

# Hospitals Embrace Massage

Recent studies have confirmed that the acceptance of massage therapy among medical centers continues to grow.

By Theodore Berland



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The ranks of massage therapists who work in, and for, hospitals are growing at a tremendous rate. In a recent survey of 106 of its hospitals, the Hospital-Based Massage Network (HBMN), which gathers and processes the most extensive data on massage in hospitals, found that patients and staff receive massage therapy from 636 therapists. This averages six therapists per hospital.

Of course, this is but a small sample of the approximately 6,000 hospitals in the United States listed by the American Hospital Association (AHA). (See the accompanying box on the opposite page for the AHA's newest hospital-massage survey results.) Still, it is valuable as a snapshot of the current proliferation of opportunities for both clients and therapists, and as further reinforcement of the phenomenal growth of alternative medicine in the United States and Canada.

Examples of high-profile venues where massage is an important alternative therapy include Thomas Jefferson University Hospital, Philadelphia; University of California Medical Center, San Francisco; Stanford University Hospital, Palo Alto, California; University of Colorado Hospital, Aurora; University of Maryland School of Medicine, Baltimore; and Rhode Island Women and Infants Hospital, Providence.

This acceptance of massage therapy by the health-care establishment did not occur overnight.

Historically, massage was routinely given by nurses to hospital patients in their beds to ease tensions, to release bedridden

knots and to help them relax. But with the advent of modern medical technology in the 19th century, the practice dwindled, so that by mid-20th century, few nurses were massaging their patients.

Today, only a handful of nurses do massage. They are vastly outnumbered by massage therapists who apply caring but highly skilled techniques that are backed by education focused on bodywork. Happily, some of them are nurse massage therapists.

### Medical Knowledge

Kathleen Clayton quickly found that there was much to learn about the health-care environment if she were to succeed in a hospital. A graduate of the Swedish Institute of Massage in New York City, she stayed in the Big Apple to begin her career working in urban spas and private clubs. After 18 years, in a dramatic change, she joined the staff of the well-known Memorial Sloan-Kettering Cancer Center's Integrative Medicine Service in Manhattan, where massage is the most requested form of alternative therapy.<sup>1</sup>

She points out that she had to learn to read medical charts and understand medical vocabulary. Before her first visit with any cancer patient, she calls up the patient's chart from the hospital's database, and learns what she can about the patient's condition, medical treatment and special needs. If there is anything she does not understand, she contacts the patient's physician.

The most rewarding aspect of her work with cancer patients is when they return and report positive results from her therapy.



physicians that they are having massage. The other important factors were her medical knowledge, and the quality of service she provided to hospital patients and staff.

"But I soon realized I was spending too much of my time in driving from one hospital to another, rather than in helping people with my hands. I was

also spending lots of time in administrative work required by the hospitals," she says.

"I also soon had the feeling that massage was way down on the hospital administration's priority list. For instance, at one hospital my treatment room was taken away from me to make way for a new mammogram installation.

"I turned over the massage practice to Covenant in 1999, and went back to my full-time private massage practice. I can focus on my massage clients' wants and needs. And I can grow my massage practice in the direction I want.

"This is what I love doing."



## AHA Survey

Here are the highlights of the 2003 survey of U.S. hospitals that offer massage therapy. The results come from statistics gathered in a study, sponsored by the AHA, of complementary and alternative medical services. San Francisco-based Health Forum/AHA obtained the nationwide data from 219 of AHA's list of 5,810 hospitals.

Among the hospitals that participated in the survey:

- About a quarter of massage therapists gave more than 500 hospital massages in 2002;
- Pregnant women were among the most frequent hospital massage clients;
- Relief of stress or pain were the most frequent reasons that hospital patients sought massage;
- Doctors seldom wrote prescriptions for their hospital patients' massages;
- Massage therapists worked almost equally as hospital employees or contract workers;
- Most hospital-based massage therapists were state licensed and met recommended educational standards.

