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The Practitioners within the Cross-European *Shiatsu* Study. Their Characteristics and an Insight into Their Practice

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Glossary

Box plot: a graphical representation of a set of data. It presents the spread of the values of a variable in relation to the median (represented in the plot by a solid horizontal line), which is then linked in the box to its upper and lower quartile (a range in which 50% of the values lie). This box then has two tails linking (up and down) to the extreme range (highest and lowest) of the values.

Chi-squared test: A statistical test of whether a particular set of frequencies in a table is likely to have occurred by chance. The test explores the null hypothesis of 'no relationship' between the two or more variables.

p value: The probability (ranging from zero to one) that the results observed in a study could have occurred by chance (that is, due to sampling variation/variation from one sample to another) if the null hypothesis (of no relationship between two variables, of no difference, or of no change over time) was true. In hypothesis testing the p-value is commonly also called the level of significance, or significance level. It is common practice for the description 'significant' to be defined as $p \leq 0.05$ (p-value of 5%): that is, the odds against mere chance are greater than 20:1. It is good statistical practice to report the actual level of significance, for example, $p = 0.04$. This is alternatively called the exact p-value.

Quartile: A measure of spread and central tendency of a set of values. Each quartile (lower, median/middle, and upper) divides the distribution of values, in either ascending or descending order, into four equal parts. For example, the lower 25th percentile or quartile is that value of a set of values below which 25% of the distribution fall.

Significance level: Addresses the question of whether a particular result (for example, a correlation, differences in means or proportions) is unlikely to have occurred by chance (sampling variation). Usually, if the odds against 'pure chance' are more than 20:1 (that is, a probability of less than 0.05) the result is accepted as *statistically significant*.

Statistically significant: A description that the observed findings are consistent with the alternative hypothesis (of a relationship between two variables, of difference, or of change over time), rather than the null hypothesis. Statistical significance is not a statement of the null or alternative hypothesis being true or false, but the consistency of the data to the particular hypothesis (null or alternative).

Introduction

This report presents the findings from the postal questionnaire survey of practitioners who participated in the three country, longitudinal, cohort study of the effects and experience of *shiatsu* (Long 2007). The purpose of the survey was to provide a context in which to situate the findings from the client-reported experiences and effects of *shiatsu* and to provide insight into possible practitioner variation in practice style as delivered and as part of usual practice.

The report is divided into five sections. Section One outlines the methods. Section Two provides details on the characteristics of the participating practitioners, in relation to socio-demographic features, time in practice, training in other complementary and alternative medicine (CAM) modalities and working status. Section Three provides insight into the way that the practitioners give *shiatsu* and other advice or treatments they provide. Section Four details features of the environment in which the practitioners give *shiatsu* and the ways in which they make it a safe and supportive place. Section Five draws out the main conclusions from the survey.

Section One: Methods

Towards the end of the client recruitment period, a ‘You and Your Practice’ Questionnaire was sent out to all participating practitioners in the three countries, Austria, Spain and the UK (Appendix). One e-mail reminder for the questionnaire was made. The questionnaire was piloted by three experienced *shiatsu* practitioners in the participating countries, and then professionally translated.

Data from the completed questionnaires, once professionally (re-)translated into English, were entered into SPSS-for-Windows, version 13. Data analysis comprised the use of appropriate descriptive statistics (percentages, averages, graphical presentations) and analytical statistics (chi-squared test). Where the practitioner was asked to write further comments, a thematic approach, identifying categories/themes within and across practitioners, was adopted. Core categories were based on the words of the respondent and then grouped within more abstracted, theoretical categories/themes. Ethical approval for the study was obtained from the University of Leeds Faculty of Medicine and Health Research Ethics Committee.

The questionnaire comprised both tick-box type and open-ended questions for written comments. An overview of the questionnaire content is presented in Box 1.1.

Box 1.1: Overview of Practitioner Questionnaire Content

Background information on the practitioner: socio-demographic; training and continuing professional development, in <i>shiatsu</i> and other CAMs; current <i>shiatsu</i> , and other CAM, working status
Client-related information: the practitioner’s perception of clients’ reasons for use of <i>shiatsu</i> ; number of clients seen in last month; how clients pay for their treatment
Way <i>shiatsu</i> given: practice style; description of initial and subsequent <i>shiatsu</i> session; use of other techniques and other non- <i>shiatsu</i> treatments; advice or recommendation given
Environment in which <i>shiatsu</i> is given: where treatment given; how make this a safe and supportive space

Section Two: Characteristics of the Practitioners

Response Rate

Seventy-five questionnaires, out of 84 sent out, were returned, a response rate of 90%. There was a slightly higher response rate from Austria than the UK than Spain (Table 2.1). The questionnaires were fully completed with the exception of four of the background questions (year of registration, n=4 missing values; age, highest qualification or year of graduation from *shiatsu* training, n=2 for each; other CAM training and uptake of continuing professional development, n=1 for each).

