Culturally responsive practice: An exploration of massage therapy practice in New Zealand.

Hélène Geoffroy-Legeay, Joanna Smith, Donna Smith and Debbie Ruwhiu

Abstract

Background
Bachelor's degree qualified massage therapists are increasing within New Zealand. Numbers estimated in 2018 were one hundred and fifty graduates. There are no educational requirements to work as a massage therapist in New Zealand. There is also no government or self-regulatory requirements or cultural guidelines. New Zealand as a bicultural nation requires health care and complementary and alternative medicine (CAM) professionals to be culturally competent and representative of their community.

Purpose
The aims of this study were:
[1] To investigate the knowledge and practices of New Zealand degree qualified massage therapists (DQMTs) with respect to culturally competent practice without established guidelines, and
[2] To explore what further education would assist them to enhance the delivery of massage therapy health services to Māori.
The study used a sequential mixed methods approach (online survey / interviews) with New Zealand DQMTs.

Results
Results showed that most respondents considered that an awareness of one's own culture is essential to deliver massage therapy services. However, only 17% of DQMTs had good or in-depth knowledge of Te Tiriti O Waitangi /The Treaty of Waitangi. Over half supported the need for further education to enhance the delivery of massage therapy to Māori. Areas for development were cultural education including developing awareness and communication, cultural competence training and Māori culture immersion.

Conclusion
Massage therapists and massage therapy educators need to extend individuals' cultural grounding and ways of seeing the world, to integrate biculturalism and culturally responsive practice into massage therapy health services with the aim of making these services inclusive and culturally safe.

Keywords: cultural safety; cultural competency; Māori health models; massage therapy education; complementary and alternative medicine

Introduction and Context

Within New Zealand, the industry of massage therapy as a stand-alone complementary and alternative medicine (CAM) therapy has evolved in the last two decades in the areas of popularity and education (Smith et al., 2010). The division between massage therapy and physiotherapy occurred as the separation between the biomedical model of health and the holistic approach of health care widened (Casanelia & Stelfox, 2010, p. 27; French & Swain, 2008). Massage therapy training has been lengthened to include more specialised training and research and levels of education now include bachelor's degree qualifications where these can be pursued (Smith et al., 2012). The Bachelor of Therapeutic and Sports Massage (BTSM) was first delivered in 2002 at the Southern Institute of Technology (SIT) followed in 2004 by the implementation of the Bachelor of Health Studies (BHS - Massage & Neuromuscular Therapy) at the New Zealand College of Massage (NZCM). However, there is still no government or self-regulation of the massage therapy industry.

Statutory regulation under the Health Practitioner's Competence Assurance Act 2003 (HPCAA) offers a framework for the regulation of health practitioners in order to protect the public where a risk of harm from substandard professional practice exists (Ministry of Health, 2018). There are standards of competence that registered health practitioners must meet (Ministry of Health, 2018, p. 88), including cultural competencies. These cultural competence-based professional standards are not restricted to but include nurses, physiotherapists and CAM therapists such as chiropractors and osteopaths (Health Quality and Safety Commission New Zealand, 2019). Because culture impacts on health care, health professionals need to be both aware of and mindful of cultural diversity and learn to function effectively and respectfully when working with people of different cultural backgrounds (Adams, 2011; Ramsden, 2002).

In New Zealand, the term biculturalism refers to Māori and non-Māori people, and specifically the Crown as part of Te Tiriti O Waitangi / The Treaty of Waitangi, New Zealand's founding document (Durie, 2005, p. 2; Wepa, 2015, p. 88). In 1988, the Institute of Policy Studies director, Professor Gary Hawke, wrote that "racial and bicultural issues are of paramount importance… to move towards equality and harmony" (Vasil, 2000, p. v). For many years, New Zealand has claimed to be a leader in the treatment of its indigenous people (Nga Patai, 1996, p. 259). However, it can be argued that from the 1840's and the signing of the Treaty of Waitangi Māori have experienced colonisation (de Leeuw, 2019), Pākehā domination and rule for over 150 years which has led to an extent of devaluation and cultural negation (Hayward, 2012; Macfarlane & Macfarlane, 2019). The social differentiation involving ethnic and cultural distinctions has shaped a process of racialization (Nga Patai, 1996, p. 32). Since the 1980's, the Māori community has struggled to gain recognition as the tangata whenua (the people of the land) and to regain their self-respect and mana (power) (Awatere, 1984, p. 10; Durie, 2005, p. 5; Hayward, 2012; Vasil, 2000, p. v).