## AHA Statistics Of 219 Surveyed U.S. Hospitals

Category	Percent*
Women And Infants	
Pregnant Women	54.8
Infants	34.1
Patients' Conditions	
Stress	75.6
Pain	70.5
[Stress, Staff]	70.0
Mobility And Movement	52.1
Part Of Physical Therapy Regime	45.6
Palliative	41.0
Postoperative	31.3
Edema	30.4
Preoperative	20.7
Cancer	16.8
Eating Disorder	4.6
Addiction	2.8
Credentials Of Therapist	
State License	62.0
NCTMB	45.7
Meets Educational Standard	56.7
Member Of Prof. Massage Assn.	25.0
Nursing Or Other Specialty	13.0
City Or Local License	11.5
Status	
Contract Worker	55.7
Hospital Employee	53.1
Payment To Massage Therapists	
Direct Payment From Hospital	24.4
Direct Payment From Patients	24.1
Free Service To Inpatients	21.2
Free Service To Hospital Staff	17.9
Paid By Patients' Insurance	15.6
Prescribed By Doctor	
75-100 Percent	7.9
50-74 Percent	2.5
25-49 Percent	3.9
10-24 Percent	13.3
Under 10 Percent	56.2
None	11.3
Total Massaged In 2002	
More Than 500	26.4
401-500	10.8
301-400	2.0
201-300	10.3
100-200	17.6
Less Than 100	32.4

\* In some categories, not all percents added up to 100.

## Be Careful For What You Wish

Until three years ago, Jeanne Wagner contracted her massage service to four Milwaukee hospitals. She had been working in cardiac intensive care when she decided that the flashing, beeping machines were not why she went into nursing. So she enrolled in the Lakeside School of Natural Therapeutics, graduated and joined AMTA.

She continued to work full-time as a nurse, and also started a part-time massage therapy practice. When another therapist informed her that a local hospital was seeking a contract massage therapist, she jumped at the chance. Then a second

hospital wanted massage therapy offered in its rehabilitation center. By year's end, she had hired two part-time therapists. The next year, she hired more staff so she could extend her services to two more hospitals. After four years, six part-time therapists were working for her at four Covenant Health Care System Hospitals in her area.

Wagner feels that her relatively quick success at a hospital practice was due, in large part, to her familiarity with hospitals, doctors and other segments of the health-care system. For instance, she knew how to ask her self-referred clients to be sure to inform their

## Friendly Acquisition

Here is the mark of Marjorie Hoffman's success in hospital massage: The hospital she worked in since 1989—Arnot-Ogden Medical Center, in Elmira, New York—recently bought her practice.

For the last two decades or so, hospitals throughout the country have been buying out medical practices, and then hiring the doctors as employees. Apparently, hospital executives are starting to view hospital massage practices with an eye toward acquiring them as well, for two reasons: patients heavily use them and they are profitable.

This is especially true in Elmira, despite the fact that its economy has declined since its major industry, an A&P food processing plant, shut down 25 years ago. This 30,000-population city is located just south of the Finger Lakes.

Hoffman's practice was not only profitable, but also respected by the medical staff. "The doctors and nurses treat us as colleagues," she explains. "We have frequent discussions about the best way to treat their patients' problems. We work hand in hand. And the patients are aware of us, so that they often ask their doctors to consider prescribing massage or an allied bodywork technique. In fact, the hospital came to me to purchase my practice because I work so well with the medical community."

Hoffman's—now the hospital's—practice encompasses not only massage therapy, but also acupuncture, Pilates® and

yoga. The hospital expanded her practice from six massage therapists to 14—all, of course, licensed in the state. Most are graduates of the Finger Lakes School of Massage in Ithaca, New York. Some are full-time employees, others are contract workers. As a condition of the acquisition, Hoffman became the full-time Arnot-Ogden supervisor of its complementary care. The hospital pays all salaries, wages and expenses, does all the billing and collection, pays premiums on insurance to cover the employed therapists, and provides their employee benefits.

Hoffman explained that Arnot-Ogden's 300 physicians, who treat outpatients and

patients in its 256 beds, largely call upon its complementary staff to treat patients with long-term illnesses such as Alzheimer's,

patients with chronic headaches and other stress-induced disorders, nauseated cancer patients undergoing chemotherapy, and patients with chronic skeletal-muscular pain from car accidents and other trauma.