Table 2.1: Overview of Response Rates

	Austria	Spain	UK	All
Number recruiting clients	33	22	30*	85*
Number returning questionnaire	31	18	26	75
Response Rate	94%	82%	90%	89%

* One practitioner withdrew from the study for personal reasons after recruiting a few clients, and was not sent a questionnaire. Thus the denominator for the response rate is 29 (UK) and 84 (All).

Socio-Demographic Characteristics, Time and Nature of *Shiatsu* Practice

A typical *shiatsu* practitioner, as recruited to the study, was female and in her mid-40s, with formal education to at least Baccalaureate or A level standard. She would have been giving *shiatsu* for around nine years, and was as likely to be working full- as part-time and involved in teaching *shiatsu* or not. She would have taken part in at least one post-graduate course or continuing professional development activity since graduating from *shiatsu* training (99% had done so) and have qualifications or taken training in one or more other CAM therapies (Table 2.2)

Table 2.2: Practitioner Profile (%)

	Austria	Spain	UK	All
Gender: - % female	71	50	81	69
Age: - range - mean (years)	31-51 41	34-62 47	36-62 48	31-62 45
Qualifications: - University degree - A level, Baccalaureate, Diploma, Teaching Certificate	23 74	44 50	56 14	40 58
Time in Practice: - range (years) - mean (years)	2-20 7.0	3-20 9.0	1-27 12.6	1-27 9.4
Working Status: - full time <i>shiatsu</i> - % teaching <i>shiatsu</i>	58 48	67 50	44 73	55 57
Other CAM: - % other CAM training or qualification - % practising other CAM	81 36	100 83	64 44	80 50

There were a number of country differences. For example, Austrian practitioners on average had been in practice for fewer years and UK practitioners the longest (7 vs. 12/13 years). There were as many men as women represented in the Spanish sample, and Spanish practitioners were more likely to be employed in full-time *shiatsu* practice (followed by Austria and least likely in the UK). Finally, the UK practitioners were more likely to be involved in teaching *shiatsu* than their Austrian or Spanish counterparts and least likely to be trained or qualified in another CAM therapy (although two-thirds were).

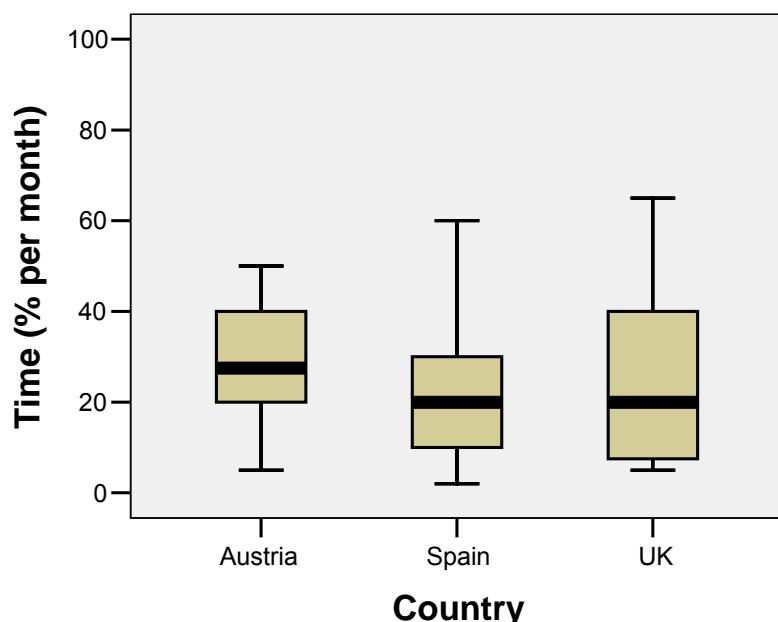
Other CAM Qualifications

Practitioners mentioned a wide range of other CAM qualifications or training that they had. This included a range of different types of massage, mentioned in one form or another by 20 practitioners, such as: deep tissue massage, Thai massage, 'quirmasaje' (a Spanish-version of Swedish massage) and massage in general. Nine practitioners indicated training in crano-sacral therapy, and six each for acupuncture, reiki and reflexology. Other therapies ranged from Tai Chi and Qi Qong to spiritual touch and mental healing.

Not only had many of the *shiatsu* practitioners training or qualifications in other CAMs, a half also practised them. This was predominantly the case for the Spanish practitioners, and statistically significantly different to the Austrian and UK practitioners (83% Spain vs. 39%

Austria and UK, $p=.001$). On average, they spent about a quarter (25-28%) of their time per month practising these in comparison to their time in giving *shiatsu* (Box 2.1)

Box 2.1: Time per Month Delivering Other CAM



There was a wide variety in the therapies practised (linked to the practitioner's previous training). In Austria, cranio-sacral therapy was most mentioned ($n=3$), followed by massage ($n=2$); other therapies ranged from breathing training and mental training to yoga and osteopathy. In Spain, different types of massage (for example, deep tissue ($n=4$), Thai or Ayurveda massage) were most mentioned ($n=6$), followed by acupuncture ($n=3$); other therapies included Feng Shui, cranio-sacral therapy and reflexology. Finally, in the UK, Tai Chi was most mentioned ($n=3$), followed by cranio-sacral therapy and neuro-linguistic programming (each mentioned by two people); other therapies included acupuncture, Masobiotic dietary advice and spiritual touch.