When considering health issues, three principles of the Treaty have been largely accepted and produced by the Royal Commission on Social Policy in 1988 (Wepa, 2015, pp. 8-9). These are the principles of partnership (working with Māori to develop strategies for their health gain), participation (involving Māori in decision making, planning and delivering health services) and protection (ensuring Māori get the same level of health as non-Māori) (Ministry of Health, 2014; Wepa, 2015, p. 89). Accordingly, New Zealand as a bicultural nation must focus on cultural competence especially in health care. A culturally competent professional should be: open to trying to engage and learn; be prepared to ask about preferences and follow the clients lead; and will attempt to understand the Māori cultural environment and beliefs

(tikanga Māori – the customs of Māori). It means the professional has the attitudes, skills and knowledge needed to work with and treat people of different cultural backgrounds (Adams, 2011). The concept of kawa whakaruruhau (cultural safety) goes beyond cultural awareness (understanding there is a difference) and cultural sensitivity (alerting to the legitimacy of difference) (Wepa, 2015, p. 27).

Cultural safety is said to occur when professionals focus on the understanding of inner self via acknowledgement of their own biases through a process of reflection undertaken on their own cultural identity and how these biases can impact on the relationships with the people they work with (Medical Council of New Zealand, 2006; Nursing Council of New Zealand, 2011, p. 7; Te Pou o te Whakaaro Nui, 2015). Cultural safety also recognises the larger processes of colonisation and need to be considered when trying to improve health for Indigenous peoples (de Leeuw, 2019; Ramsden, 2002).

In contrast with other allied health professionals and CAM professionals, massage therapists are not regulated under the HPCAA. Massage New Zealand (MNZ) is the only organisation in New Zealand that claims to represent "professional massage therapists" (Massage New Zealand, 2020). Despite the role of MNZ as a professional body, there is no evidence of guidelines regarding cultural competency and cultural safety in massage therapy (Massage New Zealand, 2018).

Thus, the aims of this study were:

1. To investigate the knowledge and practices of degree qualified massage therapists (DQMTs) with respect to culturally competent practice, and
2. To explore what further education would assist them to enhance the delivery of massage therapy health services to Māori.

Method

The study utilised a mixed methods explanatory sequential approach (Regnault et al., 2018), beginning with a quantitative survey and followed by concomitant qualitative interviews among DQMTs. This dual approach was chosen to allow for a more insightful understanding of participants' opinions. The first phase of the study utilised a 36-item online survey that covered four topic areas. SurveyMonkey™ was used to collect descriptive data from participants.

The second phase used semi-structured interviews to collect participants' perceptions. The findings reported here were part of a larger study and the method steps noted below are taken from the method section reported by Smith et al. (2020). The principles of culturally competent care were assimilated from guidance reported by the Medical Council of New Zealand (2006).

Sampling and Eligibility of Participants

The participants were New Zealand bachelor's degree qualified massage therapists from the Southern Institute of Technology or the New Zealand College of Massage, who had graduated with either the BTSM or the BHS (Massage & Neuromuscular Therapy). Participants needed to be able to understand and communicate in English and be over the age of 18 years. The study was approved by the Southern Institute of Technology Human Research Ethics Committee in April 2018.

Recruitment and Data Collection
Survey participants were recruited through the Massage New Zealand website, the New Zealand business directory (the Yellow Pages), and contacts known to the researchers. Other participants were recruited using snowball sampling, where "previously identified members of a group are asked to identify other members of the population" (Fink, 2003, p. 18). All participants were emailed an invitation to participate along with a request to pass the survey link onto other prospective participants. The invitation email contained a link to the survey. Survey participants were asked to leave a contact email at the end of the survey if they were interested in participating in phase 2 interviews.

