

Leadership as Action: Empowering Innovation, Influence, and Growth in Therapeutic Massage and Bodywork

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Leadership in therapeutic massage and bodywork is often associated with formal roles or titles. However, the profession benefits when leadership is recognized as action rooted in values, not status. This editorial explores how informal leadership—expressed through innovation, policy engagement, mentorship, and lifelong learning—can strengthen the profession and expand its influence. Drawing from current scholarship and professional practice, it calls on practitioners, educators, and researchers to embrace their capacity to lead in ways that are collaborative, inclusive, and transformative.

KEYWORDS: Massage therapy; leadership; innovation; lifelong learning

INTRODUCTION

I cannot count the number of times I have attended a conference or professional gathering and heard someone say, almost apologetically, “I am just a practitioner.” This often comes up in conversations about research, education, or policy—areas that are sometimes perceived as carrying more influence or prestige than clinical work. The phrase is usually intended as a disclaimer, a signal that the speaker sees themselves as an outsider to the conversation and is choosing not to engage.

But there is no such thing as *just* a practitioner.

Whether you provide hands-on care, teach future professionals, contribute to research, or engage in shaping policy, your expertise, insight, and lived experience are essential. Leadership in this profession does not depend on a title, status, or formal position. It begins with action rooted in

values, guided by purpose, and aimed at supporting the growth of the field.

This editorial explores what becomes possible when leadership is redefined as something we do, not something others do because of their role or title. By positioning leadership as action, we empower members of the therapeutic massage and bodywork (TMB) community to drive innovation, influence policy, and foster a culture of professional growth across practice, education, and research. The future of the profession is not limited to a few formal leaders. It is shaped by all who choose to act.

LEADERSHIP IS NOT A TITLE. IT IS WHAT YOU DO

Leadership in health care and education has traditionally been understood through formal structures: titles, roles, and organizational hierarchies. These forms of leadership are visible, sanctioned, and often necessary. However, they do not represent the full spectrum of leadership within a profession. Informal leadership, emerging from practice, trust, and values, plays an equally powerful role in shaping systems and advancing professional cultures.

Informal leaders may not hold formal authority, but their influence is felt in meaningful ways. They create psychological safety, offer mentorship, challenge assumptions, and model accountability in their everyday work. Their actions contribute to the growth of individuals and the evolution of communities. In their systematic review of interprofessional collaboration, Wei and colleagues⁽¹⁾ emphasize that effective collaboration is grounded in mutual respect, shared goals, and a recognition of diverse expertise. These are

precisely the qualities that informal leaders bring into focus.

The importance of authenticity in leadership is gaining recognition across health professions. Authentic leadership is commonly understood as a style grounded in self-awareness, values alignment, relational transparency, and a strong sense of moral purpose. It emphasizes reflective practice and identity coherence, encouraging leaders to act in ways that are consistent with their personal and professional beliefs.

While this approach has intuitive appeal and can foster trust and ethical engagement, it is not without critique. As Turman⁽²⁾ argues, the dominant framing of authentic leadership often assumes a level of psychological safety, cultural acceptance, and institutional privilege that may not be afforded to individuals with minoritized identities. What is considered “authentic” is shaped by context, and navigating authenticity can be particularly complex for those whose identities are historically excluded or marginalized within professional environments. Recognizing these dynamics calls us to consider not just who leads with authenticity, but who is allowed to.

This perspective aligns with evolving models of distributed leadership that prioritize collaboration, equity, and shared responsibility. Kauff et al.⁽³⁾ emphasize that effective interprofessional collaboration depends not only on technical competence but also on relational leadership: building trust, fostering inclusive identities, and addressing the dynamics that shape professional hierarchies. In TMB, where many practitioners operate independently or in small teams, these insights are especially relevant. Informal leadership in such settings is enacted through everyday interactions: inviting collaboration, sharing decision-making, and creating space for others to contribute meaningfully. When leadership is recognized as a social process—built through communication, mutual respect, and responsiveness—it becomes more inclusive, more adaptive, and better equipped to navigate the complexity of health and wellness environments.

While informal leadership has the power to inspire and transform, it also carries weight. Practitioners who regularly step forward—whether by mentoring peers, advocating for policy change, or challenging inequities—may experience fatigue

or even burnout, particularly when their efforts go unrecognized or unsupported. Acknowledging this reality is essential. Leadership in TMB must also be sustainable, grounded in practices that protect well-being and foster resilience. Self-care, boundary setting, and cultivating networks of peer support are essential. Sustainable leadership ensures that those who give their time, energy, and voice to the profession can continue to do so without sacrificing their own health or sense of purpose.

DRIVING INNOVATION THROUGH LEADERSHIP IN ACTION

Innovation is often imagined as large-scale transformation—new technologies, sweeping reforms, or breakthrough discoveries. While these kinds of innovation are valuable, they represent only one part of the picture. In reality, innovation can also be quiet, incremental, and deeply personal. It can emerge from a shift in approach, a thoughtful question, or a commitment to do something differently.

In TMB, innovation may look like adapting care to better meet the needs of a client population that has been historically underserved. It may involve integrating emerging evidence into teaching practice or building new partnerships to support student learning. In research, innovation might come from refining a method, translating knowledge into action, or collaborating across disciplines to explore complex questions. Each of these examples reflects leadership through initiative, courage, and clarity of purpose.

Those who recognize opportunity and are willing to act in response become catalysts for change. Their contributions may be local or widespread, immediate or long-term. Regardless of scale, the essence is the same: they move the profession forward. Freiband and colleagues⁽⁴⁾ describe innovation as emerging from “undisciplined” engagement—a purposeful disruption of conventional disciplinary boundaries in favor of shared purpose, collaborative practice, and open-ended inquiry. Their work illustrates how the act of “undisciplining” can reframe problems, reimagine methods, and create inclusive spaces where experimentation and collective motivation drive transformation. This approach suggests that meaningful change does not arise from rigid adherence to disciplinary

identities, but from the courage to question them.