Section Three: Practice Style and Way *Shiatsu* Given

Practice Style

Masunaga / Zen *shiatsu* on its own or in combination with TCM theory and practice was the most common practice style, used by 84-89% of the practitioners (Table 3.1). Austrian practitioners were more likely to use Masunaga / Zen *shiatsu* alone (a half of the practitioners did so), and Spanish practitioners to use a combinatory approach (two thirds of the practitioners did so).

Table 3.1: Practitioner Profile (%)

	Austria	Spain	UK	All
Style of Practice				
- TCM theory and Practice	7	6	4	5
- Masunaga / Zen <i>Shiatsu</i>	52	17	31	36
- Combination	26	67	58	47
- Other	16	11	8	12
Techniques other than Pressure	97	94	96	96
Techniques in addition to <i>Shiatsu</i>	65	67	35	55

Around two-fifths (n=31) of the practitioners provided further details on their style of practice, in similar proportions for each country. Some illustrative examples were:

Combination of Qi Qong and Namikoshi shiatsu and diet or Masunaga shiatsu (Practitioner 52, Austria)

Due to training in psychology, asking questions when talking with client and quantum bodywork (Practitioner 50, Austria)

First a conversation, many syndromes to diagnose, then Hara diagnosis (Practitioner 43, Austria)

Masunaga/Zen shiatsu combined with osteopathic bodywork (Practitioner 34, Austria)

Combining both without using an established protocol; use other sources of information - listening attentively etc (Practitioner 66, Spain)

I use Hara, tongue and back diagnosis and ask questions (Practitioner 72 , Spain)

Movement shiatsu - deals more with the problem in question and its development; very interactive (Practitioner 60, Spain)

Use TCM diagnosis and theory and creation of diagnosis together with client, drawing on experiences occurring during the sessions & repercussions in life (Practitioner 67, Spain)

Assessment of facial areas, skin colour, meridians, hands, feet, pulse, ..., eyes, general vitality (Practitioner 4, UK)

Hara diagnosis to guide meridians selection and 5 element theory to guide self and explain to client (Practitioner 23, UK)

I use hara or back Zen diagnosis but also look at the tongue and ask TCM questions (Practitioner 9, UK)

Zen model for treatment / recommendations; TCM model for recommendations / lifestyle advice (Practitioner 14, UK)

Practitioners were also asked whether they commonly ‘used techniques other than pressure’ during the *shiatsu* treatment. Use of stretches was most commonly indicated, with proportions varying from 72% in Austria to 82% in Spain and 88% in the UK. At least half of the practitioners indicated that they used moxa (55-59%), though some (n=14) qualified their use indicating that this was ‘when necessary’, ‘sometimes’, ‘only occasionally’ or ‘rarely’, with the latter two categories being more pronounced among the UK practitioners (n=10 out of 14 users). Nearly a half (45%, n=13) of the Austrian practitioners also mentioned cupping (compared to 24% (n=4) in the Spain and a couple in the UK (8%, n=2).

Use of Other Techniques in Addition to *Shiatsu*

Practitioners were asked if they ‘commonly used other treatments’ in addition to *shiatsu* during their session. UK practitioners were statistically significantly more likely to give *shiatsu* on its own, without other CAM treatments, than their Austrian and Spanish colleagues (65% vs. 35%, p=.011). Use of cranio-sacral therapy was most mentioned by the Austrian practitioners (n=7), acupuncture by the Spanish practitioners (n=3), and acupuncture and cranio-sacral therapy by the UK practitioners (n=2 each).

Advice and Recommendations

All the practitioners commonly, where appropriate, gave other advice and/or recommendations to their clients. Practitioners were asked to indicate the sort of advice given by ticking each of a set seven options, ranging from diet to lifestyle habits and consultation with another practitioner (Table 3.2). Practitioners commonly ticked many of the possible sorts of advice giving. Around four-fifths of the practitioners across and within countries commonly gave advice relating to exercise, diet, lifestyle habits and/or posture or how to use one’s body. UK practitioners were much more likely to give advice relating to points or meridians to work on at home (92% UK vs. 73% Austria and Spain). This difference was on the boundary of statistical significance (p=.052).

