

Researching Shiatsu in the NHS

The Practitioner's Perspective

Zoë Pirie



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Background

I fell in love with Shiatsu soon after starting my training and it has greatly influenced my life ever since. But, I've always been uncomfortable with Shiatsu being mainly available for those who can afford it, drastically limiting the number of people Shiatsu can reach, including those who may benefit the most. I was working as a researcher and a Shiatsu practitioner when I decided to apply to the National Health Service (NHS) Executive in Trent to fund a study into Shiatsu in primary care to learn:

1. if it was possible to deliver Shiatsu in a general practice
2. what impact the Shiatsu had on the patients, staff, practice and myself as the practitioner researcher (being both the Shiatsu practitioner and researcher).

The study

Ten patients, referred by four GPs, were each offered six, free of charge, weekly Shiatsu treatments in an inner-city general practice in Sheffield, England. We invited patients who visited in the subsequent weeks with 'non-specific symptoms without diagnosed organic cause.' i.e. the GPs didn't really know what was wrong with them.

The patients' and GPs' experiences were evaluated via 36 semi-structured interviews and two questionnaires (2,4) and both the patients and the practitioner researcher wrote reflective journals. The patients' and GPs' evaluation are discussed in a recently published paper (3) so this article will focus on the impact

of the Shiatsu clinic on the Shiatsu practitioner.

Challenging symptoms

Working in the NHS exposed me to a patient group that experienced much poorer health than those in my private practice. All ten patients had a complex mix of symptoms such as clinical depression and musculoskeletal pain that were mainly chronic (average lasting 5.5 years) and resistant to orthodox medicine. So, I read up on the biomedical approach to various illnesses and learned more about Shiatsu diagnosis and treatment, involving dietary and exercise recommendations. This included having peer supervision from other experienced Shiatsu practitioners, which I would highly recommend to any Shiatsu practitioner.

The severity of patients' illnesses and psychosocial problems, also challenged me in more subtle ways.

Difficult balance this week wanting to do more for them (the patients) and being hard on myself that I wasn't doing enough, being a 'good enough' practitioner or a 'perfect' one.

I dealt with these feelings by making regular time to record and reflect on my experiences and also via peer supervision once again. I reassured myself that that my role was not to 'treat/cure' passive patients but to offer protected time, space and support to help them take more responsibility for their wellbeing and improve any aspect of their health and life in general. This had to be done at their pace and within their

limitations. Poverty, unemployment and stressful living conditions also affected the extent to which they could significantly improve their diet and exercise etc. I concentrated on the goals of the patient and myself that we felt could realistically be achieved, including managing and coping with certain symptoms instead of trying to alleviate them.

Interestingly, I didn't feel under pressure to 'prove' that Shiatsu worked. Perhaps this was because of my deep confidence in the potential benefit of Shiatsu and also because I consciously separated the research side of the study as much as possible from the treatments.

Working in a new setting

I had previously worked alone at home or in a rented room, so it was a refreshing change to be part of a team in a busy general practice. It was also great to have the administration staff who greeted the patients and organised the Shiatsu appointments and weekly evaluation forms.

Really enjoyed the day, was great to feel part of a team and not as isolated as when working from home – others around at lunchtime and to take bookings – feedback from receptionists re. patients enjoying treatments etc. Felt really professional. Patients expected to wait and be called so I just fitted into the existing systems.

The practice manager surprised me by presenting me with journals for the patients, after hearing they needed to complete a diary saying that,

...the practice was benefiting a lot from me by having a free practitioner and the least they could do would be organise a few diaries!

Such simple support really helped me stay positive during the harder moments of the study.

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Finally, I felt supported by the GPs, mainly those who worked at the practice on the Shiatsu clinic day,

...using lunchtime to discuss patients with GPs, informally only but very useful...I feel appreciated and increasingly part of a team, even just by having a five-minute chat to GP before our days started.

The GPs seemed genuinely interested in Shiatsu but I only saw two of them during these ad-hoc meetings. I would highly recommend a regular, preferably weekly, brief meeting with all of the referring staff to maintain contact during the study.

