

Speaking with One Voice: Advocacy and Professional Stewardship

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Advocacy is widely recognized across the health professions as an ethical responsibility grounded in patient care, yet it is often understood as an individual rather than collective activity. For therapeutic massage and bodywork practitioners, advocacy most often takes the form of patient advocacy enacted within everyday clinical practice. However, repeated encounters with systemic barriers reveal the limits of individual action and prompt a shift toward collective advocacy. Drawing on literature from nursing, pharmacy, mental health, and integrative health, this editorial examines how advocacy extends from individual care to coordinated action across local, national, and global contexts. The discussion emphasizes alignment without uniformity, highlighting the role of shared priorities, negotiated coherence, and professional stewardship. Advocacy is framed not as a departure from care but as its continuation into the structures that shape access, integration, and recognition.

KEYWORDS: Massage therapy; advocacy; identity; patient advocacy

INTRODUCTION

In the March 2026 editorial published in this journal,⁽¹⁾ attention was given to the role of professional language in shaping how massage therapy is understood by clients, colleagues, policy-makers, and the public. That discussion emphasized that credibility is constructed through shared meaning, consistent terminology, and clarity of purpose. Language was positioned as foundational to professional identity and integration within broader health systems. Yet language alone does not generate influence. What follows clarity of voice is the question of action.

For many therapeutic massage and bodywork practitioners, advocacy is not a

new or unfamiliar concept. It is most often enacted through patient advocacy: protecting clients' interests, ensuring informed choice, facilitating communication within care teams, and addressing barriers that affect access, safety, and dignity. Across health professions, patient advocacy is widely recognized as a core ethical responsibility embedded in everyday practice.^(2,3) Massage therapists routinely engage in this form of advocacy, even when it is not explicitly named as such.

Over time, however, patient advocacy reveals the limits of individual action. Recurrent barriers related to coverage, regulation, scope of practice, stigma, or system design cannot be resolved within the treatment room alone. The health professions literature consistently demonstrates that these moments mark a transition point, where advocacy expands from individual care to collective and system-level engagement.^(4,5) In this sense, advocacy becomes the mechanism through which professional values are translated into structural change.

This shift invites a broader consideration of how advocacy is understood and enacted within massage therapy. Rather than residing solely in individual acts, advocacy increasingly takes shape as collective professional practice, requiring coordination, shared priorities, and intentional alignment across roles and contexts. Having examined how language shapes professional identity, attention now turns to advocacy as the mechanism through which that identity is expressed in action.

ADVOCACY AS COLLECTIVE PROFESSIONAL PRACTICE

Advocacy in health care is most often enacted through individual action, particularly in relation to patient care. Within therapeutic massage and bodywork, this

includes supporting informed decision-making, helping clients navigate complex health systems, communicating with other providers, and addressing barriers that affect access, safety, and continuity of care. These actions align closely with how patient advocacy is defined in nursing and allied health literature, where advocacy is understood as a relational, ethically grounded component of everyday practice rather than a discrete role.⁽²⁾ As a result, such work is frequently subsumed under the broader notion of good clinical care rather than explicitly named as advocacy.⁽³⁾

Across the health professions, patient advocacy is consistently framed as a professional responsibility tied to ethical obligations such as respect for autonomy, protection from harm, and equitable access to care.⁽³⁾ At the same time, multiple authors note that sustained engagement in patient advocacy brings practitioners into repeated contact with structural constraints that limit what can be achieved through individual action alone. For example, Olatunbosun and Wilby⁽⁵⁾ describe how pharmacists encounter systemic barriers related to scope, reimbursement, and policy that undermine patient-centered care despite best clinical intentions. Similar patterns are documented in nursing, where practitioners report moral distress when patient needs conflict with institutional or regulatory limitations.⁽⁴⁾