Table 3.2: Advice Giving (%)

	Austria	Spain	UK	All
Exercises	94	100	96	96
Diet	87	83	96	89
Lifestyle habits	84	83	96	88
Posture of how to use your body	81	78	77	80
Points or meridians to work on at home	74	72	92	80
Recommend to consult another practitioner	65	89	85	77
Other	32	17	35	29
Total	n=31	n=18	n=26	n=75

The Spanish and UK practitioners were statistically significantly more likely, when appropriate, to recommend their clients to consult another practitioner (86% Spain and UK vs. 65% Austria, $p=.026$). Types of practitioners to see embraced both practitioners of other CAM modalities and those from conventional medicine. Other CAM practitioners commonly mentioned included a homoeopath, a TCM practitioner, a herbalist or an osteopath, and less commonly, an acupuncturist. On a few occasions, the practitioner indicated that she/he would recommend the client to see another *shiatsu* practitioner, '*if the client was not suitable for me.*' Conventional medicine practitioners that the practitioner might recommend a client to consult included a psychotherapist (particular among the Austrian practitioners), the family physician and a specialist (for example, injury rehabilitation).

Section Four: Making the Treatment Environment a Safe and Supportive Place

Place of Practice

Just over one third (37%) of the practitioners gave *shiatsu* from within a CAM clinic, with a further fifth (21%) giving it from their own home or their own practice and about a sixth from another type of healthcare clinic (15%). A tiny minority gave *shiatsu* in a clinic which offered other non-CAM practices, in particular, in a physiotherapy clinic (two) or in a family physician's practice (two). One mentioned giving *shiatsu* in the workplace, another in an older persons' home and another in a retreat. Sometimes, *shiatsu* would be provided in the client's own home. One or two used rented rooms in hotels.

Table 4.1: Place of Practice

	Austria	Spain	UK	All
Home or own practice	19 (n=6)	39 (n=7)	12 (n=3)	21
Complementary therapy clinic	29 (n=9)	44 (n=8)	42 (n=11)	37
Other type of clinic	23 (n=7)	17 (n=3)	19 (n=5)	15
Provide from more than one place	n=9	-	n=7	n=16

A number of the practitioners (n=16) gave *shiatsu* from more than one location: for example, from home and within a CAM clinic, or from home and within another type of healthcare clinic. More of the Spanish practitioners provided *shiatsu* from their own home or had their own practice than their Austrian and UK counterparts, and a greater proportion of the Spanish and the UK practitioners provided *shiatsu* from within a clinic providing other CAM practices.

Treatment Aides

The overwhelming majority of practitioners used futons on the floor (94-96%). Eight practitioners might also use a futon on the table (five in Spain, two in the UK and one in Austria). Five practitioners pointed to their use of a massage chair (three in Spain and one each in Austria and the UK). Nearly a half of the Austrian practitioners used a body cushion for back work (48%, n=15), while this was the case for less than a quarter of the UK practitioners (23%, n=6) and around a sixth of the Spanish practitioners (17%, n=3).

Safe and Supportive Treatment Environment

Practitioners were asked to tick a number of possible ways that they might use to make their treatment room feel safe and supportive (Table 4.2). Use of gentle lighting, plants, gentle, warm colouring in the room and having a comfortable waiting area were common features. The Spanish practitioners also used soft music to create an appropriate ambience.

Table 4.2: Making the Treatment and Treatment Room Safe and Supportive (%)

	Austria	Spain	UK	All
Gentle lighting	87	94	96	92
Plants	87	50	77	75
Gentle, warm colouring in room	68	94	81	79
Comfortable waiting area	65	61	73	67
Soft music	45	89	23	48
Fish tank	0	17	0	4 (n=3)
Other ways	84	89	73	81
Total	n=31	n=18	n=26	n=75

Nearly all the practitioners either pointed to other things they did in addition to, and/or the importance of, some of these aspects. Seven more abstracted categories were created: ‘supportive physical facilities’; ‘a safe physical space’; ‘creating an ambience oriented to health and healing’; ‘readying the (treatment) space’; ‘centring myself as practitioner’; ‘a protected space’; and, ‘professional listening and respectful approach’. Extracts from the practitioners’ comments are presented below to illustrate each category.

Supportive physical facilities included availability of physical facilities (comfortable waiting area, armchair, access to toilets, separate changing area), cleanliness (of the space, linen, towels, blankets), physical supports (for example, blankets in easy reach, drinking water) and warmth and ventilation (of the space – air, heat, air conditioning; of the client – blankets, heating). For example, in relation to physical facilities and cleanliness:

Separate changing room, offer water or tea to drink; space with table and chair for interview before and after treatment (Practitioner 38, Austria)

Place to change (Practitioner 59, Spain)

Screened area for changing into comfortable clothes; well ventilated; fresh towel for lying face on (Practitioner 20, UK)

Separate washing, toilet, waiting area; brochures, books; nice decorations at practice entrance (Practitioner 41, Austria)

Tea and hot water to drink; information and further reading (Practitioner 44, Austria)

Wash facility, drink facility (Practitioner 50, Austria)

Change the body cushions and blankets (Practitioner 42, Austria)

