shiatsu clients are

Overall, shiatsu was found to be more popular with females. Around half of the practitioners (51%; (54/105) stated that the majority of their clients were mostly females, 48% (50/105) reported that their clients were approximately equal numbers of males and females, and only 1% (1/105) of practitioners reported their clients were mostly males.

Practitioners were also asked to estimate the age of their client base. This was broken down into the following categories: children and teenagers, adults under 40, adults aged between 40 and 60, and adults older than 60. There was also an option for 'not knowing'. The survey results revealed that the highest number of clients coming for shiatsu were in the 40–60 year old age group at 44% (83/188). Following closely behind were adults under 40 at 33.5% (63/188) then adults over 60 years of age at 12% (23/188) and the lowest number of respondents reporting working with children and teenagers at 6% (11/188). There were 5 respondents (5/188 responses) who commented under the heading 'other' with the response 'all of the above' suggesting an even distribution across all age groups.

These statistics are consistent with broader CM data results. The ABS reported from the 2004 National Health Survey that females consisted of 62% of those visiting a complementary medicine practitioner. The age distribution was most common between 25 and 64

years<sup>4</sup>. Long also found in his cross-European study (2007) in the UK shiatsu clients recruited for that study were at a median age of 49 and 83.8% were female, in Spain the median age was 44 and the percentage of females was 75.1% and in Austria the median age was 42 and the percentage of females was 80.1%<sup>5</sup>.

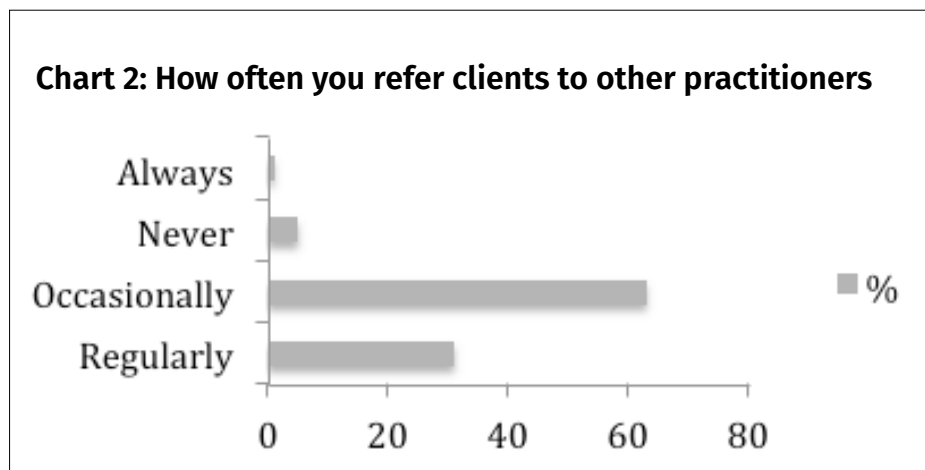
### How clients find shiatsu

When practitioners were asked, 'How do your clients find you?' 32% (99/312) of practitioners reported that clients find them by word of mouth. Other responses to this question included: internet advertising (16%; 49/312), STAA website (6.7%; 21/312), shiatsu practitioner referral (9.6%; 30/312), Chinese medicine practitioner referral (6.4%; 20/312), other natural therapy practitioners (e.g. naturopath, homeopath, nutritionist) referral (8.6%; 27/312), allied health practitioner (6%; 19/312), psychologist (3%; 10/312) or medical doctor (4%; 13/312). Responses reported under 'other' included: teaching yoga, advertisement in local paper, open days and activities in local community, A-frame sign, students, markets and festivals and friends and family. See Chart 1 above.