These repeated encounters with structural barriers mark a transition point in how advocacy is enacted. When barriers are recognized as systemic rather than situational, advocacy begins to shift from isolated acts on behalf of individual patients toward collective engagement with the policies, norms, and structures that shape care delivery. This progression has been documented across nursing and mental health contexts, where clinicians move from bedside advocacy to participation in organizational, regulatory, and policy-oriented action aimed at improving conditions for broader patient populations.^(4,6)

Framed in this way, collective advocacy is not a departure from clinical care but an extension of it. Saha⁽⁶⁾ emphasizes that professional advocacy emerges when core clinical values—such as safety, dignity, and access—cannot be upheld through individual encounters alone. Collective advocacy provides a mechanism through which these values are articulated beyond the clinical setting and translated into

efforts to influence systems that constrain care. Rather than replacing patient advocacy, collective advocacy carries its ethical commitments into arenas where structural change is possible.

Conceptual models of advocacy further emphasize that this form of engagement occurs across multiple domains, including practice environments, community settings, and policy spaces.⁽⁴⁾ Within these domains, advocacy may take varied forms, ranging from education and research dissemination to coalition-building and regulatory engagement, depending on professional role and context.⁽⁷⁾ What distinguishes collective advocacy from individual effort is not the activity itself but the presence of coordination and intentional alignment among participants.

The importance of alignment is underscored in integrative health literature, where coordinated advocacy efforts have enabled diverse professions to influence policy and funding decisions without dissolving disciplinary boundaries. Reddy and Wisneski⁽⁸⁾ describe how coalition-based advocacy grounded in shared commitments to whole-person care has increased visibility and legitimacy for integrative health approaches within complex policy environments. These examples suggest that when advocacy is explicitly recognized as part of professional identity and supported by structures that facilitate coordination, professional voice gains coherence and durability.

Seen through this lens, patient advocacy remains the ethical foundation of professional practice, while collective advocacy represents its necessary evolution. The question for massage therapy, then, is not whether advocacy is already occurring but how those efforts are named, aligned, and sustained as part of collective professional action.

LEVELS OF ADVOCACY: LOCAL, NATIONAL, AND GLOBAL

Advocacy in therapeutic massage and bodywork operates across multiple, interconnected levels. While these levels are often described separately, conceptual models of advocacy emphasize that their effectiveness depends on alignment rather than hierarchy.⁽⁴⁾ Actions taken in one domain shape and are shaped by activity in others, and advocacy efforts lose coher-

ence when messages or priorities diverge across contexts.

At the local level, advocacy is most visible in everyday professional practice. Massage therapists advocate for clients through informed consent processes, education about care options, navigation of referral pathways, and communication with other health professionals. These actions reflect ethical commitments that are widely recognized in the health professions as foundational to safe and effective care.^(2,3) Local advocacy also occurs within workplaces and communities, where practitioners contribute to discussions about service delivery, scope of practice, access, and safety. Although these actions are often relational and situational, they shape how massage therapy is understood and valued within immediate care environments.

National advocacy emerges when patterns observed in local practice reveal persistent structural barriers. Issues such as insurance coverage, regulatory frameworks, educational standards, workforce planning, and inclusion within publicly funded health systems cannot be addressed through individual action alone. Literature from nursing and pharmacy highlights how national advocacy depends on coordinated engagement with professional associations, regulators, and policy-makers, supported by shared priorities and consistent messaging rather than isolated campaigns.^(5,6) In these contexts, advocacy becomes more formalized, but its effectiveness remains rooted in the credibility and consistency of the profession's collective voice.

Global advocacy has become increasingly relevant as health-care systems engage with integrative and whole-person models of care, international research collaborations, and workforce mobility. Within integrative health, coalition-based advocacy has contributed to shifts in funding priorities, policy language, and institutional recognition by aligning diverse disciplines around common commitments related to access, evidence-informed practice, and person-centered care.⁽⁸⁾ These efforts demonstrate that professional diversity does not preclude shared advocacy, provided there is clarity about common goals and mechanisms for coordination.