Phase one: Online Survey
A total of 101 contacts were emailed with five emails being invalid. The online survey was available via SurveyMonkey™ for six weeks through May-June 2018, and a reminder was sent out sixteen days prior to the cut-off date. The survey included closed-ended questions with defined choices and open-ended free text questions. At the end of the survey raw data was imported to an excel spreadsheet for cleaning and coding. Results were analysed using descriptive statistics.

Phase two: Interviews
Interested survey participants were emailed an information sheet and consent form regarding the interview phase. Twenty-eight participants volunteered for phase two and all were interviewed. Six interviews were face to face and 22 were phone interviews. All interviews were transcribed by the overseas online transcription service Rev.com. The transcriptions were sent back to the participants to enable them to recall the conversation and correct any mistakes or misinterpretations (Fox, 2009). Interviews ranged from 30-45 minutes and were audio recorded. Using an inductive thematic analysis approach (Thomas, 2006), a variety of code words and themes were taken from the transcripts to identify patterns of meaning across the data. Pseudonyms are used for participants when reporting results.

Results

Demographics
The demographics of the survey participants (Smith et al., 2020) are reported again for ease of reading. Sixty-four bachelor's degree qualified massage therapy graduates participated in the survey from an estimated total of 150 DQMTs. Due to the snowball approach the response rate is estimated at 42.7% (if all potential candidates were contacted). Almost 80% (51/64) of participants were female. The most common age groups were 20-29 and 30-39 years, and New Zealand European represented the most common ethnic group. Survey demographics are presented in Table 1.

Table 1. Demographics of survey participants (n=64) (Smith et al., 2020)

	Respondents	
	n	%
Gender - Survey participants (n=64)		
Male	13	20.3
Female	51	79.7
Age (n=63)		
20-29	23	36.5
30-39	22	34.9
40-49	6	9.5
50-59	10	15.9
60+	2	3.2
Ethnicity* (n=63)		
New Zealand European	52	82.5
Māori	10	15.9
Samoan	1	1.6
Chinese	2	3.2
Others (Australian 4; British 1; Croatian 1; Taiwanese 1; New Zealander 1)	8	12.7

Note: * Not mutually exclusive

Only three of the sixty-three responses from graduates (4.7%) indicated they had not worked in massage therapy since gaining their qualification. Further employment details are reported by Smith and colleagues (2020). Twenty-eight graduates took part in the interview phase of the project.

Survey results

Among the participants, 44% (26/59) declared having a 'good knowledge' of their own culture, and almost 57.6% (34/59) agreed that knowledge of their own culture was 'very' or 'extremely important' for the delivery of massage therapy services (Figure 1). 'Poor knowledge' (3.4%, 2/59) and 'satisfactory knowledge' (28.8%, 17/59) of their own culture were also noted. Interestingly, almost 17% (10/59) of the participants reported knowing their own culture is 'not at all' or 'not so important' (Figure 1).

When asked what strategies DQMTs typically used to improve the health status of clients of a different culture to their own (Table 2), they reported 'showing respect' (93.1%, 54/58) and 'awareness of, and respect for cultural diversity' (87.9%, 51/58). Just over one third (37.9%, 22/58) reported 'awareness of cultural privilege and cultural disempowerment'. Among the strategies mentioned, over half of respondents 'seek cultural knowledge – ask questions, reciprocal learning' (65.5%, 38/58) but approximately one quarter 'access educational resources' (25.8%, 15/58) or 'undertake peer or client review or self-reflection on cultural aspects of my practice' (17.2%, 10/58).