Overwhelmingly, word of mouth (32% (99/312), followed by internet advertising (16%; (49/312) were the most commonly identified referral sources. The two sources are potentially interconnected as word of mouth could also be interpreted as including social

4 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Look-up/4102.0Chapter5202008>

5 Long AF (2007) *The Effects and Experience of Shiatsu: A Cross-European Study* Leeds: University of Leeds, School of Healthcare



media networks, and internet advertising can enable blogs and posts to be personally circulated through social networks. Either way, we can assume that the sharing of information at a personal level still holds significant value in a client's decision about choosing to use shiatsu and the practitioners they consult. When internet advertising is combined with 'STAA website referrals' the percentage rises to 22.7%, suggesting clients are also relying on web-based search tools to locate shiatsu practitioners.

### **How often practitioners refer clients to other health professionals**

Practitioners were asked, 'How often do you refer clients to other practitioners?' The response categories were regularly, occasionally, never and always. The majority of respondents (63%; 67/106) occasionally referred their clients, 31% (33/106) regularly referred, 5% (5/106) never referred and 1% (1/106) always referred.

### **Types of practitioner referrals**

Shiatsu practitioners referred their clients to a wide range of healthcare practitioners. The question offered eight categories and an option for other responses. Included as pre-empted categories were Chinese medicine practitioner, dentist, medical doctor, naturopath, homeopath, nutritionist, physiotherapist, psychologist and exercise instructor (including exercise physiologist, yoga, pilates, tai chi, qi gong, etc). Multiple responses were allowed. The responses were led by referrals to Chinese medicine practitioner at 20% (72/369), followed by medical doctor at 15% (57/369), then exercise instructor at 14% (52/369), physiotherapist at 13.5% (50/369), psychologist at 13% (49/369), naturopath at 11.3% (42/369), homeopath, 4% (14/369), nutritionist, 3% (10/369) and dentist, 2.7% (10/369). Responses included in the category 'other' at 3.5% (13/369) included kinesiologist, yoga, Feldenkrais technique and podiatrist.

The sheer volume of responses to this question suggest

that shiatsu practitioners are referring clients to more than one other type of practitioner. If we were to combine responses into two categories of CM modalities (49.3%; 180/369) and more conventional medical modalities (47.2%; 176/369)<sup>6</sup> we have a relatively even split. This may suggest that shiatsu practitioners are engaging in the health and wellbeing of their clients with an attitude of shared care that is working with both complementary medicine and the mainstream healthcare system. How shiatsu practitioners are collaborating with other healthcare practitioners and the healthcare system warrants further investigation.

### **CONCLUSION**

Clients seeking shiatsu appear to have similar characteristics to Australians who use other CM modalities. Shiatsu practitioners appear to be engaging in the shared care of their clients' health and wellbeing needs that includes referring or recommending their clients seek the services of other healthcare practitioners as indicated. The willingness to facilitate interdisciplinary care demonstrates that practitioners have the capacity to place their clients' health and wellbeing at the centre.

Shiatsu practitioners must not be complacent in assuming their survival as a viable healthcare option for Australians will continue without also supplying high quality scientific data that can demonstrate the safety, efficacy and economic benefits of the modality. The Government's 2015 'Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance' reported that, according to the NHMRC's research<sup>7</sup>, 'Due to the paucity of studies, the review was unable to locate any evidence for the use of Shiatsu in the treatment of

<sup>6</sup> The remaining 3.5% from the category 'other' were too mixed to include (i.e. yoga, podiatry).

<sup>7</sup> See guidelines in the report: *Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance* Department of Health, Canberra, 2015

any condition and was therefore unable to reach any conclusion regarding the effectiveness, safety, quality or cost-effectiveness of Shiatsu<sup>8</sup>.

There remains a need to continue to research shiatsu in its own right, otherwise there is a very high risk that it will be absorbed into other similar modalities such as therapeutic massage. In undertaking a wide range of research, shiatsu practitioners will have the potential to contribute more directly to the healthcare system in Australia and inform ongoing discussion on public health policy. To this end, the results of the first Australian workforce survey of shiatsu practitioners will also be presented as a scientific paper in a peer reviewed journal that can be publicly searched using international library databases.