The literature emphasizes that these levels of advocacy are not sequential stages nor the responsibility of distinct groups. Rather, effective advocacy occurs when

local practice informs national priorities, national advocacy supports implementation across practice settings, and global engagement reinforces professional legitimacy across jurisdictions.⁽⁴⁾ When alignment is absent, professions risk presenting fragmented narratives that weaken credibility even when underlying intentions are shared.

For massage therapy, recognizing advocacy as multi-level clarifies both opportunity and responsibility. Patient advocacy remains the ethical foundation, grounding action in care and professional obligation. National and global advocacy extends that foundation by addressing the structures that shape access, integration, and recognition. Together, these levels form a continuum of professional action, underscoring that coherence in advocacy depends less on where action occurs and more on how deliberately efforts are aligned.

SPEAKING WITH ONE VOICE IN A DIVERSE PROFESSION

Calls for a unified professional voice often raise concerns about erasing difference. Within therapeutic massage and bodywork, diversity of practice philosophy, educational pathways, regulatory environments, and professional roles is a defining characteristic. Literature across health professions cautions against equating effective advocacy with uniformity, noting that attempts to enforce consensus can marginalize perspectives, weaken engagement, and obscure the realities of practice.^(3,5) In this context, speaking with one voice is better understood as a matter of external coherence rather than internal agreement.

Health professions that sustain advocacy over time tend to distinguish between internal plurality and external alignment. Internal spaces allow for debate, variation, and negotiation, while external advocacy is guided by agreed-upon commitments related to patient safety, access to care, ethical practice, and professional accountability.^(4,6) This distinction enables professions to engage meaningfully with policy-makers and partners without misrepresenting the complexity of their internal landscape. Where such distinctions are absent, advocacy efforts may become fragmented, with competing messages

weakening professional credibility despite shared underlying values.

Patient advocacy provides a useful lens through which to understand this dynamic. While individual practitioners may differ in therapeutic approach or scope, advocacy on behalf of patients often converges around common concerns, including equitable access, informed choice, continuity of care, and protection from harm. The literature suggests that these shared ethical commitments can serve as anchors for broader professional advocacy, allowing diversity to coexist with alignment.^(2,3) In this sense, patient advocacy functions not only as an entry point into advocacy practice but as a stabilizing reference point for collective action.

The challenge, then, lies not in achieving unanimity but in negotiating coherence. Conceptual models of advocacy emphasize the importance of shared language, clearly defined priorities, and agreed-upon roles among advocacy actors, including practitioners, educators, researchers, professional associations, and regulators.⁽⁴⁾ Without these elements, advocacy efforts may remain reactive or siloed, reflecting local concerns without contributing to a broader professional narrative. With them, diversity becomes a source of strength, informing advocacy with a range of perspectives while maintaining consistency in purpose and message.

The integrative health literature offers contemporary examples of how diverse professions engage in coordinated advocacy without dissolving disciplinary boundaries. Coalition-based approaches have enabled practitioners from multiple disciplines to advocate collectively for policy recognition, funding, and system integration by aligning around shared goals related to whole-person care and evidence-informed practice.⁽⁸⁾ These efforts demonstrate that speaking with one voice does not require speaking in identical terms but rather speaking toward common ends.

For massage therapy, this framing invites reflection on how professional diversity is held and expressed within advocacy efforts. When differences are negotiated internally and coherence is cultivated externally, advocacy gains clarity and durability. Speaking with one voice, in this sense, becomes an ongoing process rather than a fixed state shaped by dialogue, shared responsibility, and intentional alignment across the profession.

LESSONS FROM OTHER HEALTH PROFESSIONS

Across health professions, advocacy has become increasingly visible as an explicit component of professional responsibility. Nursing, pharmacy, and mental health literature consistently situate advocacy within professional standards, ethical frameworks, and expectations for practice, education, and leadership.^(3,5,6) While the contexts and priorities of these professions differ, several common patterns emerge that are instructive for understanding how coordinated advocacy develops and is sustained.