Each client has his/her own bag for linen sheet etc with his/her name (Practitioner 31, Austria)

Throw-away tissue sheets (Practitioner 75, Spain)

Single use sheets and towels (Practitioner 70, Spain)

Clean white linen (Practitioner 11, UK)

Clean ambience (Practitioner 13, UK)

Clean, professionally ironed clothing (Practitioner 21, UK)

Warmth and good ventilation were as important in Spain as in Austria and the UK. For example:

Electric blanket and blankets for keeping warm (Practitioner 31, Austria)

Woollen blankets, cosy square room (Practitioner 47, Austria)

Oil burner, heated room (Practitioner 48, Austria)

Effective heating (Practitioner 55, Austria)

Warm room temperature (Practitioner 56, Austria)

Room at appropriate temperature with humidity controlled (Practitioner 59, Spain)

Heating and air conditioning in whole clinic (Practitioner 61, Spain)

Good room temperature (Practitioner 62, Spain)

Good temperature and ventilation (Practitioner 63, Spain)

Warm temperature; use cushions and blankets (Practitioner 68, Spain)

Correct temperature; blanket (Practitioner 70 Spain)

Warm mat to lie on, covers if required (Practitioner 13, UK)

Keep room warm; have spare cushions and blankets (Practitioner 15, UK)

Blankets, cushions for warmth or support (Practitioner 16, UK)

Providing a safe physical space centred on issues of confidentiality of the treatment environment, reducing noise and protecting the client from hurting her/himself through any spontaneous movements. For example, practitioners talked in terms of:

Empty separate room between treatment and waiting room, increasing confidentiality (Practitioner 61, Spain)

Remove any obstacles given that clients may go into spontaneous movement (to avoid them hurting themselves) (Practitioner 62, Spain)

Reduce external noise (turn off phones, speak softly) (Practitioner 64, Spain)

Sound proofing for confidentiality (Practitioner 19, UK)

No interruptions (Practitioner 20, UK)

(The) centre provides a safe and beneficial space (Practitioner 37, Austria)

Creating an ambience on health and healing comprised a number of categories: creating the space using Feng Shui or use of colours; using natural material to create the space (for example, wooden furniture and floors, fresh air); use of soft lighting and/or day light; burning incense and aromatherapy oils (mentioned by over a third of practitioners, n=26); use of crystals, soft music and singing bowls (mentioned by a few practitioners); the treatment space being within natural surroundings (view, walk in the grounds/garden); and, general ambience. Illustrative comments included the following:

Feng Shui consultation when decorating and setting up the room; scents (aromatherapy oils), tranquillity (Practitioner 54, Austria)

Room adapted specifically towards health using Feng Shui (Practitioner 75, Spain)

Room prepared using Feng Shui (layout and colours) (Practitioner 73, Spain)

Own studio used for healing, meditation and shiatsu only (Practitioner 4, UK)

Inviting through arrangement of furniture, etc (Practitioner 12, UK)

Tea lights, bright also in winter (use daylight lamps) (Practitioner 47, Austria)

Ambience associated with chromo-therapy, adequate light (Practitioner 59, Spain)

Room with calm feel and lovely light (Practitioner 9, UK)

Fresh air, natural light (Practitioner 11, UK)

Aromatherapy oils in oil burner (Practitioner 27, Austria)

Especially, in winter, use aromatherapy oils in oil burner (Practitioner 39, Austria)

Incense, aromatherapy diffusers (Practitioner 59, Spain)

Burn soft incenses (Practitioner 73, Spain)

Burn essential oil (Practitioner 6, UK)

Sometimes lavender oil (Practitioner 13, UK)

Singing bowls (Practitioner 8, UK)

(In my practice in my own home) amethyst crystals, decoration to reflect Five elements (Practitioner 23, UK)

There is a large garden section for tuning in and resting, with a forest and water source ... in green landscape (Practitioner 36, Austria)

Peaceful country location, no sound intrusion (traffic, other people) (Practitioner 4, UK)

Lovely room overlooks natural wooded area - flowers/wildlife (Practitioner 18, UK)

Attention to ambience: rocks with water painted murals, all wood waxed furniture; pleasant aromas (aromatherapy), sound proofed, bed orientated in N-S direction, natural stone floor, a light cannon (chromo-therapy), ambient ionizer (Practitioner 65, Spain)

Room with calm feel and lovely light (Practitioner 9, UK)

Room should be relaxing, uncomplicated/simple in decor and layout; create a space where client can talk about anything (and cry too) (Practitioner 25, UK)

One practitioner talked explicitly about making the treatment space '*feel like home ... a place I feel comfortable myself.*'

Accessories for room atmosphere, subtle incense, corner couch for consultation; spacious, bright, well-aired room in which I feel comfortable myself... Mixture of professionalism and feeling at home, sometimes music (Practitioner 28, Austria)

Another category related to *readying the space* in which treatment would take place. This category included use of natural materials to create the space, readying the space per se, and readying a rented space. For example,