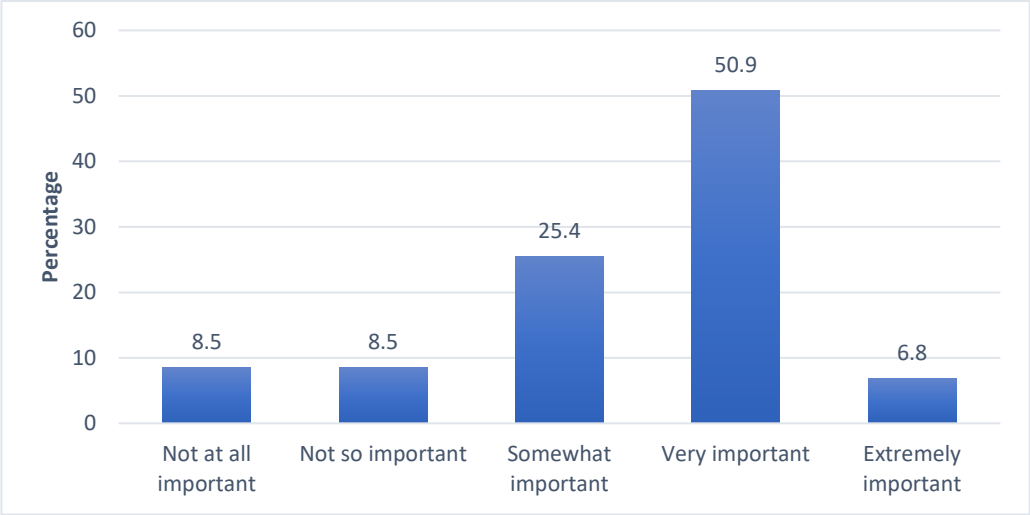

Figure 1. Importance of knowledge of own culture in MT practice (n=59).

Table 2. Strategies DQMTs typically use(d) to improve the health status of clients of a different culture to their own (n=58)*

	Respondents	
	n	%
Show respect - ask permission	54	93.1
Awareness of, and respect for cultural diversity within my clinical practice	51	87.9
Seek cultural knowledge – ask questions, reciprocal learning	38	65.5
Recognising different philosophies of health & wellness (related to culture)	37	63.8
Allowing more time and space for clear communication and understanding between clients and myself	34	58.6
Awareness of cultural customs / protocols within massage therapy treatments	24	41.4
Awareness of cultural privilege and cultural disempowerment	22	37.9
Provide opportunities to include family/whānau /support person for clients	21	36.2
Culturally appropriate language and /or greetings	18	31.0
Accessing educational resources (e.g. articles, courses, workshops, websites) to build my cultural competencies	15	25.8
Build relationships with cultural groups	13	22.4
Undertaking peer or client review or self-reflection on cultural aspects of my practice	10	17.2

Note: * Not mutually exclusive

Figure 2 reports DQMTs knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi. Over half of the DQMT's surveyed (52.5%, 31/59) considered having a 'satisfactory knowledge', however, 30.5% (18/59) reported 'poor' or 'no knowledge'. It is noted that 61.9% (39/63) of the participants were working in New Zealand at the time of the study (Smith et al., 2020).

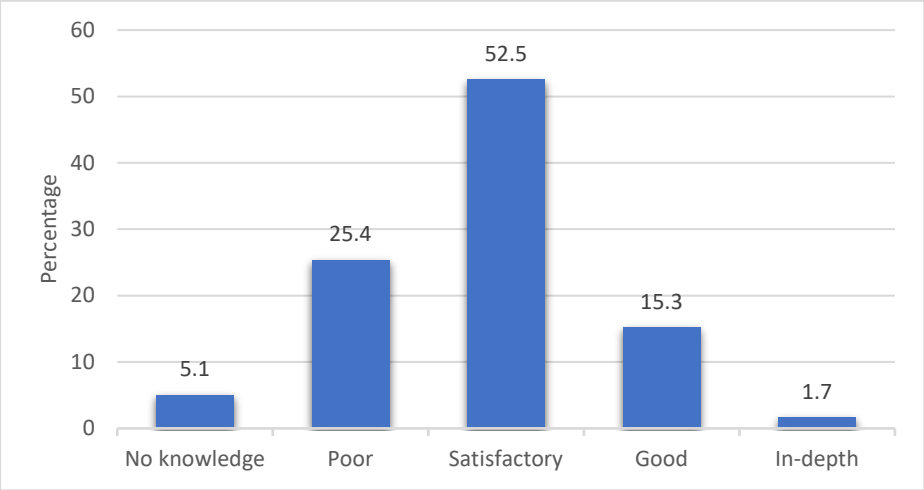

Figure 2. DQMTs and knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi (n=59).

