

Introduction

In the past decade, massage therapy has expanded in US medical facilities. With over 1,000 training programs, licensure requirements vary, lacking palliative care skills. To enhance their role in serious illness settings, massage therapists need specialized training for safe, collaborative practices. Hospital-based therapists, equipped with advanced communication and emotional regulation skills, can significantly improve the experience of hospitalized patients by alleviating common symptoms like pain, fatigue, and anxiety.

Methods

Developed by experienced massage therapists in medical environments (ICUs, CICUs, infusion suites, dialysis centers), this hospital-based massage therapy course involves collaborative input from palliative and oncology providers (physicians, nurses, social workers). The program includes:

- Clinical experience and knowledge
- ACIH's "Hospital Based Massage Therapy (HBMT) Competencies"
- "Massage for the Hospital Patient and Medically Frail Client" by Gayle MacDonald
- Pediatric and adult End of Life Nursing Education Consortium modules

The course comprises prerequisite online material, didactic work, peer sharing, clinical practice in palliative and oncology service lines, and inpatient settings from general medicine to intensive care.

Evaluation

- 18-question pre- and post-course participation surveys.
- Aimed at assessing students' sense of their own competence in skills that are essential to effective hospital-based massage therapy practice.
- Response options were a 5-point Likert scale strongly disagree/strongly agree.

Conclusions

The hospital-based massage therapy course filled educational gaps in clinical skills and knowledge for massage therapists, enabling them to collaborate effectively with interdisciplinary palliative and oncology teams and patients facing serious illness. Student feedback highlighted essential learning opportunities and identified additional content needed to address the knowledge and skills required for providing massage therapy in serious illness settings.

Implications

Foundational massage therapy training and years of practice outside hospitals inadequately prepare therapists for collaborative practice in serious illness settings. As the demand for massage therapy grows, it becomes crucial for therapists, healthcare decision-makers, and patient-care leaders to advocate for a higher standard of specialized education. The authors emphasize the need for more rigorous, behavior-based, and competency-based evaluation tools to accurately assess the impact of specialized training on palliative massage therapy practitioners, incorporating feedback from other providers and patients experiencing their work.

Discussion

All questions showed a statistically significant positive result.

This study emphasizes the substantial impact of specialized training for massage therapists in a hospital-based setting. Statistically significant improvements across all evaluated competencies affirm the course's effectiveness in enhancing participants' capability to deliver safe, empathetic, and collaborative care.