## ACKNOWLEDGEMENTS

We would like to acknowledge the enthusiastic support from the STAA National Council, in particular Linda Rago and Anne McDermott, who both invested their time and expertise in advising on the survey questions and the Research Committee who offer ongoing support for this research project.

## CONFLICT OF INTEREST

Dr Jennifer Hunter has none to declare.

Emma Strapps is a current member of the National Council of the Shiatsu Therapy Association of Australia but has no other conflict of interest to declare.

## REFERENCES

Baggoley C (2015) *Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance* Department of Health, Canberra

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)

Grace S (2012) 'CAM practitioners in the Australian health workforce: an underutilized resource' *BMC Complementary and Alternative Medicine* 2012, 12:205 [www.biomedcentral.com/1472-6882/12/205](http://www.biomedcentral.com/1472-6882/12/205)

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

Long AF (2007) *The Effects and Experience of Shiatsu: A Cross-European Study* Leeds: University of Leeds, School of Healthcare

Murthey V, Sibbritt D, Adams J, Kirby E, Refshauge K (date unknown) *Consolations with complementary and alternative medicine practitioners amongst wider care options for back pain: a nationally representative sample of 1,310 Australian women aged 60–65 years*. <https://espace.library.uq.edu.au/view/UQ:308347/UQ308347OA.pdf>

Nahin R, Boineau R, Khalsa P, Stussman B and Weber W (2016) *Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States* [www.mayoclinicproceedings.org/article/S0025-6196\(16\)30317-2/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(16)30317-2/pdf)

Robinson N, Lorenc A, Liao X (2011) 'The evidence for Shiatsu: a systematic review of Shiatsu and acupuncture' *BMC Complement Altern Med*.11:88

Wardle J, Adams J, Soares R, Magalhães RJ, Sibbritt D (2011) *Distribution of complementary and alternative medicine (CAM) providers in rural New South Wales, Australia: A step towards explaining high CAM use in rural health?* Version of Record online: 20 Jul 2011 DOI: 10.1111/j.1440-1584.2011.01200.x

Wardle J, Barnett R, Adams J (2015) 'Practice and Research in Australian Massage Therapy: a national workforce survey' *International Journal of Therapeutic Massage and Bodywork* Vol. 8, No. 2

Whytcross D (2014) *IBISWorld Industry Report X0015 Alternative Health Therapies in Australia* IBIS World [www.collegeofweightmanagement.com.au/wp-content/uploads/2015/06/X0015-Alternative-Health-Therapies-in-Australia-industry-report.pdf](http://www.collegeofweightmanagement.com.au/wp-content/uploads/2015/06/X0015-Alternative-Health-Therapies-in-Australia-industry-report.pdf) (accessed 10/9/2016)

Xue C, Zhang A, Lin V, Da Costa C, Story D (2007) 'Complementary and Alternative Medicine Use in Australia: A National Population-based Survey' *The Journal of Alternative and Complementary Medicine*, Vol. 13, No. 6

## Complementary Therapies

[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5202008](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5202008)

*NCCIH 2016 Strategic Plan Exploring the Science of Complementary and Integrative Health* [https://nccih.nih.gov/sites/nccam.nih.gov/files/NCCIH\\_2016\\_Strategic\\_Plan.pdf](https://nccih.nih.gov/sites/nccam.nih.gov/files/NCCIH_2016_Strategic_Plan.pdf)

## *The evidence house: How to build an inclusive base for complementary medicine*

[www.ncbi.nlm.nih.gov/pmc/articles/PMC1071485/pdf/wjm17500079.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071485/pdf/wjm17500079.pdf)

## *The use of CAM in the United States*

[www.westernsydney.edu.au/\\_\\_data/assets/pdf\\_file/0010/537409/CAM\\_in\\_the\\_United\\_States.pdf](http://www.westernsydney.edu.au/__data/assets/pdf_file/0010/537409/CAM_in_the_United_States.pdf)

8 2.15 Shiatsu in *Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance* Department of Health, Canberra, 2015