DQMTs awareness of the principles of culturally competent care for Māori clients when offering massage therapy is reported in Table 3. More DQMTs were aware of the need to 'be guided by the individual client and/or their whānau when it comes to customary Māori practices' (71.4%, 35/49), 'being aware of Māori beliefs systems' (63.2%, 31/49) and 'understanding Māori communication styles' (57.1%, 28/49). However, less awareness was noted in 'using Te Reo Māori when possible. Seeking assistance with pronunciation of Māori names'(38.8%, 19/49), 'learning about existing support systems for Māori' (36.7%, 18/49), or 'working with and learning about community relationships including Māori health professionals, attending hui, sports events and events at local marae' (32.6%, 16/49). Five participants reported 'other' and have been removed from the data as their responses referred to "not applicable", "I have been away from the majority of my career and only recently returned to New Zealand; now I'm back, I'll be looking into all of this information." or , "as Australian, I feel I don't know enough to answer yes to any of these questions."

Table 3. DQMTs awareness of the principles of culturally competent care for Māori clients when offering massage therapy (n=49)*

	Respondents	
	n	%
To be guided by the individual client and/or their whānau when it comes to customary Māori practices	35	71.4
Being aware of Māori belief systems about mana, reliance on family, prayer (karakia), practices of tapu/noa, the importance of tūpuna and whakapapa and practices around death and dying	31	63.2
Understanding Māori communication styles e.g., silence does not necessarily imply understanding or agreement; lack of direct eye contact)	28	57.1
Being aware that either gender can take a lead role in decision making about treatment	26	53.1
Being aware of Māori health frameworks e.g. Te Whare Tapa Whā	25	51.0
Including the broader whānau in the client's care	24	49.0
Use Te Reo Māori when possible. Seeking assistance with pronunciation of Māori names	19	38.8
Learning about existing support systems for Māori, such as kaiatawhai, whānau, kaumātua, Māori practitioners and specialist service providers	18	36.7
Working with and learning about community relationships including Māori health professionals, attending hui, sports events and events at local marae	16	32.6

Note: * Not mutually exclusive

When asked 'would you actively seek further information / on-going education about culturally safe massage therapy practice' one fifth of participants (20%, 12/58) stated 'not applicable'. Reasons were not collected. Of the remaining participants who responded to the questions, 80.4% (37/46) of participants said yes. When asked "from your clinical experience, what education would be helpful to enhance the delivery of massage therapy health services to Māori", three categories were reported: cultural education (54.5%, 12/22), Māori culture immersion (36.4%, 8/22), and communication (22.7%, 5/22). The participant response rate was low for this question (n=30) and eight of them noted either 'non applicable', 'no comment' or did not answer the question. The narratives for the categories are summarized in Table 4.

*Table 4. Types of education which would help enhance the delivery of massage therapy health services to Māori. (n=23)**

Cultural education	"Ensuring that there is a cultural component in the degree." "Treaty of Waitangi training, in depth." "Te Whare Tapa Whā and linking it back and weaving that model along with massage and it's holistic manaaki." "I find shared discussion helpful." "More on Māori health models."
Māori culture immersion	"Perhaps a meeting once a year about cultural boundaries." "Working at a marae, liaising with local rūnanga, hosting workshops/ education/funshops/pampering, anything to enhance or improve Māori health status in general." "General training in traditional mirimiri practices." "A beginner mirimiri course for cultural considerations might be helpful." "Opportunities to participate or observe Māori cultural events." "Some language study." "A more personal approach through a marae I imagine would help with smaller groups and more family oriented." "Learn Te Reo Māori."
Communication styles and skills	"A practitioner should attempt better understanding persons cultural beliefs/requirements." "Education about how to begin communication with community groups and hui." "Education could come from the clients' individual needs that could be addressed at the initial consultation." "Education on communication with the whānau to accept massage therapy is a form of health care."

Note: * Not mutually exclusive

Interview results

When asked what the participants found the most important in their practices to help them work with people of different cultures to their own, five themes emerged from the analysis. These were 'collaboration', 'awareness of differences', 'respect', 'access to knowledge' and 'equality in practice'.