Massage and other complementary medicine are also available—at a discount—to doctors, nurses and other hospital staff. "They often require deep-tissue massage to relieve the tension that comes with patient care," Hoffman says.

"I love working in the hospital," she continues. "I love working with doctors, and I especially love educating doctors about what we do."

The most discouraging aspect of her work is—because of the nature of her patients' cancers—their 50 percent death rate.

Because there were "very few classes" on the subject of cancer-patient care, Clayton says, "Much of my knowledge came from on-the-job experience."

To deepen her medical knowledge, Clayton, 44, is enrolled in the Borough of Manhattan Community College's nursing program. "As an MT/RN, I will be better prepared to work on cancer patients. But I will still be a massage therapist first," she says.

Now, with her help, Sloan-Kettering offers open seminars on cancer-patient care for massage therapists and special classes for caregivers. Such hospital-oriented sessions are being offered elsewhere, as well. In addition, there are a growing number of hospitals offering internships for massage therapists. HBMN lists 27 of these, including Boulder College of Massage Therapy, Colorado; Trocaire College, Albany, New York; Seattle Massage School and Columbia Capital Medical Center, both in Washington State; Washoe Medical Center, Nevada; McKenzie-Willamette Hospital, Oregon; Mercy Hospital, New York; and California Pacific Medical Center, San Francisco. Another five hospitals reported having massage students, but did not report having any formal internship program.

### Working Conditions

According to Laura Koch of Fort Collins, Colorado, editor and founder of HBMN, "Most massage therapists working out of hospital wellness centers have their own room, or a room they share," she says. "Massage therapists who work with inpatients travel from one patient's room to another. Massage therapists who do on-site massage for hospital staff travel around to various departments with massage chairs. I know of a program where the massage therapists set up a couple of chairs near the cafeteria. There are also massage therapists based out of physical therapy departments."

Of HBMN's 116 hospital-massage program members: 16 are based out of wellness or health and fitness departments; 12 out of rehabilitation, eight out of physical therapy; nine are based in women's health clinics, labor and delivery or perinatal departments; eight out of complementary or mind/body medicine hospital clinics; four hospital-massage programs are based out of nursing; four out of a cancer center or oncology department; and two out of a surgical department. Other programs operate out of cardiac, sports, family medicine, continuous learning, community outreach, ambulatory services and occupational therapy departments. The massage program at South Lake Hospital in Florida is based out of the U.S.A. Triathlon National Training/Wellness Center.

Massage programs that are based out of one department usually offer therapy to people in several departments throughout the hospital. Thirty-six of the programs report offering massage in obstetrics/gynecology, 34 in oncology, 31 in wellness, 22 for infants, 21 in physical therapy, 19 in geriatrics and 16 in surgery. Other units on which massage therapy is administered

include intensive care, critical care, emergency room, psychiatric, family practice, cardiac, orthopedics, rehabilitation and HIV/AIDS. Boaz Itshaky at Gaylord Hospital in Wallingford, Connecticut, provides massage in traumatic brain injury, spinal cord injury and cerebral vascular accident units. Only three programs work at all or at most departments in the hospital.<sup>2</sup>

### Referrals

HBMN's survey indicates that hospital patients most frequently self-refer. While 26 percent of referrals come from doctors, referrals from other medical staff, especially nurses and physical therapists, come more frequently.

### Compensation

When members of the hospital medical staff, such as nurses, add massage therapy to their patient care, it commonly becomes one of their duties. "In this scenario, the reported hourly wage for administering massage therapy is often equivalent to the hourly wage of their primary position in the hospital, such as registered nurse, physical therapist or occupational therapist. Some registered nurses have reported that adding massage therapy to their positions resulted in no salary increase," Koch states. "Where the sole position in the hospital is massage therapy, the reported hourly wage is based entirely on the administration of massage therapy and possibly any additional duties attached to providing massage therapy, such as washing sheets, reading charts, scheduling, etc."

Twenty-four percent of the hospitals in the HBMN survey obtained reimbursement from insurance companies for massage therapy, generally under workers' compensation and auto insurance. Patients pay out-of-pocket for most massage therapy in hospitals.

