

You said what? Appropriate conversations in massage therapy.



Complaints of wrongdoing against massage therapists aren't always about the treatment provided or the clinical outcome. Guild Insurance sees numerous cases annually which relate to professional behaviour and conduct. This sort of complaint may initially seem less serious than those relating to poor clinical outcomes, however, having your professional conduct questioned and issues raised about inappropriate behaviour towards clients can be incredibly distressing.

Some of these professional conduct complaints relate to conversations, both during and outside of the treatment session. Once investigated, it's usually found that the practitioner in no way intended to breach any professional boundaries or make the client feel uncomfortable. However, this is what's occurred. The information below has been created to help massage therapists understand what they should be doing and saying differently to avoid facing complaints similar to the following examples.

Examples of inappropriate conversations

- > A client complained alleging the practitioner made them feel uncomfortable by asking questions about them moving in with

their partner. The practitioner claimed it was only intended to be a friendly chat during treatment, however the client felt judged when the practitioner made a comment about them living with their partner while not married.

- > A client complained of feeling uncomfortable as the practitioner lowered the client's pants during treatment without consent. Following investigation, it was found the treatment provided and lowering the client's pants was, in this instance, clinically justified. However, distracted by a chat they were having about weekend activities, the practitioner forgot to continually talk to the client about treatment and didn't seek the client's informed consent before moving their clothing.
- > A client complained about questions the practitioner asked about dating. The practitioner claimed the conversation was just intended as a friendly chat; however, the client felt the practitioner was trying to initiate an intimate relationship.

Tips about professional conversations

Don't become too friendly with your clients.

While it's clinically beneficial to build a rapport with clients, professional boundaries need to be maintained.

And this means there are conversations you would have with a friend or family member which you shouldn't have with a client. Conversations should be had in a professional manner to avoid becoming too casual, relaxed, or jokey when talking to clients. Often comments made in light humour, or to build rapport, can lead to difficult situations and potentially embarrassing accusations. What may be funny to you may not be to someone else. The relationship with a client should always remain a professional one; keeping in mind the client is paying for a healthcare consultation, not a social conversation.

Limit non-professional or non-treatment related conversations.

These types of conversations can easily complicate and confuse a professional situation. When a practitioner asks personal questions of their client, this is most likely intended to just be a friendly chat. However, clients often report being confused and uncomfortable and don't understand why they're being asked questions not related to treatment. While some conversations may be fine, such as asking how a person's weekend was, things can easily change when more questions are asked, such as about the partner they spent the weekend with.

Explain to clients why questions are being asked.

If you need to ask some personal or lifestyle questions to assist with history taking or to better understand an injury or pain, be careful to explain why you're asking. This is particularly important when asking about partners, sexual activity, or sensitive body parts.

Don't forget to keep talking about treatment.

When non-treatment related discussions are had, this detracts from time which should be spent discussing treatment. The discussion about treatment shouldn't just be had at the beginning of the session, it's an ongoing conversation throughout.

Not only can chats about something other than treatment make a client feel uncomfortable, but they may also mean the client isn't fully informed about their treatment.

Consider the situation of the client during a conversation.

During treatment, clients are often sitting or lying in positions which may make them feel vulnerable or exposed, particularly if they aren't fully clothed. Personal conversations had during this time are likely to compound the uncomfortable feeling. It doesn't mean to say that when the client is fully clothed sitting at your desk it will be okay to ask about a personal matter. However,

keep in mind that a client could easily misinterpret the intentions behind your questions or conversation if they're already feeling uneasy.

Consider the method of communication.

SMS, email, and other forms of electronic communication encourage brief messages and don't often adequately convey the full intent or tone of the message. Therefore, if communicating in this way, practitioners need to be mindful that clients may easily misinterpret the message and make assumptions. Also, don't forget that electronic communication, as with all communication with a client, needs to form part of the clinical record.



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