Collaboration

The theme 'collaboration' is described as massage therapists and culturally varied clients working together, asking questions when the therapist is in doubt, making no assumptions regarding treatment and cultural beliefs, and actively listening to the client. For example,

> If there were people coming through from different cultures I would ask them whether there was anything that needed to be altered [to suit their needs]. (P.23)

> My biggest thing that's really important to me, is listening. I find that is a real lost skill in the world at large and I think, as a health professional or massage therapist in any capacity, the best way to learn about who your client is and what they need is the skill of listening. (P.51)

> I ask questions, to make sure that [clients] feel as comfortable as possible, so I make no assumptions made about their culture. (P.58)

Awareness of differences

DQMTs reported the advantageous practice of having awareness and exposure to different cultures of their own through education or experience, and acknowledging diversity.

> We did touch a bit on cultural sensitivity stuff when we were studying. (P.1)

> I did go and do a cultural awareness training course to help. (P.8)

> I have clients that are from different cultures to mine; I try and treat carefully and if I know something is taboo, I try to work around that. (P.15)

> I think we are quite multi-cultured in our clinic. I was born in Taiwan, but I grew up here. We had a German lady, and we also have a Canadian and a French person. (P.60)

Respect

Participants acknowledged the fact that everyone is different and therapists should take people as they come and treat them with respect.

> Everyone is different in general. Someone that says they have the same cultural beliefs as another person won't actually be exactly the same. You just got to take each person as they come. (P.10)

> To me, every client is an individual and they all have their likes and dislikes and things regardless of religion or culture. (P.54)

> Just respecting their boundaries and what they feel comfortable with. (P.39)

> I think it's just being respectful and not putting your own ideas onto them. (P.45)

> Informed choice and giving, empowering your clients to make the choices so it doesn't matter what you do, you give them a choice. (P.46)

Access to knowledge

Massage therapists sought more information and shared information on cultural differences in their practices. This information came from a number of sources including Google, friends and whānau, and experience with clients.

> If I have a person come in who is of a different culture, I will Google it, see if there's any customs here. (P.11)

> My husband is of Māori descent. His mother has Māori blood, so he has been able to educate me on the minor sides of the multi culture. (P.48)

> I don't think anything can really prepare you for working with different people other than working with different people. (P.8)

Equality in practice

When looking at practices to help therapists work with people of different cultures to their own, the theme 'quality in practice' emerged. This theme captures the idea of therapists seeing everyone as the same and not treating their clients differently.

> I've treated people from a wide variety of business entities and cultures but it's always never really been a problem. I treat them the same as any other client. (P.1)

> To be honest, I don't really see that as a big thing because I just see everyone as the same. I haven't really had any outstanding things I've noticed. It's just I kind of treat everyone as I would. (P.26)

> So when it actually comes to us with cultural differences, I don't agree with treating someone different because of the colour of their skin tone. I think being fair to everyone. I don't like the idea of segregating people. (P.47)

Lastly, the themes 'awareness and communication', and 'cultural competence training' were reported when interviewees were asked "what student massage therapists should know and learn regarding cultural differences for better health care practice".

Awareness and communication

DQMTs thought that students should learn listening skills, interview skills and respect for clients including reflection on their own views and bias originating from their own culture.

> They are human beings. It's just about doing what it takes to empower them and that's through the power of reflection, listening and note taking. Note taking is very important. I take notes on their behaviour. (P.46)

> It's important that students understand the sensitivity of what some people from other cultures require. And even if that means that they are talked to, asked questions, and given opportunity for support where it's needed. And I make sure that, if there is a language issue, they can still speak up if something's not working for them. (P.48)

> I think you've got to be non-biased and make sure that you respect different cultures and communicate to understand their needs. (P.45)

> Everyone has cultural biases. We all have our beliefs, our backgrounds, our past experiences. When you're meeting someone else and connecting with them, it is important to see your own biases. (P.14)

Cultural competence training

Participants viewed culture specific training in terms of class training, Māori encounter through therapist discussion and through experiences.