Time constraints

On the first day it was clear that the research reduced the time available for treatment so I organised a separate pre-evaluation appointment and on-going questionnaires were given to the patients by the reception staff to be completed in the waiting room.

In order to minimise any difficulty when ending treatment, both written and verbal information before the study clarified that six Shiatus were being offered and patients were regularly reminded of the number of remaining treatments. Patients also knew that after the study, they could attend my 'Do-In' exercise classes and have private Shiatsu treatments at a reduced rate. Five patients joined

the exercise classes and two patients continued to have regular Shiatsu for a year after the study.

My journal indicated that it was not just some of the patients who found 'closure' a bit strange. I felt that we had developed a trusting relationship during the study and was very grateful for their involvement in the project.

As the day's gone on I feel quite sad and almost teary ending the sessions – noting their loss and thanks and also mine.

I genuinely felt privileged to have been able to work so closely with all ten patients. This was one advantage of seeing the patients for both regular treatments and research appointments.

Room constraints

The practice room was shared with a counsellor, which initially posed a few challenges.

Arrived to find the room not ready so glad I'd come early! Lesson learnt – organise who will clear the room and ask it to be done Tuesday evening.

I subsequently agreed with the practice manager that he would prepare the space before the clinic and I would reorganize it afterwards and store the futon in another room. It took a few reminders to ensure this system worked, which was essential

for the smooth running of the clinic and the validity of the research. It's essential to be highly organized and remember that although the study may be your priority, it will probably be only one of many projects for the busy practice staff.

Also, the room was sometimes quite noisy, which was improved by the manager re-setting a self-closing door and displaying signs.

The PM has put up the clinic signs so the doors are closed quietly which was nice to see. Not just for practical reasons but also feeling that the clinic is established as part of Hanson and is being looked after and thought of by others here.

Receiving feedback

The practice staff and patients regularly discussed the impact of the Shiatsu clinic.

...really positive feedback from all patients. First one especially, describing coming off Prozac and feeling better than she had done for four years. Said her partner noticed it too.

This feedback was very positive, which suggested the clinic was not only viable but had made several clear impacts on the practice, its staff and patients. More on this in a future Journal.

My dual role as practitioner researcher

Benefits

My experience as a Shiatsu practitioner assisted my role as the researcher by ensuring I understood the therapy being studied. This helped me develop an appropriate research design that could look at Shiatsu as delivered in 'normal' practice, rather than an isolated aspect of Shiatsu, such as a particular tsubo, stimulated under controlled, experimental conditions. My research work also informed my Shiatsu as I could use the patients'

interview and questionnaire responses to develop my treatments plans. This dual role probably helped me not feel 'scrutinised' during the evaluation as has previously been reported in Shiatsu research (1).

Challenges

As the practitioner researcher, I had to be very clear about any preconceptions and personal objectives I had about the research to provide clarity for myself, the other participants and those reading the findings. I tried to remain reflective on any expectations during the gathering and analysis of qualitative data, since the very process of deriving meaning from a transcript involves the researcher's own understanding of the world, biases and pre-judgements. This is an intrinsic aspect of practitioner research, which can enhance the quality of a study via researcher reflection. I therefore followed protocol by reflecting on how my background and beliefs may have affected the research (4).

My background as a Shiatsu practitioner inevitably means I believe that Shiatsu can be beneficial to health. This opinion does not necessarily affect this study as it focused on the impact of the clinic on the general practice and did not assess clinical effectiveness. My beliefs as well as my own experience of the clinic are studied as an integral part of the analysis, not as external factors causing bias and invalidating the results. Also, all of the post-clinic interviews discussing the GPs' and patients' experiences of the Shiatsu were conducted by an external researcher, not otherwise involved in the study.

Conclusion

Although a time consuming and at times, challenging project, I thoroughly enjoyed my contact with the ten patients and the practice team who voluntarily participated so generously in the study. It developed me as a Shiatsu practitioner and a researcher

and I would encourage any brave souls reading this to be involved in Shiatsu research, especially within the NHS, to help make Shiatsu more fairly accessible. With the right support from researchers and Shiatsu colleagues, you could really make a difference to those receiving Shiatsu, and further the limited research we have on this wonderful therapy we hold in our hands.

References

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