Innovation is not separate from leadership. It is one of its clearest expressions. When individuals act in ways that reflect their values and respond to the needs of their context, they demonstrate a form of leadership that is both practical and transformative. Everyone has the ability to identify areas for change. Those who take action are leaders.

INFLUENCING POLICY THROUGH VALUES-DRIVEN ACTION

Policy is often perceived as something distant, crafted by regulators, institutions, or governing bodies, and then handed down to those expected to follow it. In reality, policy exists at every level of practice. It is found in clinic procedures, educational standards, credentialing frameworks, and the everyday choices that shape how a profession functions. It is embedded in conversations about access, equity, and accountability. And it is shaped, sometimes directly, often indirectly, by those who participate in the systems it governs.

In my experience, many TMB professionals do not view themselves as policy actors. Policy is seen as the domain of association leaders, regulators, or maybe educators. Yet, practitioners navigate policy every day. They live within systems that carry both limitations and possibilities. They witness how inequities in those systems affect themselves, their colleagues, and the clients or patients they serve. There is no one better positioned to contribute to change.

Influencing policy does not always mean sitting at a board table or submitting formal testimony, although those actions are certainly valuable. It can mean responding to a consultation request, raising a concern during a faculty meeting, advocating for a more inclusive intake process, or initiating a community partnership. It can mean asking whose voices are missing from a decision and making space for them. These are all expressions of values-based leadership.

In health care, “wicked problems,” those without easy solutions, require leadership at all levels. System change depends on those who understand the complexity of practice and are willing to engage with it. TMB practitioners are among those people.

Their expertise, experience, and insight are vital to shaping policies that are ethical, effective, and equitable.

Influencing policy begins with recognizing that your perspective matters. It grows through action, speaking, writing, questioning, and showing up. The more diverse the voices involved, the more reflective and resilient our systems become.

Innovation in today’s professional landscape is also shaped by how we share ideas and connect with others. Social media platforms, for example, can serve as a practitioner’s microphone. They use these platforms to amplify their voice, showcase new approaches, and influence conversations across the profession and beyond. By sharing insights, highlighting evidence, or fostering dialogue online, practitioners extend their reach far beyond their immediate practice setting. Used thoughtfully, social media becomes both a networking tool and a means to drive innovation, build community, and shape the future direction of TMB.

CULTIVATING GROWTH THROUGH CONNECTION AND CURIOSITY

Informal leadership is often recognized in hindsight. It becomes visible through the steady influence of those who contribute to the development of others, foster a culture of inquiry, and help raise the standard of professional practice. These individuals may not seek recognition, but their impact is unmistakable. They lead by investing in learning, both in their own and for the broader community.

Mentorship and peer collaboration are powerful expressions of this kind of leadership. They create space for emerging professionals to take risks, reflect on their experiences, and build confidence. Whether through a formal pairing or a quiet, consistent presence, mentors shape the values, habits, and expectations that carry forward into practice. Each time someone offers feedback, shares a resource, or invites reflection, they extend the reach of leadership beyond any single role.

Lifelong learning also plays a central role in sustaining informal leadership. It signals a commitment to excellence and a readiness to evolve. In TMB, this may include re-examining long-held assumptions, integrating new forms of evidence,

or engaging with different ways of knowing. These choices not only enhance individual practice but also shift the collective understanding of what the profession can become.

Freiband et al.⁽⁴⁾ describe transformation as rooted in shared purpose and practice. When learning and leadership are viewed as shared responsibilities, the lines between individual growth and professional influence begin to blur. Those who remain curious, who invite dialogue, and who model intentional growth are already leading often without realizing it.

LEADERSHIP IN PRACTICE

Leadership without a title can feel abstract until we notice how it already shows up around us. A practitioner who mentors a colleague through a challenging case, revises an intake form to be more inclusive, or advocates for a client's access to care is demonstrating leadership. Others have initiated community wellness projects, contributed to interprofessional collaborations, or shared knowledge at conferences. These actions, large and small, demonstrate how leadership is woven into everyday practice.

Organizations like the Massage Therapy Foundation also provide avenues for leadership through mentorship programs, committee service, and advocacy opportunities. These spaces allow practitioners to amplify their voices, contribute to professional growth, and shape the direction of TMB.

If you are wondering what comes next, begin with reflection: What matters most to you? Who might benefit from your insight? Where could you take one small step? Leadership grows from these everyday choices, and each action adds to the collective strength of our profession.

CONCLUSION

Leadership within TMB is not something bestowed. It is lived. It emerges when individuals act in alignment with their values, speak with clarity, and engage with care. It shows up in practice rooms, classrooms, research teams, communities, and clinics. It is not dependent on role, status, or title, but on the courage to ask, to listen, and to lead.

This kind of leadership does not require perfection. It requires presence. It invites self-awareness, collaboration, and a willingness to move forward, even when the path is not fully defined. It grows through shared learning and shared responsibility. It creates space for innovation, challenges inequity, and supports professional growth at every level. Just as importantly, it must be sustainable—supported by self-care, boundaries, and peer networks that allow leaders to thrive without burning out.

Now is the time to recognize and cultivate this kind of leadership. Whether you are a practitioner, educator, or researcher, your voice and actions shape the future of the profession. Leadership is not something that will happen later, once conditions are ideal or credentials are complete. It begins with the next conversation. The next question. The next decision. It begins with you.

What will you choose to do next?

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