Graph 1: Pre/Post Survey Response Differences

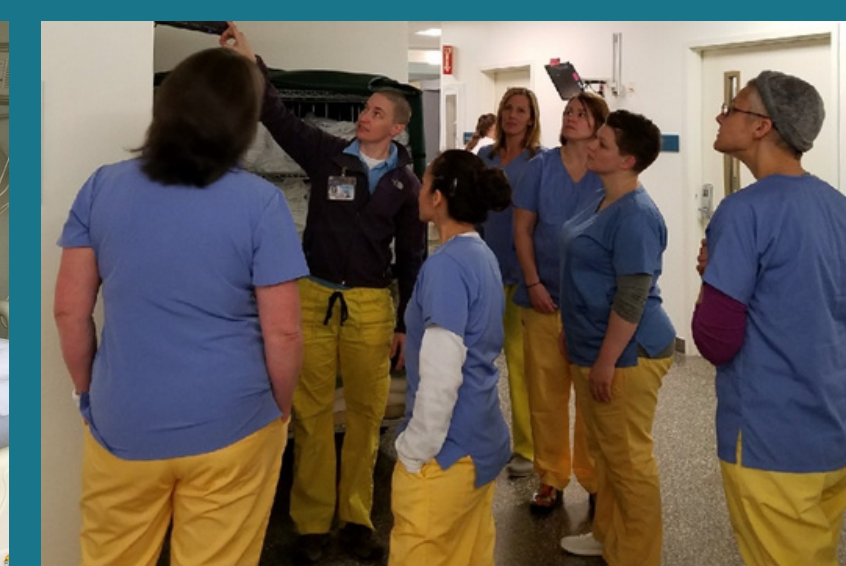
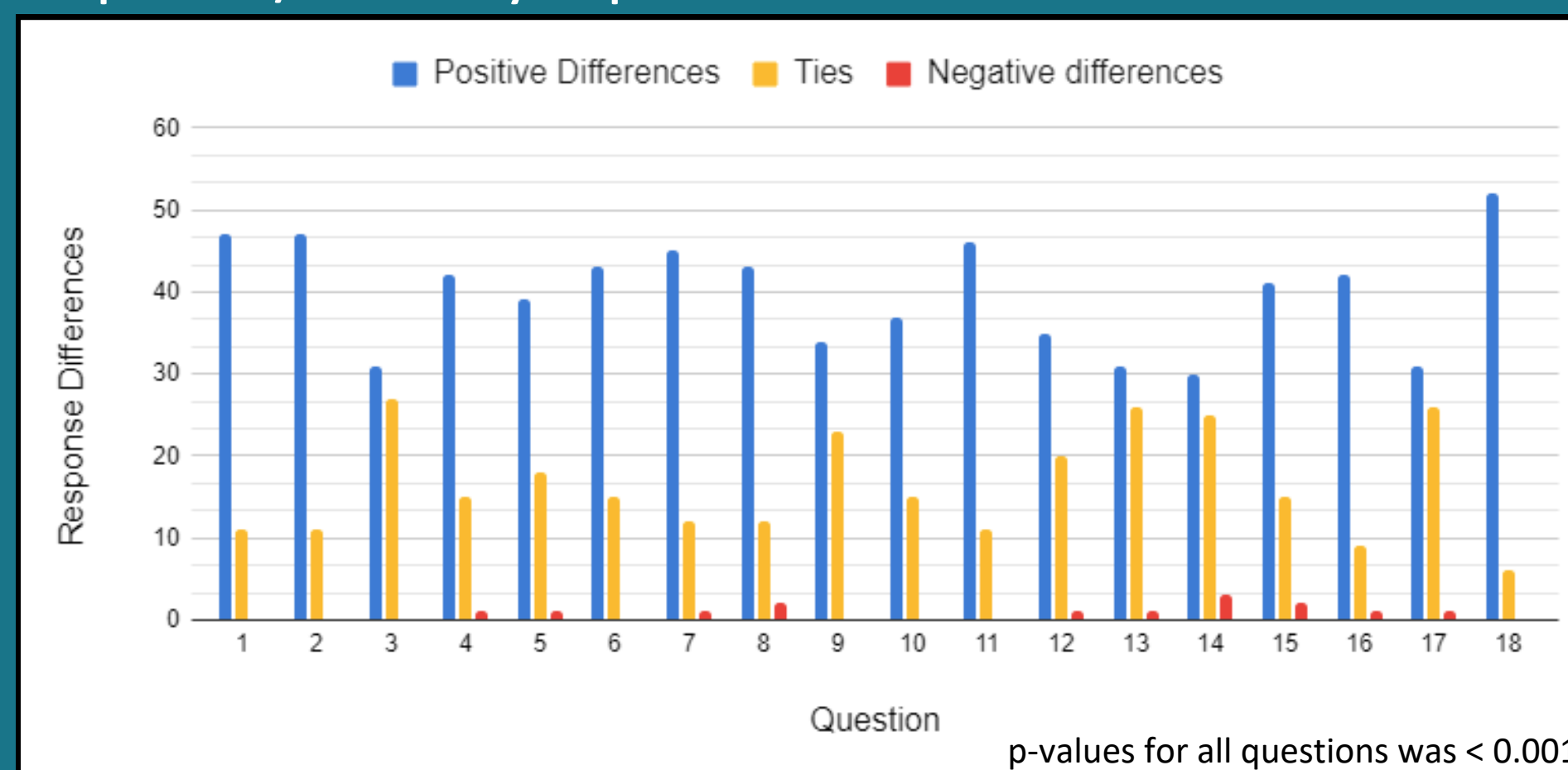


Table 1. Results of Wilcoxon signed-rank test for each evaluation question.