Wood and natural materials, not overly soft but pleasantly clinical; closed space (Practitioner 34, Austria)

Sound of room fountain, inspiring symbols, fresh air, pleasant temperature, candles (Practitioner 35, Austria)

Room designed in 'Japanese' style - lots of wood (Practitioner 52, Austria)

All wood waxed furniture (Practitioner 65, Spain)

Make sure air is fresh in room (Practitioner 24, UK)

20 minutes gap between clients (rest for me, time for questions, also to air room, tidy blankets, change facial tissues) so room is ready for the next client (Practitioner 39, Austria)

Scents, aromatherapy oils, incense after treatment to 'cleanse' the space (Practitioner 44, Austria)

Keep working in (same room), room builds an energy; sign on door 'treatment in progress' (Practitioner 8, UK)

Space 'clearing' after each treatment [re energy - open windows, ringing bell, clapping] (Practitioner 13, UK)

Endeavour to keep treatment space (and myself) clear and uncluttered at all times (Practitioner 7, UK)

For two practitioners who used rented hotel or commercial rooms, *readying the space* was, one might hypothesise, of particular importance. They commented as follows:

Burn incense; most (hotel) rooms are acceptable as long as they are clean and warm and of a size to allow free movement (Practitioner 22, UK)

(For commercial room) neutral decor, clean plus amethyst crystal from home (Practitioner 23, UK)

A linked category related to the practitioner *readying or centring her/himself* for the *shiatsu* treatment session. For example,

20 minutes gap between clients (rest for me,...) (Practitioner 39, Austria)

Time and space without deadlines, half hour break for self between sessions, for me to express this PRESENCE at welcome/farewell (Practitioner 35, Austria)

Meditate before treatment (Practitioner 20, UK)

Practitioners also spoke in terms of providing a *protected space* for the client. This embraced: physical aspects (for example, minimum external sound intrusions, no disturbances during the treatment); the practitioner's approach to the treatment (for example, a 'no rush' attitude); and, providing a protected space per se for the client (silent, quiet environment, their space and quiet time). Illustrative comments included the following:

No disturbances during treatment (Practitioner 35, Austria)

Try to provide a zone free from mobile phones....Take my time with clients (Practitioner 45, Austria)

No sound intrusion (traffic, other people) (Practitioner 4, UK)

Quiet environment (Practitioner 15, UK)

Silent environment (Practitioner 61, Spain)

Space for conversation before and after treatment (Practitioner 50, Austria)

A 'no rush' attitude (Practitioner 23, UK)

Silence, make it clear this is a space where they can express their needs and complaints (Practitioner 63, Spain)

Make clients aware session is 'their' time, their experience and comfort. So to tell me if get cold, stiff, any pain; ask several times if particular postures, points, stretches feel okay (Practitioner 26, UK)

Create a space where client can talk about anything (and cry too). To feel comfortable and be 'open' as a client means everything to me (Practitioner 25, UK)

The final category related to having a *professional listening and respectful approach*. This had a number of components: mode of practice (listening, treating with respect); the practitioner's general approach (giving with love and attention, open attitude, therapeutic approach); and a general professional approach to providing treatment (for example, getting in touch if any negative response to the treatment, confidential record-keeping). Illustrative comments included the following:

Listen to client, de-dramatise situations that arise, breathe in conscious manner; make patient understand half of success/failure is their responsibility; apply sense of humour (Practitioner 66, Spain)

Limit myself to listen and recognise the client's comments; leave them to rest for 5 minutes and then ask how they feel (Practitioner 70, Spain)

Establish relationship with client, make them feel understood; ask them to let me know if anything feels uncomfortable (Practitioner 2, UK)

Treat clients with respect (Practitioner 55, Austria)

Everything with a lot of love and attention; I try always to remain the 'here and now' (Practitioner 64, Spain)

My own attitude which is open and attentive (Practitioner 71, Spain)

Always encourage person to let me know at any time if anything feels uncomfortable in any way, physical or emotional (Practitioner 10, UK)

Professional, friendly; try to facilitate greater body awareness and idea that health, healing and energy is their responsibility (more self aware vs. making better) ... (I am) providing (a) space to explore self (Practitioner 18, UK)

To get in touch with me if any reaction to treatment (Practitioner 63, Spain)

My manner, tone, empathetic ... Notes locked up (Practitioner 11, UK)

Explain confidentiality and keeping of confidential records (Practitioner 1, UK)

Let client know everything that occurs within this room is confidential and only place I take my work is supervision. I work on having good therapeutic relationship skills (Practitioner 9, UK)

General atmosphere of professionalism (Practitioner 14, UK)

Section Five: Summary and Conclusions

The postal questionnaire survey has provided information on characteristics of the practitioners taking part in the cross-European longitudinal cohort study of the effects and experience of *shiatsu* and insight into their modes of practice. A high response rate of 90% was achieved. Whether or not the findings from this survey are representative of the wider population of *shiatsu* practitioners is moot. Not only did practitioners involved in the cross-European study have to meet two eligibility criteria (time on register, clients seen per month), they also had to want to take part in the study.