Forty-four percent of the massage therapists surveyed have the sole title of certified/registered/licensed massage therapist. Those who are paid earn an average wage of about \$26 per hour, with the range from \$9 to \$50 per hour.<sup>2</sup>

### HBMN

The Hospital-Based Massage Network is the primary source of organized information about this niche of practice in the bodywork professions. It serves not only as a font of data about hospital-based massage, but also, as its name implies, a network for professionals in the field to communicate with one another.

The organization was founded a decade ago by Laura Koch. Koch, 31, explains that she did so because she had a calling to "do something important in my field."

After she was born in California, her family moved around the

country. When she was 15 years old, they left New Orleans and settled at Fort Collins. She left Colorado State University after her freshman year, when she decided that she wanted a career that allowed her to help other people. Massage therapy, to which she had just been introduced, seemed to be the one—and California "seemed like a neat place to study it." So when she was 20, she enrolled at the Heartwood Institute in Garberville, California. After graduation, she unsuccessfully attempted to practice in New York City, and then in Boulder, Colorado. Eventually, she returned to Fort Collins, and successfully established her current practice.

She received her HBMN calling upon reading an April 1993 *Massage Magazine* article about a massage therapy program at California Pacific Medical Center in San Francisco. She was fascinated, but found no other information available. She felt that something needed to be done to pull together data about massage therapists who work in and for hospitals nationwide. "A source of information about this subspecialty in our profession needed to be created," Koch says. "It needed doing, so I did it. All my energy and love went into it."

In 1994, she began what she calls "my journey" by contacting a nurse at a local hospital—Poudre Valley Hospital in Fort

**"The application of skilled, sensitive, and compassionate touch by professionally trained massage therapists in medical environments with the specific intention of promoting the healing process, improving clinical outcomes, and encouraging higher levels of wellness, both in patients and those who care for them."**

—Karen Gibson, in *Developing a Hospital-Based Massage Therapy Program*, 1997.

Collins—and went on from there. "I had no idea how to begin," she explains. She followed up on tips from the nurse, and called a local massage therapist who had approached the hospital to begin a program there. He gave her the names of two other therapists; they suggested that she call three more. "It dawned on me that I was not the only massage therapist in the United States wanting to start a hospital program," she says. "I immediately changed my focus from trying to create a program at my local hospital to considering how all this information could be centralized to help others."

Koch wrote "Letters to the Editor" that were published in massage magazines and elicited responses. She received the most encouragement from Cara Smiley, then at the Gifford Medical Center in Randolph, Vermont. Before long, she was writing and mailing a quarterly newsletter from her newly named Hospital-Based Massage Network organization. Smiley helped her with the first two issues.

From 1995 to 2000, the newsletter not only provided HBMN members with information about each other, but also referenced books and reprinted articles about massage programs in hospitals. In 2001, Koch published a compendium of the best of these.<sup>3</sup> In 2002, she published a source book for therapists who may want

## Rewarding, But Often Sad

"We become friends with these women and socialize with them, and yet we have to realize that at any moment they might die. If we want to work here, we just have to get used to it," Reena Murphy explains. "That is the hardest part of working in this hospital."

Murphy has been working on cancer patients at Rhode Island Women and Infants Hospital in Providence for eight years, and is still not totally used to it. She says that she feels rewarded when she massages a patient's feet so that the woman can endure chemotherapy as she is being infused intravenously. "Then, when she is done with her chemotherapy, we take her and give her a seaweed wrap for an hour to remove all those emotional toxins which have built up. It is also rewarding when I massage terminal patients who are confined to a hospital bed. They want to be alert enough to carry on a conversation with their loved ones, yet they don't want to suffer the pain. Our daily massages help them to be alert with much less morphine in their body."

A graduate of the Bancroft School of Massage in Worcester, Massachusetts, and an AMTA member, Murphy works at Women's three days a week, and works almost full-time at her practice, Heart in Hand, in a nearby suburb. Getting her foot in the hospital door was not easy. "It wasn't that the doctors were against massage; they just did not know about it and what it could do," she says. "New medical residents and fellows must now have an hour introductory massage to see what's going on. I think it is amazing that most have never had a massage before."