Question	Positive differences	Negative differences	Ties	Median Pre-course score	Median Post-course score	Median Change	z-score
1. I can identify contraindications for therapeutic massage in the hospital setting. N=58	47	0	11	3.00	5.00	1.00	6.105
2. I know how to best support patient safety in my role as a hospital team member n=58	47	0	11	3.00	5.00	1.00	6.131
3. I feel comfortable communicating with patients and families in a hospital setting. N=58	31	0	27	4.00	5.00	1.00	5.014
4. I feel comfortable communicating with staff and interdisciplinary team members in a hospital setting. N=58	42	1	15	4.00	5.00	1.00	5.839
5. I feel comfortable communicating with organizational leadership in a hospital setting. N=58	39	1	18	3.00	4.00	1.00	5.600
6. I can appropriately adjust massage for each patient with regard to position, pressure and site considerations. N=58	43	0	15	4.00	5.00	1.00	5.891
7. I can identify when to adjust massage based on a patient's medical condition. N = 58	45	1	12	4.00	5.00	1.00	5.925
8. I am confident in positioning patients for therapeutic massage. N=57	43	2	12	3.00	5.00	1.00	5.794
9. I can identify safety, universal precautions and infection disease control measures. N=57	34	0	23	4.00	5.00	1.00	5.235
10. I can review and effectively use information in patient charts and medical records. N= 52	37	0	15	3.50	5.00	1.00	5.430
11. I can appropriately chart in the medical record. N=57	46	0	11	3.50	5.00	1.00	6.042
12. I feel comfortable meeting patients where they are in our work together. N=56	35	1	20	4.00	5.00	1.00	5.412
13. I feel aware of myself and the quality of my presence with my patients. N= 58	31	1	26	4.00	5.00	1.00	5.134
14. I can identify the differences between "healing" versus "fixing" and "being" versus "doing." N=58	30	3	25	4.00	5.00	1.00	4.582
15. I feel confident in my time management and how I contribute to workflow efficiencies in the medical setting. N=58	41	2	15	3.00	4.00	1.00	5.579
16. I can implement emergency responses according to hospital protocol. N=52	42	1	9	3.00	4.00	1.00	5.718
17. I know how to care for myself emotionally and psychologically, including seeking support. N=58	31	1	26	4.00	5.00	1.00	5.240
18. I can adjust my work based on essential differences in hospital departments.	52	0	6	3.00	5.00	2.00	6.418

Questions 10 and 16: Lower response rates at n= 52

- Students may not have answered the pre-question because both are skills that the average massage therapists may not have.
- Question 10 pertains to use of information in patient charts. Question 16 relates to a practitioner's ability to implement hospital-based emergency protocols.

Questions 12, 13, and 14: Ceiling effect

- A majority of pre-scores marked at "strongly agree"
- These questions related to concepts that are cultural points of pride for massage therapists,
 - Therapeutic presence
 - Listening
 - "Meeting patients where they are"
- Future questions could be better designed to explore actual competence versus perception of competence.

Questions 8, 14, and 15:

> 1 student showing a negative difference

- These questions may be dispelling some massage therapy myths or these are points of pride.
- Massage therapists indicated in their pre- responses that they felt somewhat confident or confident but gained a more realistic view of their skills while practicing in the setting of serious illness.

Question 18: Increase in reported self-confidence

- This question examines the reported increase in students' self-confidence regarding their ability to adapt their work to the unique factors on specialized hospital floors.
- Massage therapists are trained in basic adaptation of common techniques, we hypothesize students answered the pre-question assuming their foundational training would be adequate in the hospital setting.

Qualitative Survey Responses

What was the most valuable thing you learned in the program?

"There is not just one thing that was most valuable from this stewardship. The instructors were extremely knowledgeable and friendly. The access to working with patients in the hospital was unprecedented. It increased my confidence and technical skill in working with hospitalized patients from acute to critical care. It was also very rewarding to see the effects of massage on patients we worked with every day."

"The most valuable thing that I learned as a participant in Pediatric Massage in the Clinical Setting, was finding my "voice" around the understanding, application, and communication of pediatric massage."

"I think the most important thing I learned is that most other providers simply don't know how massage therapy can be both safe and valuable for their patients. And now I know how to encourage them to consider it in a respectful and informative way. "