Notwithstanding, the findings from the survey provide some insight into the potential differences in the way that *shiatsu* is practised by practitioners. The current findings add to the limited research and published literature on the important issue of practitioner variation (see, for example, Hughes et al (2007), who explore TCM vs. medical acupuncture practice and effects on treatment choice and patient experience; and MacPherson et al (2006) in the context of a randomised controlled trial on acupuncture for chronic back pain). A linked question, for *shiatsu*, is whether, and to what extent, such differences in practice style and delivery might make a difference to the client's experience and benefits/effects. This remains an issue for further exploration and research.

Some of the key findings from the study are:

1. *Typical shiatsu practitioner:* The practitioner would be female and in her mid-40s, with formal education to at least Baccalaureate or A level standard. She would have been giving *shiatsu* for around nine years, and as likely to be working full- as part-time and involved in teaching *shiatsu* or not. She would have taken part in at least one post-graduate course or continuing professional development activity since graduating from *shiatsu* training and have qualifications or taken training in one or more other CAM therapies.
2. *Other CAM training:* Half of the practitioners practised another CAM therapy. This proportion was substantial more so, among the Spanish practitioners (83%) and statistically higher than for their Austrian and UK colleagues (39%).
3. *Practice Style:* Masunaga / Zen *shiatsu* on its own or in combination with TCM theory and practice was the most common practice style, used by 84-89% of the practitioners. Austrian practitioners were more likely to use Masunaga / Zen *shiatsu* alone, and Spanish practitioners to use a combinatory approach. UK practitioners were statistically significantly, more likely to give *shiatsu* on its own, without other CAM treatments, than their Austrian and Spanish practitioners (65% vs. 35%)

-
4. *Advice Giving*: All the practitioners commonly gave other advice and/or recommendations to their clients, for example, in relation to exercise, diet, lifestyle habits and/or posture or how to use one's body.
 5. *Recommendations to other Practitioners*: Spanish and UK practitioners were statistically significantly more likely, when appropriate, to recommend their clients to consult another practitioner than their Austrian colleagues (86% vs. 65%). Types of practitioners to see included both practitioners of other CAM modalities and those from conventional medicine.
 6. *Practice Location*: Just over one third of the practitioners gave *shiatsu* from within a CAM clinic, with a further fifth giving it from their own home or their own practice and a sixth from another type of healthcare clinic.
 7. *Making the Treatment Environment Safe and Supportive*: Ways practitioners used to make their treatment room feel safe and comfortable commonly included use of gentle lighting, plants, gentle, warm colouring in the room and having a comfortable waiting area. Nearly all the practitioners pointed to other things they did. These embraced the areas of 'supportive physical facilities', providing 'a safe physical space', 'creating an ambience oriented to health and healing', 'readying the (treatment) space', 'centring myself as practitioner', providing 'a protected space' and maintaining a 'professional listening and respectful approach'.

References

- Hughes J, Goldbart J, Fairhurst E and Knowles K (2007) Exploring acupuncturists' perceptions of treating patients with rheumatoid arthritis. *Complementary Therapies in Medicine* 15:101-108.
- Long AF (2007) *The Effects and Experience of Shiatsu: A Cross-European Study*. Leeds: University of Leeds, School of Healthcare.
- MacPherson H, Thorpe L and Thomas KJ (2006) Beyond needling - therapeutic processes in acupuncture care; a qualitative study nested within a low back pain trial. *Journal of Alternative and Complementary Medicine* 12(9):873-880.

Appendix



The Effects and Experiences of Shiatsu: A Cross-European Study

You and Your Practice

Thank you for all your help so far with the project. Please will you now complete the following questionnaire about you and your practice of shiatsu.

The questionnaire is in four parts. The first section asks for some information about yourself, your training in shiatsu and other complementary therapies, and current shiatsu working status. The second section asks a few questions about your clients. The third section asks about the way you give shiatsu and other treatments and advice. The final section explores the ways in which you make the environment in which you give shiatsu a safe and supportive space.

For your ease, many of the questions can be answered by ticking a box. Others ask you to write in your own comments. Please complete all the questions. When you have completed the questionnaire, would you send it back to us in the attached FREEPOST envelope.

I assure you that your responses will be treated in confidence. All data will be anonymised during the analysis and subsequent verbal and written reports.

Once again, thank you for your help with this research project.

Professor Andrew Long
School of Healthcare
University of Leeds

Name:

Date questionnaire completed:

Section One: This section asks for some information about yourself, your training in shiatsu and other complementary therapies and current shiatsu working status.