> Being exposed to different cultures and work with them. It's not something you can learn out of a textbook. (P.8)

> To spend a block of time on Māori Pacifica culture was a neat way to experience another culture and just learn about other people's ways and what was important to them. (P.11)
>
> Try to find a different therapist from a different culture who can explain it. Meeting as many people as possible and talking to as many people who are willing to talk to you about it. (P.47)
>
> How Māori traditional massage fits into the context of traditional medicine. There is a lot to learn from indigenous traditions. (P.34)
>
> I think there was a lack of education when we were in school. I think maybe have a cultural week. (P.60)
>
> We did a lot of different sort of learning around different cultures and understanding that some culture has different boundaries and those sorts of things. We were taught different beliefs and cultures. (P.61)
>
> I think you learn this as you go. That just comes with time really. They can't kind of prepare you for everything. (P.38)

Discussion

A prevailing social narrative holds that to be effective the composition of a profession should reflect the community that it serves (French & Swain, 2008, p. 124). In 2018, Māori (775,836), represented 16.5 percent of the resident population, up from 14.9 percent in 2013 (Stats NZ, 2019). Similarly, the health care clients have seen their rights evolved (Health and Disability Commissioner, 2020). With this new legislation, the client is empowered, being more active in the process of care, in order to attain a positive health outcome and establish a trust relationship (Te Pou o te Whakaaro Nui, 2015; Wepa, 2015, pp. 27-28). In this regard, it is salient to consider facilitating the growth of an integrated nation based on bicultural ways of life and values. In Māori traditions, there is a strong idea that relationship between people may thrive and rely on kanohi ki te kanohi (face-to-face) interactions (Kennedy & Cram, 2010; O'Carroll, 2013). Additionally, cultural values of aroha ki te tangata (respect for people) and the titiro, whakarongo, kōrero (looking, listening and speaking) are highlighted (Kennedy & Cram, 2010; Smith, 1999). Massage therapy and its culture of care (Smith et al., 2009) closely aligns with the above listed cultural values and the Māori philosophy towards health (Ministry of Health, 2015). Nevertheless, understanding the dynamic of differences allows identification of cross-cultural interactions and the awareness of such a dynamic is essential if the therapists want to be effective (Brownlee & Lee, 2020).

Knowledge & practices

The cultural competence approach exists in the capability to shift cultural perspectives and adapt behaviour to cultural similarities and differences (Brownlee & Lee, 2020). Yet, culture is a set of rules that define what people are and how people express themselves as part of a group or as an individual. Conducting a cultural self-assessment is the starting point of knowing who we are so we can see other's values, beliefs and norms and provides information for auditing policies and practices (Adams, 2011; The Winters Group, 2020). There was variability in levels of knowledge of one's own culture, however, over half of DQMTs reported knowing their own culture as 'very important' and 'extremely important' for the delivery of better massage therapy services (Figure 1). DQMTs did note when working

with people of different cultures, that 'awareness of differences' was important. The need for a deeper appreciation of difference and exploring and enhancing understandings match the desire to attain cultural competency (Macfarlane & Macfarlane, 2019; The Winters Group, 2020). Therefore, it may be useful for massage therapists, massage students and massage educators to delve more deeply into cultural self-assessment to allow greater illumination of similarities and differences between people.

A step further towards cultural competence is 'cultural knowledge' (The Winters Group, 2020). DQMTs did identify the need for massage therapists to seek more information on cultural differences, make no assumptions, and collaborate with clients regarding cultural beliefs. The steps towards cultural competency mentioned above are aligned with Kennedy & Cram (2010) and Smith (1999) in regard to their approach to researching with Māori and whānau. Nonetheless, there is a noticeable deficit in knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi as 30.5 % of participants mentioned having 'no knowledge' or 'poor knowledge' and 17% of DQMTs had 'good' or 'in-depth' knowledge of Te Tiriti O Waitangi / The Treaty of Waitangi (Figure 2). While approximately half reported 'satisfactory' knowledge, the meaning of satisfactory is unclear and was not explored further in the survey.