One recurring feature is the deliberate movement from implicit to explicit advocacy. In nursing, patient advocacy has long been recognized as central to professional identity, yet the literature documents a gradual shift toward naming advocacy as a collective obligation supported by organizational structures and professional bodies.⁽³⁾ This shift has allowed advocacy efforts to move beyond individual moral action toward coordinated engagement with institutional policies, workforce planning, and health system reform. Importantly, this transition did not replace patient advocacy, but rather positioned it as the ethical foundation for broader professional action.

Pharmacy literature similarly emphasizes advocacy as a professional responsibility grounded in ethical care, while recognizing that individual practitioners often lack the authority or protection to address systemic barriers alone.⁽⁵⁾ Advocacy efforts in this context have been strengthened through alignment among educators, professional associations, and regulators, enabling the profession to articulate shared priorities related to access, safety, and appropriate use of services. These examples underscore the role of professional structures in translating individual concerns into sustained, system-level engagement.

Mental health advocacy offers a further perspective on the importance of collective voice. Historically driven by patients and families, mental health advocacy expanded as professionals recognized that stigma, underinvestment, and rights violations required organized and persistent action across policy and public domains.⁽⁶⁾ The literature highlights both the gains achieved through coordinated advocacy and the challenges posed by fragmentation and conflict among advocacy actors. These observations reinforce the importance of

negotiated coherence, particularly in professions characterized by diverse roles and perspectives.

Integrative health provides a contemporary illustration of coalition-based advocacy in practice. Advocacy efforts that bring together multiple disciplines have influenced funding decisions, policy language, and institutional recognition by aligning around shared commitments to whole-person, evidence-informed care.⁽⁸⁾ These coalitions demonstrate that professional diversity need not inhibit advocacy, provided there is clarity regarding common goals and mechanisms for coordinated action. Rather than erasing disciplinary identities, such approaches rely on collaboration to amplify influence within complex health policy environments.

Taken together, these examples suggest that effective advocacy is less dependent on professional homogeneity than on intentional alignment. Professions that invest in shared language, agreed priorities, and durable advocacy pathways are better positioned to engage with policymakers, institutions, and the public. At the same time, the literature cautions that advocacy remains a relational and negotiated process, requiring ongoing dialogue and adaptation as professional contexts evolve.⁽⁴⁾ These lessons provide a lens through which massage therapy can reflect on its own advocacy capacity, without presuming direct replication of other professions' models.

ADVOCACY AS SHARED STEWARDSHIP

Advocacy in therapeutic massage and bodywork begins with care. Patient advocacy remains its ethical foundation, grounding professional action in commitments to autonomy, access, safety, and dignity. Across the health professions, this form of advocacy is widely understood as integral to practice.^(2,3) Yet as practitioners repeatedly encounter barriers that cannot be resolved within individual clinical encounters, advocacy necessarily extends beyond the treatment room. In these moments, professional values seek expression at a collective level, where alignment and coordination become essential.

Speaking with one voice does not imply sameness of perspective or practice. Rather, it reflects a shared commitment to articulating priorities clearly, engaging

deliberately with systems that shape care, and sustaining advocacy efforts beyond episodic response. The literature reviewed here suggests that professions strengthen their influence when advocacy is recognized as a collective responsibility, supported by professional structures, and informed by dialogue across roles and contexts.^(4,5) Where such alignment exists, advocacy gains coherence and durability, while individual practitioners are less isolated in carrying its risks.

For massage therapy, stewardship offers a way to hold diversity with intention. Patient advocacy provides a familiar and ethically grounded starting point. Collective advocacy represents its evolution, addressing the structures that shape access, integration, and recognition. Between these lies an opportunity to cultivate alignment without erasure, enabling advocacy to reflect both the plurality of the profession and its shared commitments.

As health systems continue to evolve, the capacity to advocate with clarity, coherence, and care will increasingly shape how professions are positioned within them. Advocacy, understood as shared stewardship, is not a final achievement but an ongoing practice. It is sustained through dialogue, relationship, and collective responsibility, rooted in care and directed toward a future in which professional values can be enacted not only individually, but together.

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