1. How old are you?

Are you: Male Female

2. Please indicate which best describes your highest educational, non-professional qualification?

- University degree
- Completed secondary school (A levels, Baccalaureate)
- GCSE levels / School leaving certificate
- Other (please describe)

3. At what Shiatsu school did you study? (Please indicate the name of the school and the town in which it was located.)

School: Town

4. In what year did you graduate from shiatsu training?

5. In what year did you join the Professional Association Register?

6. Have you other alternative and complementary therapy qualifications or training (for example, acupuncture, reiki)? Yes/No

If yes, please list them below:

.....
.....
.....

7. Have you taken part in any other post-graduate courses or continuing professional development activities since graduating from shiatsu training?

Yes/No

If yes, please can you list them below:

.....
.....
.....

8. Which of the following best describes your current working status within shiatsu?

- Full time shiatsu practice – seeing clients only
- Full time shiatsu practice – seeing clients and teaching shiatsu
- Part time shiatsu practice – seeing clients only
- Part time shiatsu practice – seeing clients and teaching shiatsu
- Other (please describe).....
.....
.....

If teaching, please can you provide an approximate division of your working hours per month for each:

Seeing clients (hours per month) Teaching shiatsu (hours per month)

9. About how long have you been giving shiatsu professionally? years

10. Do you practise any other complementary therapy? Yes/No

If you do, please can you say which one(s) and give an approximate breakdown of the working hours per month between shiatsu and this/these therapies

Therapy:.....

Approx % of time per month in comparison with shiatsu:

Section Two: This section asks you for some details about the clients who you treat.

11. About how many new and continuing clients did you see in the last month?

New: Continuing:.....

12. Please indicate which of the following ways your clients heard about you?

(approx % for each)

-% Advice from health care professional (for example, a doctor or nurse)
-% Following a taster session
-% In response to an advertisement or website
-% Personal recommendation from another therapist
-% Through my former shiatsu training school
-% Through the Shiatsu Society UK
-% Word of mouth (from a friend, family member or yourself talking to others)

13. Please indicate which of the following best describes the most common reason that clients come to you for shiatsu treatment?

Reason

- Out of interest or curiosity
- To do something for themselves
- Personal development
- Health maintenance

Symptoms

- Problems with muscles, joints or body structure (e.g. back pain, posture)
- Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)
- Low energy or fatigue
- Emotional, including tension or stress
- Other problems (*please describe*)

.....
.....

14. How do your clients normally pay for their shiatsu treatment? (approx % for each)

- | | | | |
|--------|------------------|--------|----------------------|
|% | Themselves |% | Offered free |
|% | Health insurance |% | Using a gift voucher |

Other (*please describe*)

.....

Section Three: This section asks to tell me some things about the way you give shiatsu and other advice or treatments.

15. Which of the following best describes how you practise shiatsu?

- Shiatsu using TCM theory and diagnosis (using tongue, pulse and specific diagnostic questions to derive a syndrome diagnosis)
- Masunaga / Zen shiatsu (using Hara diagnosis)
- A combination of these (if so, please explain briefly)
- Other (*please explain briefly*)

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16. Can you briefly describe a typical *initial* (first) shiatsu treatment session?

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- 17. Can you briefly describe a typical *subsequent* shiatsu treatment session?**

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.....

- 18. Do you commonly use techniques other than pressure during the shiatsu treatment (for example, stretching, moxa, cupping, ginger compress)?**

Yes/No

If you do, can you please list them below?

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.....

- 19. Do you commonly use other treatments (for example, acupuncture, reiki) in addition to shiatsu during your sessions with your clients?**

Yes/No

If you do, can you please list them below?

.....
.....
.....
.....
.....
.....

- 20. Do you commonly, where appropriate, give other advice and/or recommendations to the client?**

Yes/No

If you do, please indicate which ones from the list below.

- Diet
 - Points or meridians to work at home
 - Exercises
 - Posture or how to use your body
 - Lifestyle habits
 - Recommend to another practitioner (*please give examples of who*)
 - Other (*please describe*)
-
.....
.....

Section Four: Finally, please can you tell me about the environment in which you give shiatsu and the ways in which you make it a safe and supportive space.

Which of the following best describes where you give shiatsu?

21. Your own home
 A room in a complementary therapy clinic
 Other healthcare clinic
 Other (please describe briefly)

.....
.....
.....

22. **Practitioners use a variety of different ways to make their treatment room feel safe and supportive. Please tick all those that you use from the following list.**

- Comfortable waiting area
 Gentle lighting
 Gentle warm colouring in the treatment room
 Soft music
 Plants
 Fish tank
 Futon on floor
 Futon on table
 Massage chair
 Use of body cushion for back work
 Other (please describe briefly)

.....
.....

23. **Finally, please write below any other comments you would like to make about the way that you make your treatment and treatment room feel safe and supportive.**

.....
.....
.....
.....
.....

Thank you for your help in completing this questionnaire. Please now return it to the University of Leeds as soon as possible in the stamped addressed envelope provided.

Professor Andrew Long
Shiatsu Project, School of Healthcare
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