Key tenets of the massage therapy encounter involve a participatory person-centred partnership that includes communication, empowerment, information sharing, and respect (Smith, 2009). DQMTs in this study also acknowledged the role of 'respect' to manage cultural differences, a process supported by Bennett (2017). However, it is possible that 'respect' and 'collaboration' in massage therapy practice whitewashes the need for greater understanding of cultural sensitivity. The idea of 'equality in practice' suggests a misunderstanding of the need for equity rather than equality. Giving everyone the same things is evidence of equality, but it only works if everyone starts from the same place (Ministry of Health, 2018). It assumes that good intentions such as respect are enough and are socially acceptable whereas this behaviour does not show cultural sensitivity by considering needs and requirements of people and the lack of recognizing potential challenge when dealing with bicultural diversity (Bennett, 2017). Extending massage therapists thinking and reflection in areas of cultural sensitivity is recommended.

Further education

It appears that DQMTs know they need to be appropriate in their delivery of massage practice and they are willing to learn to be more culturally responsive. Several suggestions were made as to the types of education that would help enhance the delivery of massage therapy health services.

First, addressing the deficit of knowledge in areas of colonisation and Te Tiriti O Waitangi / The Treaty of Waitangi is also needed. A common issue from indigenous cultures is that they suffer(ed) from domination, injustice and prejudice. Māori have fought for the recognition of their identities, practices and traditions; thus, understanding and learning about the implications of Te Tiriti O Waitangi / The Treaty of Waitangi may help to erase disparities regarding pākehā (white) supremacy dominance (Macfarlane & Macfarlane, 2019). This may lead to the normalisation of the Māori culture, values and terminology in a learning environment and will help to truly understand the social and psychological realities of Māori culture (Patterson et al., 2017). Promotion of massage therapists to think beyond their individual clients and practices, and review historical disadvantage and racism, may support improved culturally safe massage therapy practice.

Second, cultural competence training to bridge the identified gap in cultural knowledge and education was noted by DQMTs. Immersion in Māori culture was suggested to help massage therapists to enhance the delivery of massage therapy health services to Māori. A variety of educational strategies may be useful to try to understand the dimensions of biculturalism and cultural diversity. These types of training are typically one-time events. However, training alone will not change a person's behaviour, but they are a very good start (Brownlee & Lee, 2020; Nursing Council of New Zealand, 2011). Taking responsibility for one's own professional development is needed. Attending training is one method; another approach could involve being visible in the community to make links with whānau, hapū and iwi. Immersion in bicultural and culturally diverse healthcare communities and educational content via a professional body and/or massage therapy curriculum may be useful, as would reflecting on culturally inappropriate care, one's own biases, and perceptions. Knowledge is acquired through active participation within a culturally responsive and authentic learning environment (Macfarlane & Macfarlane, 2019). Reflection on one's own experience is a powerful tool for learning about how it affects the lives of those we work with (Adams, 2011; Te Pou o te Whakaaro Nui, 2015). In sum, actions such as those listed above could construct a scaffold to support cultural responsiveness and would reinforce the importance of culturally safe practice. Furthermore, a focus on Māori culture would foster bicultural responsiveness.

Limitations

This study was part of a larger project and the semi-structured interview only briefly covered this topic. The limited number of survey questions restricted specific exploration of bicultural responsiveness. The survey data is self-reported and does not observed behaviour, and the interviews were conducted by student researchers. Views of DQMTs were explored so the findings can't be generalised to the wider massage therapy community. Finally, in the survey, the term 'culture' was not clearly defined. Nevertheless, the findings lay a foundation for future research and industry development.

Conclusion

As noted earlier, culture impacts on health care, and as health professionals, massage therapists have a responsibility to provide culturally safe massage therapy practice. The present study offers the first insight into the knowledge and practices of degree qualified massage therapists (DQMTs) with respect to culturally responsive practice. A willingness to learn and respond to cultural differences was apparent, however, variance and gaps in cultural knowledge and practices were evident. As Durie (2001) said "cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context". These gaps provide the direction for developing educational opportunities, to foster culturally responsive massage therapists. Future studies could work together with the Māori community to explore their experience with massage therapy services to evaluate bicultural responsiveness in massage therapy.

Contributions

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