Eight years ago, to familiarize the oncology patients and staff with bodywork, she volunteered her services for a day a week over a six-month period, then added a second day a week for another six months. She found that the nurses were quite supportive because they witnessed the benefits that massage brought to their cancer patients.

"I started with 10-minute sessions of foot massage—we could not call it reflexology then or the doctors would be spooked—because that would be perceived as 'safe,'" she says. "Then I massaged shoulders to help relieve stress. In fact, when I saw a doctor walk by me with obvious signs of stress, I would go up and ask if I could work on his or her shoulders. After a short session I would hear, 'Wow, that really works. Thanks.' Once they found that massage can produce results, the resistance melted, and we started getting paid and we put in more hours."

Murphy is now part of the hospital's Integrative Care Program, which is staffed by a part-time subcontract staff of three massage therapists, two reiki practitioners, an acupuncturist and a hypnotherapist. Also, she has expanded her range of services to include her other specialties—shiatsu and lymphatic drainage. "I use manual lymphatic drainage to help bring some relief to postsurgical patients, especially after mastectomy and hysterectomy. I can quote cases

where the use of arms and legs was restored by my treatments," Murphy says.

"In school, we were told to never go near a cancer patient. I had to overcome that fear while I was working to overcome the doctors' resistance to us."

to start a hospital program.<sup>4</sup>The quarterly newsletter was replaced in 2001 with a single volume that lists 116 programs and 150 members of HBMN, along with statistics, lists of sources and other useful information. A second edition was published in 2002.

Gathering such data was a painstaking task. "This information could not have been assembled in any other way," Koch says. "I have become an expert. Writers and others call me from all over the country. I learned a lot about time management and prioritization. I feel more balanced now. In college, I was completely intellectual. I thought I might become a journalist. I didn't, but I do write and publish these books."

As to her current career situation, Koch says, "It has been a special journey—an ego journey—but it does not mean as much to me as my clients. The most important thing for me is when clients tell me they feel better after their sessions. My greatest strength as a massage therapist is understanding my client's problem and then working on it.

"I like what I do. I would not want to work in a hospital. It is so hard to work in a hospital; it's like swimming upstream. I am settled in my profession. I put all my passion in my work. I don't think I could do that in a hospital setting." ❏

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### Acknowledgment

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## Value Of Hospital Massage

Teresa Polley-Michea, RN, researched this subject while working on her master of arts degree at the International Professional School of Bodywork and Humanities College in California. Below are some excerpts from her thesis (published with her permission).

"There are numerous benefits to offering massage therapy in this [hospital] environment. The health benefits are as follows:

"Enhance the patient's feeling of well-being; increase mobility; enhance relaxation, which has a positive effect on the stress levels that the patients experience while hospitalized..."

"...The hospital is a service business providing a variety of medical services to its community. As a business, the administration is concerned with the patient's satisfaction and the organization's financial success. The benefits to hospital administration include:

"Increased patient satisfaction, which may reduce the number of patient complaints and lower the number of lawsuits against facilities; reduces the patient's length of stay in the hospital; the services offered would be revenue-pro-

ducing; improved employee relations when employees are allowed to participate in the massage services through programs, such as corporate chair massage or a wellness program; marketing tool for recruitment and retention; massage therapy program could be marketed to the public presenting a progressive hands-on approach to medicine, a more human side to health care..."

"...The success of the massage program is directly affected by the attitudes of the hospital staff. When the attitudes and feelings about a hospital-based massage therapy program are negative, the programs falter, but when the attitudes are positive, the program flourishes and grows. There is a direct correlation between the number of referrals and physician support. If the physicians do not support the program, the referrals diminish and the program has difficulty succeeding..."

"...The hospitals of the 21st century must provide a balance between high technology and high-touch modalities in order to create a healing environment. Massage therapy ... is finding its way back to the health-care environment..."



—Polley-Michea, Teresa. An Investigation of the Value and Function of Hospital-Based Massage Therapy Programs in the United States. San Diego, California: International Professional School of Bodywork and Humanities College, 2001; [jazmasu@sdccu.net](mailto:jazmasu@sdccu.net).